Fife NHS Board

Tue 27 May 2025, 10:00 - 16:00

Boardroom, Victoria Hospital, Kirkcaldy

NHS Fife

Chairperson - Pat Kilpatrick

10:00 - 10:10
10 min

1.
CHAIRPERSON'S WELCOME AND OPENING REMARKS

PK

10:10 - 10:10
0 min

2.
DECLARATION OF MEMBERS' INTERESTS

PK

10:10 - 10:10
0 min

3.
APOLOGIES FOR ABSENCE: A Grant and attendee F Forrest

PK

10:10 - 10:10
0 min

4.
MINUTE OF PREVIOUS MEETING HELD ON 25 MARCH 2025

(enclosed)   *PK*

📄 Item 4 - Minutes 20250325 Final.pdf (16 pages)

10:10 - 10:10
0 min

5.
MATTERS ARISING / ACTION LIST

(enclosed)   *PK*

📄 Item 5 - Action List.pdf (3 pages)

10:10 - 10:20
10 min

6.
CHAIRPERSON'S REPORT

6.1.
Chairperson's Update

(verbal)   *PK*

6.2.
Board Development Session - 29 April 2025

(enclosed)   *PK*

📄 Item 6.2 - Board Development Session Note 20250429.pdf (1 pages)

10:20 - 10:40
20 min

7.

CHIEF EXECUTIVE'S REPORT

7.1.
Chief Executive Up-date

(verbal)   *CP*

7.2.
Patient / Staff Story

(verbal)   *PK*

10:40 - 11:05
25 min

8.

GOVERNANCE

8.1.
Annual Review of Code of Corporate Governance

(enclosed)   *GM*

📄 Item 8.1 - SBAR Annual Review of Code of Corporate Governance.pdf (4 pages)

8.2.
Whistleblowing Annual Performance Report 2024/25, incorporating Whistleblowing Quarter Four Report

(enclosed)   *GM*

📄 Item 8.2 - Whistleblowing Annual Report & Q4 report 24-25 Board.pdf (33 pages)

8.3.
Health and Care (Staffing) (Scotland) Act 2019: Annual Report and Quarter Four Update Report 2024/25

(enclosed)   *DM*

📄 Item 8.3 - SBAR HCSA Annual Report and Q4 Update 2024-2025 27.5.25.pdf (8 pages)
📄 Item 8.3 - Appendix 2 HCSA Annual Report Summary - April 2025.pdf (4 pages)

11:05 - 11:35
30 min

9.

STRATEGY & PLANNING

9.1.
Mental Health Strategy Update

(verbal)   *LG*

9.2.
Medium-Term Financial Plan 2025/28

(enclosed)   *SD*

📄 Item 9.2 - SBAR Medium Term Financial Plan 2025-2028.pdf (4 pages)

9.3.
Workforce Plan for 2025/26

(enclosed)   *DM*

11:35 - 12:25
50 min
10.
PERFORMANCE

10.1.
Integrated Performance & Quality Report - March 2025 Position

(enclosed)   *CP*

10.2.
Reform, Transform, Perform Quarter Four Performance Report

(enclosed)   *BH*

10.3.
Annual Delivery Plan 2024/25 Quarter Four Update

(enclosed)   *BH*

10.4.
Finance Performance Report at March 2025

(enclosed)   *SD*

10.5.
Appropriately Trained: Recovery Plans for Core Skills / Mandatory Training and Personal Development Plan Review Compliance Rates

(enclosed)   *DM*

12:25 - 12:40
15 min
11.
RISK

11.1.
Corporate Risk Register

(enclosed)   *CM*

📄 Item 11.1 - SBAR Corporate Risk Register Board May 2025.pdf (8 pages)

📄 Item 11.1 - Appendix 1 NHS Fife Corporate Risk Register as at 22 April 2025 v1.pdf (27 pages)

11.2.
Risk Management Annual Report 2024/25

(enclosed)   *CM*

📄 Item 11.2 - SBAR Paper Board Risk Management Annual Report 2024 2025.pdf (4 pages)

📄 Item 11.2 - Appendix 1 NHS Fife Annual Risk Management Report 2024-25.pdf (10 pages)

12:40 - 12:55
15 min

12.
STANDING COMMITTEE REPORTS

12.1.
Governance Committee Chairs' Assurance Reports:

PK

12.1.1.
Audit & Risk Committee Report and Minute dated 15 May 2025 (unconfirmed)

(enclosed)   *AW*

📄 Item 12.1.1 - A&R Chair's Assurance Report May 2025.pdf (5 pages)

📄 Item 12.1.1 - Audit & Risk Committee Minutes (unconfirmed) 20250515.pdf (10 pages)

12.1.2.
Clinical Governance Committee Report and Minute dated 2 May 2025 (unconfirmed)

(enclosed)   *AH*

📄 Item 12.1.2 - CGC Chair's Assurance Report May 20250502.pdf (4 pages)

📄 Item 12.1.2 - Clinical Governance Committee Minutes (unconfirmed) 20250502.pdf (9 pages)

12.1.3.
Finance, Performance & Resources Committee Report and Minute dated 8 May 2025 (unconfirmed)

(enclosed)   *AM*

📄 Item 12.1.3 - FPR Chair's Assurance Report Presented to NHS Fife Board on 27 May 2025.pdf (2 pages)

📄 Item 12.1.3 - Finance Performance & Resources Committee Minutes (unconfirmed) 20250508.pdf (7 pages)

12.1.4.
Public Health & Wellbeing Committee Report and Minute dated 12 May 2025 (unconfirmed)

(enclosed)   *JKemp*

📄 Item 12.1.4 - PH&WC Chair's Assurance Report 20250512.pdf (3 pages)

📄 Item 12.1.4 - Public Health Wellbeing Committee Minutes (unconfirmed) 20250512.pdf (6 pages)

12.1.5.
Staff Governance Committee Report and Minute dated 13 May 2025 (unconfirmed)

(enclosed)   *CG*

📄 Item 12.1.5 - SGC Chair's Assurance Report (to be presented to NHS Fife Board 27 May 2025.pdf (3 pages)

📄 Item 12.1.5 - Staff Governance Committee Minutes (unconrfirmed) 13.05.25.pdf (15 pages)

12:55 - 13:10

13.

ANNUAL REPORTS

13.1.
Annual Assurance Report from Area Clinical Forum

(enclosed)   *NR*

📄 Item 13.1 - SBAR ACF Annual Statement of Assurance.pdf (3 pages)
📄 Item 13.1 - Annual Report ACF March 25 Final.pdf (7 pages)

13.2.
Annual Assurance Report from Area Partnership Forum

(enclosed)   *LP*

📄 Item 13.2 - APF Assurance Report Board 27 05 2025.pdf (9 pages)

14.
MINUTES - OTHER / APPROVED MINUTES

14.1.
Communities & Wellbeing Partnership dated 20 March 2025 (unconfirmed)

(enclosed)

📄 Item 14.1 - CWP Minute Cover 20032025.pdf (1 pages)
📄 Item 14.1 - CWP note of meeting 20032025_unconfirmed.pdf (4 pages)

14.2.
Fife Health & Social Care Integration Joint Board dated 29 January 2025

(enclosed)

📄 Item 14.2 - IJB Minute Cover.pdf (1 pages)
📄 Item 14.2 - IJB Minute dated 290125 confirmed.pdf (13 pages)

14.3.
Fife Partnership Board dated 6 May 2025 (unconfirmed)

(enclosed)

📄 Item 14.3 - FPB Minute Cover Paper 06-May-25.pdf (1 pages)
📄 Item 14.3 - FPB Minute 2025-05-06.pdf (3 pages)

14.4.
Audit & Risk Committee dated 13 March 2025

(enclosed)

📄 Item 14.4 - Audit & Risk Committee Minutes (confirmed) 20250313.pdf (9 pages)

14.5.
Clinical Governance Committee dated 7 March 2025

(enclosed)

📄 Item 14.5 - Clinical Governance Committee Minutes (confirmed) 20250307.pdf (10 pages)

14.6.
Finance, Performance & Resources Committee dated 11 March 2025

(enclosed)

14.7.
Public Health & Wellbeing Committee dated 3 March 2025

(enclosed)

14.8.
Staff Governance Committee dated 4 March 2025

(enclosed)

13:15 - 13:15
0 min

15.
ANY OTHER BUSINESS

13:15 - 13:45
30 min

16.
DATE OF NEXT MEETINGS: Tuesday 24 June 2025 at 10:00 am in the Boardroom, Victoria Hospital, Kirkcaldy (Annual Accounts); Tuesday 12 August 2025 at 10.00 am in the Boardroom, Victoria Hospital, Kirkcaldy

16.1.
BREAK

13:45 - 13:45
0 min

17.
PRIVATE SESSION AGENDA

17.1.
DECLARATION OF MEMBERS' INTERESTS

PK

13:45 - 13:45
0 min

18.
APOLOGIES FOR ABSENCE: A Grant and attendee F Forrest

PK

13:45 - 13:45
0 min

19.
MINUTE OF THE PRIVATE SESSION OF FIFE NHS BOARD HELD ON 25 MARCH 2025

PK

13:45 - 13:45
0 min

20.
MATTERS ARISING / ACTION LIST

PK

13:45 - 13:45
0 min

21.
FINANCE & PERFORMANCE

21.1.
Corporate Objectives 2025/26 Update

BH

21.2.
Annual Delivery Plan 2025/26 Update

BH

21.3.
NHS Support & Intervention Framework – Financial Considerations 2025/26

SD

21.4.
Transformational Portfolio Update and Savings Delivery

SD/BH

13:45 - 13:45
0 min

22.
INDEPENDENT LEARNING REVIEW

BH

13:45 - 13:45
0 min

23.
NHS GREATER GLASGOW & CLYDE EMERGENCY DEPARTMENT REVIEW HEALTHCARE IMPROVEMENT SCOTLAND REPORT - REFLECTIONS FOR NHS FIFE

CM/CD

13:45 - 13:45
0 min

24.
MINUTES FOR NOTING - STATUTORY COMMITTEES / APPROVED

24.1.
Audit & Risk Committee – Private Session dated 15 May 2025 (unconfirmed)

24.2.
Finance, Performance & Resources Committee – Private Session dated 8 May 2025 (unconfirmed)

24.3.
Public Health & Wellbeing Committee – Private Session dated 12 May 2025 (unconfirmed)

24.4.
Remuneration Committee Report and Minute (Edited) dated 18 March 2025 (unconfirmed)

24.5.

Staff Governance Committee – Private Session dated 13 May 2025 (unconfirmed)

24.6.

Finance, Performance & Resources Committee – Private Session dated 11 March 2025

24.7.

Public Health & Wellbeing Committee – Private Session dated 3 March 2025

24.8.

Extraordinary Remuneration Committee (Edited) dated 10 February 2025

24.9.

Staff Governance Committee – Private Session dated 4 March 2025

Fife NHS Board

MINUTE OF THE FIFE NHS BOARD MEETING HELD ON TUESDAY 25 MARCH 2025 AT 10:00 AM IN THE BOARDROOM, VICTORIA HOSPITAL, KIRKCALDY

PAT KILPATRICK
Chairperson

Present:

P Kilpatrick **(Chairperson)**	M Lockhart, Non-Executive Director
C Potter, Chief Executive	M McGurk, Director of Finance & Strategy
J Bennett, Non-Executive Director	C McKenna, Medical Director
S Braiden, Non-Executive Director	A Morris, Non-Executive Director
A Grant, Non-Executive Director	L Parsons, Non-Executive Director
C Grieve, Non-Executive Director	N Robertson, Non-Executive Director
A Haston, Non-Executive Director	J Tomlinson, Director of Public Health
J Keenan, Director of Nursing	A Wood, Non-Executive Director
J Kemp, Non-Executive Director	

In Attendance:

C Dobson, Director of Acute Services
L Garvey, Director of Health & Social Care
A Graham, Director of Digital & Information
B Hannan, Director of Planning & Transformation
B Johnston, Head of Capital Planning & Projects Director
K MacGregor, Director of Communications & Engagement
G MacIntosh, Head of Corporate Governance & Board Secretary
M Michie, Deputy Director of Finance
D Miller, Director of Workforce
P King, Corporate Governance Support Officer (Minutes)

A Morris, Vice-Chair, took the Chair for Items 1 to 7.1.

1.   CHAIRPERSON'S WELCOME AND OPENING REMARKS

The Chair welcomed everyone to the meeting, in particular N Robertson, newly appointed Chair of the Area Clinical Forum, and B Johnston, Head of Capital Planning, deputising for N McCormick, Director of Property & Asset Management.

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

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

- The Maternity, Neonatal and Community Children's Services teams who have received the prestigious Baby Friendly Gold Award from UNICEF. It's the highest level of accreditation and recognises the gold-standard level knowledge and commitment of all staff in promoting breastfeeding and bringing mothers and babies closer through a positive feeding experience. Further detail on this work was provided to the Board under the patient story.
- C Cartlidge, Oncoplastic Breast Surgeon, appointed as Associate Medical Director for Surgery & Medicine after a competitive recruitment process. Thanks were given to Dr S McCormack for her hard work and dedication during her time in the role.

The Chair advised that NHS Fife has been awarded the prestigious Cycling Friendly Employer Award in recognition of its efforts to support staff commuting by bikes to and from their place of work. The Cycling Friendly Employer Award is a nationally recognised program run by Cycling Scotland to encourage organisations to make cycling to work easier for their staff.

It was noted that a non-executive recruitment exercise is shortly about to get underway to appoint a new Whistleblowing Non-Executive Director and also for the vacancy that will occur in September when A Grant completes his Board term. Details on the advert will be circulated to members when published for publicising via their own networks. The Chair noted that there will be ample time to thank A Grant for his service to the Board before he leaves in September.

Finally, as noted at the January Board meeting, the Director of Finance & Strategy, M McGurk, is retiring in April 2025 and this is her last Board meeting. On behalf of the Board, the Chair thanked M McGurk for her outstanding contribution to NHS Fife during her time in post.

2.   **DECLARATION OF MEMBERS' INTERESTS**

There were no declarations of interest made by members.

3.   **APOLOGIES FOR ABSENCE**

Apologies for absence were received from attendees F Forrest, Acting Director of Pharmacy & Medicines, and N McCormick, Director of Property & Asset Management.

4.   **MINUTE OF PREVIOUS MEETING HELD ON 30 JANUARY 2025**

Approval of the previous meeting's minute of 30 January 2025 was **proposed** by J Bennett, Non-Executive Director, and **seconded** by J Kemp, Non-Executive Director.

5. MATTERS ARISING / ACTION LIST

There were no matters arising.

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

6. CHAIRPERSON'S REPORT

It was noted that Item 6.1. Chair's Report would be taken once the Chair joined the meeting.

6.2. Board Development Session – 19 February 2025

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

6.3. Board Membership from 1 April 2025

The Chair referred to the paper, which outlined Board Committee Membership appointment changes to take effect in April 2025, presented for formal Board approval.

The Board **formally approved** the new Committee membership arrangements from 1 April 2025.

7. CHIEF EXECUTIVE'S REPORT

7.1. Chief Executive's Update

The Chief Executive commenced her update by offering thanks to all staff across NHS Fife and our partners for their continued support and efforts to deliver care to our population, and to our patients' families and carers for their patience at a time when pressure on the NHS continues.

It was advised that regular meetings continued with Scottish Government and Chief Executives from across the NHS Scotland Boards, where much attention has been on planning for 2025/26. The paper presented at item 9.1 provides some further context on these discussions, where focus has been on Chief Executives' roles as Accountable Officers and NHS Boards contribution to the health and wellbeing of our local population and to NHS Scotland as a whole.

It was noted that at the routine bi-monthly meeting with local MPs and MSPs the Chair and Chief Executive were joined by the Medical Director, Director of Acute Services and Director of Health & Social Care to discuss cancer services, as well as operational performance, particularly our front door services. These meetings will continue to be held in person across our sites over the coming year, with the next meeting scheduled for May, in Glenrothes.

The Chief Executive was delighted to join colleagues from the University of St Andrews and Professor Sir Michael Marmot at an event hosted by the School of Medicine as part of the Scotland's Future Series Symposium, at which the Medical Director gave a presentation.

A number of the executive directors also joined a workshop the following day with health colleagues from Chicago to hear about their approach to address inequalities and from a senior clinician of the Medically Home organisation who described their approach to acute hospital at home. A Teams call has been arranged with executive directors and senior clinical teams to share this learning more widely.

Finally, the Chief Executive extended her warm thanks to the Director of Finance & Strategy, M McGurk, as she retires from the Board the following week. She reflected on her remarkable journey over the past five years, as she navigated the unprecedented challenges of the Pandemic with grace and resilience and with a dedication to NHS Fife, our staff and our patients, particularly in the early weeks, with her tireless efforts to source PPE. The Chief Executive highlighted that M McGurk played a pivotal role in developing our Population Health and Wellbeing Strategy, which was the first in Scotland, and this provides the solid foundation for our planning approach over the next few years. Throughout her tenure, she maintained an unwavering focus on financial performance, and it is fitting that she retires at the end of such a successful year, where NHS Fife has delivered record efficiencies despite the scale of the financial challenges facing NHS Scotland.

P Kilpatrick joined the meeting and took over the Chair.

7.2. Patient Story

The Director of Nursing introduced A Smyth and D Robertson, Neonatal Paediatric Infant Feeding Advisers, who were both instrumental in the maternity service and neonatal service achieving the prestigious Baby Friendly Gold Award from UNICEF, which is the highest level of accreditation and recognises the gold-standard level knowledge and commitment of all staff in promoting breastfeeding and bringing mothers and babies closer through a positive feeding experience.

D Robertson advised that both staff members were based in maternity services and part of their role was to ensure the service achieved and maintained the baby-friendly accreditation. She explained what was involved in the accreditation process and that the achievement of the gold accreditation was for services that go 'above and beyond' the standards. NHS Fife was one of only two Boards in the UK to have three services (maternity, neonatal and community children's services) accredited at gold standard status.

A Smyth provided an overview of the work being undertaken in Fife to support cue-based feeding and she introduced a short video-presentation about one family's feeding journey and how much they appreciated the support, reassurance and guidance that was provided by the dedicated infant feeding advisers, acknowledging further support that is provided by other professionals from community out-reach teams and speech and language colleagues.

On behalf of the Board, the Chair thanked staff members for attending the meeting today. Appreciation was given for the work they do maintain such high standards for the population of Fife and for taking a holistic, family-centred and baby-centred approach, which was a credit to NHS Fife.

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

6.1. Chairperson's Update

The Chair provided an update on recent visits, notably that Shona Robison MSP, Minister for Finance & Local Government, visited Fife's National Treatment Centre for Orthopaedics on 3 February to hear more about the local efforts to maximise the numbers of patients seen for planned surgery. Stephen Gallagher, Director of Mental Health within the health directorates of Scottish Government, also paid a visit to NHS Fife to see the Mental Health Estate at Stratheden Hospital on 13 February 2025.

It was advised that Non-Executive Board members had undertaken an informative visit to Cameron Hospital, to meet staff at the ScotCOM hub and Addiction Services, on 13 February 2025.

The Chair continued to meet regularly with Scottish Government colleagues and NHS Scotland Board Chairs on new government policies, which included a focus on collaboration across NHS Scotland and the impact of that on Health Boards and a new directive around 52-week waits.

The Chair also referenced the presentation undertaken by the Medical Director at the recent University of St Andrews symposium, which was very positive and well received. Information from the workshop held the following day provided good learning opportunities for NHS Fife to develop and adapt and the Chair would arrange for the slides from that to be circulated.

Action: P Kilpatrick

The Chair reported on the recent Remuneration Committee meeting, which considered the Corporate Objectives 2025/26. Detail was also provided on the work she was involved in nationally to look at governance arrangements such as recruitment of Non-Executive Directors and the process in the Public Appointments Unit, training for Non-Executive Directors and the Blueprint for Good Governance.

The Chair advised that appraisals for Non-Executive Members had been completed. Her own appraisal would take place in April 2025, and she thanked those Board members who completed the 360º questionnaire.

Finally, the Chair paid tribute to the Director of Finance & Strategy on the occasion of her forthcoming retirement.

The Board **noted** the update.

8. GOVERNANCE

8.1. NHS Scotland Blueprint for Good Governance Improvement Plan Update

The Board Secretary spoke to the report, which outlined the Board's progress in the delivery of the Improvement Action Plan created in March 2024, following members'

self-assessment exercise against the Blueprint for Good Governance. The conclusion of the majority of the action points specified in the Plan was noted, with detailed progress updates given in the appendix.

It was advised that there are currently two remaining open actions linked to national work in relation to improving the diversity of the NHS Fife Board, which will be considered in the upcoming recruitment process, and creating an assurance framework, which is being proposed to be taken forward looking at good practice and on a Once for Scotland approach.

The Board Secretary responded to a question around any read-across with the Internal Control Evaluation Report, noting that although this was two separate pieces of work, we are assessed against the Blueprint for Good Governance generally as part of the year-end audit process. The Chair highlighted that a national group is considering whether an update is required to the Blueprint to reflect a more collaborative way of working regionally, as highlighted in a later agenda item.

The Board **noted** progress in delivery of the Board's current Improvement Plan, taking a **moderate level of assurance** from the update.

8.2. Whistleblowing Quarter Three 2024/25 Report

The Board Secretary spoke to the performance data for Quarter 3 on Whistleblowing Concerns. An update on the concern from Quarter 1 was given, noting the investigation report has now been received and should be closed this shortly. Two anonymous concerns had been raised during Quarter 2, and information was provided on the learning from these reviews. One Whistleblowing concern received in the quarter, being dealt with at Stage 1, has now closed. The report also included detail on a further, previously unreported Whistleblowing concern from 2023-24, which has been concluded in Quarter 3 of the current reporting year.

Key points in the Quarter 3 report were highlighted, including the recent activities of Speak Up / Whistleblowing Coordinator since their appointment. It was noted that the Whistleblowing Annual Report will be presented to the May Board meeting and the Speak Up / Whistleblowing Co-ordinator will be invited to attend to speak to the work they have undertaken since appointment.

Action: G MacIntosh

In response to questions from the Chair and Non-Executive Directors, the Board Secretary confirmed that concerns were being logged on Datix by the Speak Up / Whistleblowing Co-ordinator, which provided consistency for data capture. It was noted that the target to achieve a response in line with the 20 days specified in the Standards was ambitious, particularly for Stage 2 given the level of research and investigation required, but a robust process was in place to seek formal extension once past 20 days and to ensure staff involved are kept informed.

The Chief Executive advised that earlier this month the Speak Up / Whistleblowing Co-ordinator delivered a tutorial for HNC nursing students at Fife College to highlight the importance of being able to speak up confidently and comfortably and this supported an open culture. It was proposed that this talk could be replicated for

medical students. Other opportunities to promote our ambition for an open and honest organisational culture were provided by the Director of Communications & Engagement.

The Employee Director confirmed that discussion had taken place with the Speak Up / Whistleblowing Co-ordinator and staff side colleagues about the work being undertaken and the Area Partnership Forum had noted a distinct difference in the reporting back to individuals who raised concerns. There had also been a significant difference in the level of ongoing support and training for confidential contacts, which was welcomed.

The Board took a **moderate level of assurance**, reflecting the fact that work is ongoing to improve the organisational support to Whistleblowing activity, including outreach to staff to encourage speaking up, and to improve the timeliness of handling concerns. The Board asked that the Board Secretary pass on its thanks to the Speak Up / Whistleblowing Co-ordinator for their work.

8.3. Health and Care (Staffing) (Scotland) Act (HCSA) 2019: Quarter 3 and Annual Report Update 2024/25

The Director of Workforce referred to the paper, which gives a summary of the Board's current activity in respect of the HCSA and he highlighted a number of key achievements during Quarter 3 as set out in the Executive Summary and under section 2.3 of the report.   It was noted that the Annual Report template is currently being completed for submission to Scottish Government by 30 April 2025. Given the submission date falls outwith the governance meeting cycle, the link to the full annual report template will be provided to Board members for consideration and feedback prior to submission.

Action: D Miller

Questions were asked around the risk that the loss of the Nursing & Midwifery aligned workforce posts would mean that the Tool runs are not run as effectively in future and how this would be mitigated; and the impact of the Workforce Hubs ceasing at the end of March 2025 in terms of maintaining 'grip and control' around Bank and Agency staffing, and these were responded to. The importance of ensuring e-rostering and safe staffing is fully rolled out was emphasised. It was noted that the target date for clinical areas is 31 December 2025, however, there is still some national work being taken forward to allow full roll-out across the organisation.

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

8.4. Equality Outcomes Final Report 2021/25 & Interim Equality Outcomes Plan 2025/29

The Director of Nursing outlined the responsibilities of all public bodies under the Equality Act (2010) and reported that Boards have a legal duty under the Equality Act to develop and publish equality outcomes at least every four years, with a progress report after two years. These reports are central to showing how NHS Fife is meeting its statutory duties.

7

It was noted that the NHS Fife Equality Outcomes Final Report 2021/25 marks four years of effort to embed equality and human rights across services and our workforce, and meaningful progress had been made. Some of the key areas of improvement were highlighted. The Interim Equality Outcomes Plan 2025/29 set out the next phase of priorities for promoting equality and embedding inclusive practices across the organisation, building on previous learning, with a sharper focus on measurable actions and accountability. It was noted that these new equality outcomes have been aligned with key national priorities such as the Anti Racism Directive. An overview was provided on the outcomes, as detailed within the report. The Plan was deliberately interim to allow a review and refresh up to the Autumn to reflect any further learning considerations, particularly from the ongoing employment tribunal involving NHS Fife, and would be submitted through the Public Health & Wellbeing and Staff Governance Committees and the Board in Autumn 2025.

Board members commended the reports and passed on their thanks to the Equality & Human Rights Lead Officer for their work in this regard. A request was made to include within future reports the methodology on how the priorities are assessed and are linked to the protected characteristics. The Chief Executive explained how the development of the Equality Outcomes Plan 2025/29 would be taken forward over the next few months giving the opportunity to reflect on the methodology and to hear the views and voices of the Board and this will show how the priorities connect back to the equality duties.

The Chair asked about services for young people with mental health issues given that NHS Fife does not have a juvenile unit, and she questioned if a case should be made to Scottish Government in line with the United Nations Convention on the Rights of the Child (UNCRC). In response, the Director of Health and Social Care and Medical Director confirmed that demand for in-patient services for young people in Fife is low and that, in line with the approach across NHS Scotland, regional pathways are in place to support Fife patients to access the specialist regional inpatient facility as required, with most patients cared for on an out-patient intensive basis.

The Board took a **moderate level of assurance** from the reports; **examined and considered** the implications of both reports; and **reviewed and approved** the reports for publication.

### 8.5.	Draft Fife NHS Board Annual Workplan 2025/26

The Head of Corporate Governance & Board Secretary introduced the draft Fife NHS Board Workplan 2025/26, which outlines the draft schedule of items for the Board for the financial year, as required under the Code of Corporate Governance. It was noted that the plan will remain iterative and be updated throughout the year as Board business requires.

There was a query about two reports in 2027 and this was responded to. It was noted that the Equality Outcomes Plan 2025/29 would be added to the workplan for Autumn.
Action: G MacIntosh

The Board **approved** the draft workplan for 2025/26 noting that the plan will remain iterative and be updated throughout the year as Board business requires.

9.   STRATEGY & PLANNING

9.1.   NHS Scotland: Health Board Collaboration and Leadership

The Chief Executive provided an overview of the self-explanatory paper, which sets the national context for renewal and reform following the First Minister's statement on 27 January 2025. The paper aims to brief NHS Boards on the new governance arrangements in place for planning and described the need for all Boards to ensure a systematic approach to balancing local delivery with the need to contribute to meet the needs of larger populations in the delivery of planned care. The Chief Executive emphasised it is the start of a journey, and the Board is asked to approve local implementation of this approach and note the anticipated increased pace of change and requirement for regional and national collaboration in coming weeks and months.

Members discussed the content of the paper in detail, noting that the Board Chairs' Group also supported a move to a different way of working, albeit recognising the need to reflect and learn from areas of joint work that has and has not worked well in the past. The Chair had already mentioned that consideration was being given to a review of the current Blueprint for Good Governance and there was a need to look at the wider performance management arrangements if Chief Executives and Directors are working in a different way. The need to ensure that support policies are in place to enable change was highlighted and the Chief Executive would feed this back to the Board Chief Executives' Group for further discussion.

The Board **noted** the commitment set out by the First Minister to progress the renewal and reform of the NHS in Scotland, and associated requirement for the Board to seek assurance on delivery of these commitments; **noted** the evolution of the new governance arrangements which are intended to enable and foster stronger collective accountability whilst underpinning the strength of local accountability mechanisms; **acknowledged and endorsed** the duality of their role for the population/Board they serve as well as their contribution to population planning that will cross traditional Board boundaries and approves local implementation of this approach, consistent with DL(2024)31 and 12 (J) of the 1978 NHS Scotland Act; and **acknowledged and endorsed** the anticipated increased pace of change and requirement for regional and national collaboration in coming weeks and months as there is requirement to deliver the principles set out by the First Minister in his speech on 27 January, to deliver efficiencies and savings and to put into action the commitments set out in the three reform documents.

The Board also **noted** that, in response to these changes, it is recognised that there is requirement to refresh the traditional approach to Board performance framework and indeed Executive personal objectives, which was referenced in Caroline Lamb's letter of 7 February.

9.2.   NHS Fife Leadership Framework 'Our Leadership Way'

The Director of Workforce introduced the report, which provided an update on the development of the NHS Fife Leadership Framework, as part of the 2024/25 Corporate Objectives and in support of the organisation's commitment to a healthy workplace culture, noting this work will continue to be prioritised into 2025/26.

The paper provided an overview of the inquiry and engagement work led by the Collaborative Volunteers group to establish our shared leadership philosophy in NHS Fife. The paper outlined a one-year delivery plan, focusing on opportunities to embed our expectations through alignment of key people-related activities to the leadership framework. This has been a key piece of work for teams across Fife and the Director of Workforce was proud of the work undertaken to date. In addition to the Framework, the Director of Workforce advised that developing and supporting managerial capability had been earmarked as a priority area for the Workforce Directorate for 2025/2026. Commenting on the organisation's commitment to redevelop its Performance & Assurance Framework, the Director of Planning & Transformation emphasised that the Leadership Framework should be regarded as part of the effort to deliver the Board's overall organisational strategy.

Board members welcomed the work undertaken to date, which is ambitious and clearly sets out what the organisation is looking for from its leaders. It was noted that outcome measures will be identified in the next stage of the process to demonstrate improvements in the system and for our staff. It was also noted that the staff side was keen to use the new framework and ensure this is embedded across the organisation.

The Chair commended the work done to date on developing the Leadership Framework and thanked all staff that had been involved for their input.

The Board **approved and endorsed** the Framework and took a **moderate level of assurance** that the work to begin to embed the Leadership Framework is underway.

9.3. Anchor Institution Update

The Director of Public Health presented the report, which was the product of many contributors, and she advised that the Executive Summary within the update paper sets out the key points and progress over the previous year. The two appendices were highlighted and provided a backward look at what has been achieved in 2024/25 and a forward looking setting out plans for the year ahead.

An overview was provided of progress over the previous year, including widening employment access, community asset transfer, progressing sustainability goals and consolidation around procurement. It was reported that there is continued national support for the programme and a further update report would be provided later in the year.

The Director of Workforce applauded how teams work together across Fife in this regard, which enhances NHS Fife's reputation to be the employer of choice, particularly given the challenging financial circumstances throughout the year. Reference was made to the EMERGE programme, which is a partnership between NHS Fife, Fife Health & Social Care Partnership, and Fife College, aimed at school leavers aged 14 to 16 who are interested in careers in health and social care, and the

important role NHS Fife can play as an Anchor Institution to support not only the health of young people but to support their education and work opportunities also. A full report on the EMERGE programme will be submitted to the Board later this year.

The Board took a **moderate level of assurance** from the work progressed through the Anchor Strategic Plan.

9.4. Progress Report on Decarbonisation of NHS Fife Fleet

The Head of Capital Planning provided an update on progress on the decarbonisation of the NHS Fife fleet of vehicles, highlighting that NHS Fife is currently 80% compliant, however plans are in place to ensure NHS Fife will be 100% compliant for small & light commercial vehicles by the end of 2025. It was noted that this would be achieved within existing budgets.

It was reported that different funding sources had been secured through Transport Scotland to improve facilities for staff, patients and public sector partners in relation to charging infrastructure, however it was recognised that additional charging points are required to encourage more staff to move to electric vehicles. The Director of Workforce advised that work was at a final stage to look at a scheme for staff to procure electric vehicles through salary sacrifice, which, in his opinion, would prove to be very popular.

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

10. PERFORMANCE

10.1. Integrated Performance & Quality Report (IPQR) – January 2025 Position

The Chief Executive introduced the IPQR, which has been scrutinised in detail through the governance committees and reports on performance to the end of January 2025. The Chief Executive highlighted several successes in relation to performance around Child & Adolescent Mental Health Services (CAMHS) and Diagnostics and ongoing challenges in respect of Sickness Absence, Personal Development Plan Review (PDPR) and Cancer 62-Day Referral to Treatment. It was noted that there would be opportunities to address the Treatment Time Guarantee and Outpatient capacity as part of the collaborative working described under item 9.1 and further detail would be provided over the coming months. Section 2.3 of the paper highlighted feedback from the Committees.

Comments from Non-Executive members were made in relation to the 4-hour emergency access performance, a notable improvement in complaints performance, and the improvements in performance in relation to alcohol brief interventions, CAMHS and Psychological Therapies. The Chair ask that the Board's thanks be recorded to the teams for the improvements, particularly in in relation to CAMHS and Psychological Therapies, which had been the subject of detailed scrutiny within the Board and its committees.

The Chair asked about performance in relation to breast and bowel screening and a full explanation was offered by the Director of Public Health.

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

10.2. Financial Performance Report at 31 January 2025

The Director of Finance and Strategy presented the detailed paper, highlighting the challenging financial position for 2024/25. Attention was drawn to the Executive Summary of the report, which set out the key points related to the financial position at the end of January 2025, noting that NHS Fife is now in the position of having a reasonable level of confidence that we will achieve the full £25m 3% efficiency target. It was advised that the scale of the challenge should not be under-estimated, and tribute was paid to the Deputy Director of Finance for their focussed efforts on achieving this target.

The Chair commended the work undertaken across the organisation to get to this position, noting it was a significant achievement to deliver an improved position on the forecast outturn identified in our 2024/25 plan and she also commended the work done to have a joined-up plan across the whole system. The Chair of the Finance, Performance & Resources Committee was pleased with the current position and took confidence from that performance going forward, knowing that challenges can be faced as a collective.

The Chief Executive made reference to the new Leadership Framework as she reflected back over the past 12 months as a leadership team and as an organisation which has adapted, collaborated and been compassionate in everything we have done, and it has delivered. She hoped this demonstrated a different frame of mind for moving forward. It was emphasised, however, that the Executive Team was aware of the continuing challenges going into 2025/26 around performance, finance and transformation and particularly ensuring that the quality and safety of services remained the top priority for NHS Fife.

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

10.3. Re-form, Transform, Perform (RTP) Quarter 3 Performance Report

The Director of Planning & Transformation provided an update covering performance up to the end of January 2025 on the position of 3% savings schemes identified by NHS Fife, which was complementary to the Financial Performance Report. The report detailed for each scheme the planned deliverables, progress to date and planned activity. The report also sets out current assurance rating, as well as an update on the financial position. He highlighted the improved position at the end of Quarter 3, which showed for the first time a total savings forecast for 3% schemes at £25m and note changes to the level of assurance that can be offered for some schemes.

In response to a query, the Director of Finance & Strategy confirmed that circa £17.7m of the £25m savings is recurring. The Deputy Director of Finance was pleased at what had been achieved following a challenging financial year and she acknowledged the work of the finance team, who have worked hard to provide timely information and enable a robust financial plan to be presented.

The Board took a **moderate level of assurance** regarding delivery of RTP, noting there is significant confidence of being close to delivering £25m savings.

10.4. Annual Delivery Plan (ADP) 2024/25 Quarter 3 Update

The Director of Planning & Transformation introduced the comprehensive Quarter 3 report as of end of December, which had been updated to incorporate a summary about the discussion at the committee meetings. The Board is asked to take a moderate level of assurance on delivery, noting that a different approach would be taken going forward into 2025/26. There were no points for escalation.

In response to questions, it was reported that the Corporate Risk Register is updated in line with red areas in the ADP; this is being made more explicit in the reporting for 2025/26 and was one of the areas that needed to be answered for Scottish Government.

The Director of Acute Services provided an update on one of the red actions in relation to the development of a new outpatient specialist Gynaecology Unit, and was pleased to advise that capital had been received for the Unit, which will open as the Fife Gynaecology Unit at Queen Margaret Hospital by the end of April. Discussions are also ongoing to explore options for accommodating further services around women's health, such as a fixed site for breast screening. The Chair confirmed their support for this and agreed that Board members undertake a visit to the new unit in the new financial year.

Action: G MacIntosh

The Board took a **moderate level of assurance** from the Update and **approved** the ADP Q3 return for submission to Scottish Government

10.5. Appropriately Trained: Recovery Plans for Core Skills / Mandatory Training and Personal Development Plan Review (PDPR) Compliance Rates

The Director of Workforce spoke to the report, which provided a progress update on the Board's Recovery Plan that was implemented in December 2024 to improve performance in the areas of PDPR and Core Skills compliance. The report also included a long-term sustainability plan, identifying actions required to increase performance metrics into 2025/26.

It was reported that by the end of March 2025, PDPR compliance was expected to move up to 50% against a corporate target of 60% and Core Skills compliance was expected to be at 71% against a corporate target of 80%. It was noted that although this was still short of the target, it did demonstrate an improved position that needed to continue going into 2025/26. The Board was provided with an overview of the mitigating actions to improve compliance, including data reconciliation, ensuring provision of core skills training, and capacity and engagement with services. Reference was made to training reports that have been made available to all managers, offering the opportunity to directly access and review training compliance for individual staff members. The Director of Workforce offered thanks to everyone involved in this work.

The Employee Director welcomed the actions in the Recovery Plan and the renewed focus on the target and she looked forward to seeing a continued improvement throughout 2025/26. The Chair of the Staff Governance Committee commented on the focussed work undertaken to improve compliance in these areas, which had made a difference and were important for staff and the organisation as a whole.

The Board took a **limited level of assurance** from the paper, **noted** that a further update would be provided to the May Board and thanked the team for their efforts in this regard.

Action: D Miller

11. STANDING COMMITTEE REPORTS

11.1. Governance Committee Chairs' Reports

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

A Grant, Chair of the Audit & Risk Committee, confirmed that there were no matters to be escalated to the Board from the meeting held on 13 March 2025.

A Wood, Chair of the Clinical Governance Committee, confirmed that there were no matters to be escalated to the Board from the meeting held on 7 March 2025, and highlighted the issues for the Board's attention as set out in the paper.

A Morris, Chair of the Finance, Performance & Resources Committee, confirmed that there were no matters to be escalated to the Board from the meeting held on 11 March 2025.

J Kemp, Chair of the Public Health & Wellbeing Committee, confirmed there were no matters to be escalated to the Board from the meeting held on 3 March 2025.

C Grieve, Chair of the Staff Governance Committee, confirmed that there were no matters to be escalated to the Board from the meeting held on 4 March 2025. He highlighted that performance in relation to Core Skills / Mandatory Training and PDPR Compliance Rates was the highest level of compliance that had been achieved in the past five years.

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

12. ANNUAL REPORTS

12.1. Director of Public Health Annual Report 2024

The Director of Public Health was delighted to present the Annual Report 2024, which focussed on eating well and physical activity in the context of healthy places and spaces. It was advised that the report is aligned with the priorities contained in the 10-year framework for population health, which is anticipated will be published in early April and deliberately focuses on key priority areas in the Framework. The Director of

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Public Health recorded thanks to the many contributors to the report, which also included examples and input from Fife Council and third sector organisations.

The Director of Public Health provided a presentation on the key drivers from the report, setting out the important current context, take aways from the data and key areas for consideration around food, activity and spatial planning. In summary, the Director of Public Health emphasised the need to explore issues facing the population and how NHS Fife can make a difference, and she welcomed thoughts from Board members. It was noted that the report is also being taken through locality groups and Fife Partnership.

Members discussed the report in detail, with comments made about the need for collaboration with partners on areas that are more difficult for NHS Fife to influence, and the importance of linking the recommendations into the ADP and transformation plans. It was advised that the Population Health Framework will set out 32 actions and areas of focus for the longer term and good mechanisms were already in place within Fife to take forward work around the key priority of food and the built environment, linking with the national Good Food Nation Plan and local Food for Fife Strategy. Given the recommendations in the report span the whole of Fife Partnership, the Chief Executive proposed to draw out some of the specific actions for NHS Fife, setting out how these would align with other work around performance reporting and linking to the ADP and corporate objectives for 2025/26.

Action: J Tomlinson

The Chair thanked the Director of Public Health for taking members through the report and she recommended to members that they read the section on one of the case studies related to 'EATS Educates', which is an ambitious new food education project from EATS Rosyth, to develop a whole-system approach to eating fresh fruit and vegetables with children and their families.

The Board **discussed and offered final comment** for the Annual Report 2024 prior to publication and supported the recommendations, which cover the broad areas of:

- Food and physical activity and the need for actions which take a whole-system approach across key settings;
- Addressing issues of food and physical activity are important through the whole life course. This is particularly important in the context of our ageing population and maintaining independence and well-being in later life; and
- Food and physical activity are inextricably linked to the places and spaces we live, work and play in. Spatial planning and the 'Fife's Place Plan' provide key opportunities for partners to contribute to making healthier places and communities.

12.2. Annual Duty of Candour (DoC) Report 2023/24

The Medical Director advised that the report is presented to the Board on an annual basis and is thereafter required to be published. It was noted the report is similar to previous years and relates to every incident where the organisational duty of candour legislation was activated.

It was highlighted that between 1 April 2023 and 31 March 2024 there were 29 adverse events reported where Duty of Candour processes applied. Table 2 set out the events where Duty of Candour applied over the past six years. The details of the outcomes reported across NHS Fife were noted in the report, together with the Board's compliance, the learning from the event and a list of learning points from each of these cases.

In response to a question from the Chair, the Medical Director confirmed that each of the cases comes through the Adverse Events Panel, chaired by the Medical Director with the Director of Nursing, Acting Director of Pharmacy & Medicines and the Associate Director for Quality & Clinical Governance, to ensure comprehensive oversight of every adverse event and the learning that goes alongside those. It was noted that this has been subject to an improvement journey over the past year, which has been overseen by the Clinical Governance Committee.

The Board took a **moderate level of assurance** that during 2023/24 NHS Fife has complied with the legislative requirements set out in the Duty of Candour (Scotland) Regulations 2018.

13. OTHER COMMITTEE MINUTES

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

13.1. Fife Health & Social Care Integration Joint Board dated 4 December 2024 (confirmed)
13.2. Fife Partnership Board dated 4 February 2025 (unconfirmed)

Approved Minutes:
13.3. Audit & Risk Committee dated 12 December 2024
13.4. Clinical Governance Committee dated 17 January 2025
13.5. Finance, Performance & Resources Committee dated 14 January 2025
13.6. Public Health & Wellbeing Committee dated 13 January 2025
13.7. Staff Governance Committee dated 7 January 2025

14. ANY OTHER BUSINESS

None.

15. DATE OF NEXT SCHEDULED MEETINGS

Tuesday 27 May 2025 at 10.00 am in the Boardroom, Victoria Hospital, Kirkcaldy

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

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

FIFE NHS BOARD – ACTION LIST
Meeting Date: Tuesday 27 May 2025

NHS Fife

NO.	DATE OF MEETING	AGENDA ITEM / TOPIC	ACTION	LEAD	COMMENTS / PROGRESS	COMPLETION DATE
1.	26/11/24	**Annual Delivery Plan (ADP) Q2 Update**	Executives to consider triangulation between the ADP, IPQR and corporate objectives to improve read-across going forward. Continue to review / refine presentation of report (include risks for deliverables that are unlikely to meet target and how quickly areas at risk can move back on track)	**Exec. Directors**	Performance and Assurance Framework in development for submission to the Board in August 2025	Closed – noted on workplan for August 2025
2.	26/11/24	**Prevention & Early Intervention Strategy (volume of strategies / reports)**	Report back to Board on progress on the Strategy, recognising the volume of reports / info already presented to the Board, consider how to bring info together in a streamlined way, reflecting the various strategies in the process of being delivered, so that the organisation is clear on its priorities and progress it is making to achieve those priorities between now and end of financial year	**LG** **CP/BH**	Update on strategy included on workplan 2025/26 for September Board Reports on delivery of supporting strategies to be encompassed into new Performance and Assurance Framework	Closed – noted on workplan for Sept 2025 Closed – as per action 1 above
3.	26/11/24	**Population Health & Wellbeing Strategy 2024/25 Mid-Year Report**	Consider what reports will be submitted to the Board and by when, in conjunction with action described above	**CP/BH**	Overall strategy to receive annual report	Closed
4.	30/01/25	**Revised Risk Management Report**	Remove the risk appetite scoring tool from the published Framework	**CM (MM)**	Actioned by Associate Director for Risk & Professional Standards	Closed
5.	25/03/25	**Chairperson's Update**	Presentation from the University of St Andrews workshop to be circulated to Board members	**PK**	Presentation circulated on 01/05/25	Closed
6.	25/03/25	**Whistleblowing Quarter 3 Report**	Invite Speak Up / Whistleblowing Co-ordinator to May Board to speak to work undertaken since appointment	**GM**	Invitation extended and accepted	Closed

NO.	DATE OF MEETING	AGENDA ITEM / TOPIC	ACTION	LEAD	COMMENTS / PROGRESS	COMPLETION DATE
7.	25/03/25	**Health and Care (Staffing) (Scotland) Act 2019: Quarter 3 and Annual Report Update 2024/25**	Link to the full annual report template to be provided to Board members for consideration and feedback prior to submission to SG by 30/04/25	**DM**	Link circulated to Board members for any comments to be included within the submission to SG	May 2025 Closed
8.	25/03/25	**Equality Outcomes Final Report 2021/25 & Interim Equality Outcomes Plan 2025/29**	Interim plan to be reviewed/refreshed & submitted via Public Health & Wellbeing and Staff Governance Committees and the Board in Autumn 2025. Future reports to include the methodology on how priorities are assessed and linked to the protected characteristics	**JK**	Added to Committee/Board workplans for September 2025. Will be included in the September update	Closed – noted on workplan for Sept 2025
9.	25/03/25	**Draft Fife NHS Board Annual Workplan 2025/26**	The Equality Outcomes Plan 2025/29 to be added to the workplan for Autumn	**GM**	Added to the workplan 2025/26 for the September Board	Closed – noted on workplan for Sept 2025
10.	25/03/25	**Annual Delivery Plan 2024/25 Quarter 3 Update**	Visit to the Fife Gynaecology Unit at Queen Margaret Hospital to be arranged for Board members in 2025/26	**GM**	Factored into 2025/26 visit planning	Closed
11.	25/03/25	**Appropriately Trained: Recovery Plans for Core Skills / Mandatory Training & Personal Develop Plan Review Compliance Rates**	Update to be provided to the May Board	**DM**	Added to the May Board Agenda	Closed
12.	25/03/25	**Director of Public Health Annual Report 2024**	Specific actions for NHS Fife to be drawn out including how these would align with other work around performance reporting and linking to the ADP and corporate objectives for 2025/26	**JT**	The specific actions drawn out will be referenced in the published version of the DPH Annual Report 2024 and opportunities will be identified throughout the year to support the actions in the ADP and Corporate Objectives	Closed

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Update from previous action lists

NO.	DATE OF MEETING	AGENDA ITEM / TOPIC	ACTION	LEAD	COMMENTS / PROGRESS	COMPLETION DATE
13.	25/09/24	**(Discussion under) Financial Performance Report at 31/07/24**	Consider the ways of working between the different organisations in Fife and how this is brought together as a collective	**CP**	Proposal re robust approach to planning to be submitted to the Board at end of financial year. Scheduled on workplan for March 2025. Update: Now superseded as per action 1 above.	Closed
14.	25/09/24	**Governance Committee Chairs' Reports**	Update on the EMERGE programme to be submitted to the Board in due course	**DM**	Interim update given to October Board Development Session. Further update to be provided and scheduled for March 2025. Update: Propose to provide full year report to September Board and added to workplan	Closed – noted on workplan for Sept 2025
15.	25/09/24	**Neonatal Mortality Review Health Improvement Scotland Report**	Update on neonatal mortality position in Scotland to be submitted to the Clinical Governance Committee (CGC) and Board in the New Year	**CM**	Regional paper being developed which will be submitted to CGC and Board. Scheduled on workplan for March 2025. Update: Whole plan on hold from national perspective. Added to workplan 2025/26 with date to be agreed	Closed – noted on workplan with date to be agreed

NHS Fife

Report to the Board on 27 May 2025

BOARD DEVELOPMENT SESSION – 29 April 2025

Background

1. The bi-monthly Board Development Sessions provide an opportunity for Board Members and senior clinicians and managers to consider key issues for NHS Fife in some detail, in order to improve Members' understanding and knowledge of what are often very complex subjects. The format of the sessions usually consists of a briefing from the lead clinician or senior manager in question, followed by discussion and questions, or a wide-ranging discussion led by members themselves.

2. These are not intended as decision-making meetings. The Board's Code of Corporate Governance sets out the decision-making process, through recommendations from the Executive Directors Group and/or relevant Board Committee, and this process is strictly observed.

3. The Development Sessions can, however, assist the decision-making process through in-depth exploration and analysis of a particular issue which will at some point thereafter be the subject of a formal Board decision. These sessions also provide an opportunity for updates on ongoing key issues.

April Development Session

4. The most recent Board Development Session took place in the Boardroom, Victoria Hospital, Kirkcaldy on Tuesday 29 April 2025. The focus of the session was to provide an overview on Equalities-related work and duties and the day included presentations on the NHS Lothian approach to Equalities & Human Rights, NHS Lothian's successful work in delivering Anti-Racism initiatives, and a presentation from the Central Legal Office on NHS Fife's Duties as a Public Sector Body. A further presentation was also given detailing a case study in relation to Racially Conscious Maternity and Neonatal Care.

Recommendation

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

PAT KILPATRICK
Board Chairperson
1 May 2025

NHS Fife

Meeting:	**Fife NHS Board**
Meeting date:	**27 May 2025**
Title:	**Annual Review of Code of Corporate Governance**
Responsible Executive:	**Ben Hannan, Director of Planning & Transformation**
Report Author:	**Gillian MacIntosh, Board Secretary**

Executive Summary:

- The Board considers annually any changes to the Code of Corporate Governance, to ensure this key documents remains current, following on from the Audit & Risk Committee's initial review.
- Changes are clearly tracked for visibility within the document linked below. These are of a minor nature and are limited only to updates to Committee remits, as discussed at the March and May cycle of meetings, a minor change to the Standing Financial Instructions to reflect the introduction of the new Global Internal Audit Standards (discussed in depth at the Audit & Risk Committee), and a number of minor changes to the Standards of Business Conduct for Staff related to the handling of gift vouchers.
- The Board is invited to approve the changes made and also take assurance from the review exercise successfully completed for 2025/26.

1. Purpose

This is presented for:

- Approval

This report relates to a:

- Local policy

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

- Effective

2. Report Summary

2.1 Situation

The Fife NHS Board Code of Corporate Governance is an all-encompassing suite of documents setting out the Board's Standing Orders, Committee Terms of Reference, Scheme of Delegation, Standing Financial Instructions, Code of Conduct for Board

Members and Standards of Business Conduct for Staff. It is therefore important that it remains current and correct.

2.2 Background

An annual review of the Code of Corporate Governance is normally undertaken each spring, to coincide with the new financial year, with this completed as scheduled previously in 2024. This paper completes the exercise for the current year.

2.3 Assessment

The updated version of the Code has been made available to members online for review (https://www.nhsfife.org/media/qimiqjjs/code-of-corporate-governance-master-may-25.pdf), to help manage the amount of pages with the paper pack. The version accessible at the above link reflects the following updates clearly tracked within:

- minor tracked changes to each Standing Committee's remit, as discussed and agreed by each Committee following their individual Terms of Reference review at their March and May cycle of meetings; (pp.17-44);
- an amendment to the Standing Financial Instructions, to remove the out-of-date mention of Public Sector Internal Audit Standards and replacement with reference instead to the new Global Internal Audit Standards (p.52); and
- a number of minor changes to the Standards of Business Conduct for Staff, relative to treatment of any gift vouchers so gifted to staff, to clarify procedures following a number of instances that have raised handling issues during the last year (pp.118-121).

There have been no changes made to the Board's Standing Orders, Scheme of Delegation and Code of Conduct for Board Members. Both the Standing Orders and Code of Conduct for Board Members follow a national template, where the content of each is prescribed.

This report provides the following Level of Assurance:

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

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A significant level of assurance is suggested, reflecting the completion of each Committee's remit review and compliance with national model guidance in regards to Standing Orders and Members' Code of Conduct.

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

Ensuring appropriate scrutiny of NHS Fife's governance documents, and ensuring these remain up to date, is a core part of the Committee's remit.

2.3.4 Risk Assessment/Management

The identification and management of risk is an important factor in Board Committees providing appropriate assurance to the NHS Board. The Committee Terms of Reference contained with the Code outline the delegated responsibilities in this area from the Board to its key standing committees.

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

The Board Committee remits detail where equality and human-rights related issues are covered in each respective Committee's area of responsibility. There is no specific aspect of this report to highlight in relation to the above duties.

2.3.6 Climate Emergency & Sustainability Impact

No direct impact via this annual updating exercise.

2.3.7 Communication, involvement, engagement and consultation

N/A.

2.3.8 Route to the Meeting

This paper reflects comments received from colleagues within Internal Audit and the Finance Directorate and Fife Health Charity in relation to the changes proposed in the Standards of Business Conduct for Staff. In relation to the latter, the Director of Finance & Strategy has approved the proposed text.

Each of the Committees' Terms of Reference have been reviewed at their meetings held in March and May 2025. The Audit & Risk Committee has considered a version of

this paper at their meeting on 15 May and have endorsed the changes for formal Board approval.

2.4   Recommendation

The paper is provided for:
- **approval by the Board** of the updated Code of Corporate Governance.

3   List of appendices

- Appendix 1 – Revised Code of Corporate Governance

Report Contact
Dr Gillian MacIntosh
Associate Director of Corporate Governance & Board Secretary
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NHS Fife

NHS SCOTLAND

Meeting:	**Fife NHS Board**
Meeting Date:	**27 May 2025**
Title:	**Whistleblowing Annual Performance Report 2024/25, incorporating Whistleblowing Quarter 4 2024/25 Report**
Responsible Executive:	**Carol Potter, Chief Executive**
Report Author:	**Dr Gillian MacIntosh, Associate Director of Corporate Governance & Board Secretary** **Debbie McGirr, Speak Up / Whistleblowing Coordinator**

<u>Executive Summary</u>:

- This paper contains the Annual Whistleblowing Report for 2024/25, as part of the Board's overall year-end assurance processes. Due to the date of submission, and overlap of time period, the regular quarterly report on performance has been included within this paper as a separate appendix.

- The Annual Report differs in format to previous years, to reflect the Independent National Whistleblowing Officer's recently published guidance informing the format and content of annual reports.

- The paper details the number of Whistleblowing concerns raised within 2024/25, the number concluded in-year, and thematic themes from cases submitted under the Whistleblowing Standards. Further narrative aims to enhance assurance about the regular work underway to promote speaking up within NHS Fife, in support of a culture of psychological safety for staff to raise concerns without fear of detriment. Detail is provided on the work of the Whistleblowing Oversight Group and the activities of the Board's Speak Up / Whistleblowing Coordinator, who started in post in September 2024.

- A moderate level of assurance is suggested, reflecting the fact that the new part-time Speak Up / Whistleblowing Coordinator continues to undertake design and further development of the Board's Whistleblowing administrative and outreach processes, building on initial progress in the reporting year.

1. Purpose

This report is presented for:
* Assurance

This report relates to a:
* Government policy / directive
* Legal Requirement

This aligns to the following NHSScotland quality ambition(s):
* Safe, Effective and Person Centred

This report aligns to the following strand/s of the NHS Scotland Staff Governance Standard:
* Treated fairly & consistently, with dignity & respect, in an environment where diversity is valued
* Provided with a continuously improving & safe working environment, promoting the health & wellbeing of staff, patients and the wider community

2. Report Summary

2.1 Situation

All NHS Scotland organisations are required to follow the National Whistleblowing Standards and, as part thereof, publish an annual report setting out performance in handling Whistleblowing concerns. The annual report is required to include summaries of the Board's regular quarterly reports, including performance against key performance indicators (KPIs), comments about the issues raised during the year, and an overview of actions which inform learning as a result of Whistleblowing concerns.

2.2 Background

The Whistleblowing Annual Performance Report details Whistleblowing concerns received from 1 April 2024 to 31 March 2025, as required by the National Whistleblowing Standards.

This report also provides an update on Whistleblowing concerns, anonymous / unnamed concerns, local press articles related to Whistleblowing and data on the training modules undertaken from 1 April 2024 to 31 March 2025.

2.3 Assessment

As part of their ongoing engagement with NHS Boards, the Independent National Whistleblowing Officer (INWO) continues to review and evolve best practice in the reporting of concerns. This Annual Performance Report for 2024/25 reflects the recently published 'Good Practice Guide for Annual Whistleblowing Reporting' guidance, published in autumn 2024, and is the first report provided to the Board in this new format.

Annual Reports are intended to set out performance in handling Whistleblowing concerns. This report summarises and builds on the quarterly reports produced by the Board; includes performance against key performance indicators (KPIs) as set out in the Standards; includes and comments on the issues that have been raised in the Whistleblowing concerns received, and sets out the actions that have been or will be taken to improve services as a result of concerns.

Attached as Appendix 1 is the Whistleblowing Annual Performance Report for 2024/25, which details the concerns raised between 1 April 2024 and 31 March 2025. Appendix 2 provides the Whistleblowing Quarter 4 data for the period 1 January to 31 March 2025 in the usual quarterly reporting format.

This report provides the following Level of Assurance:

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

A moderate level of assurance is suggested, reflecting the fact that the new part-time Speak Up / Whistleblowing Coordinator continues to undertake design and further development of the Board's Whistleblowing administrative and outreach processes.

2.3.1 Quality, Patient and Value-Based Health & Care

Ensuring effective monitoring, reporting and governance oversight is applied across the organisation in terms of any issue of Whistleblowing is supportive of enhanced patient care and quality standards.

Procedures for raising concerns are intended to provide good-quality outcomes through a thorough but proportionate investigation as set out in the National Whistleblowing Standards. The standardised approach to handling Whistleblowing concerns ensures that learning and improvement is progressed for upheld/partially upheld Whistleblowing concerns, and subsequently shared across all relevant services.

2.3.2 Workforce

The monitoring of Whistleblowing or anonymous concerns ensures colleagues are afforded the highest standards of governance as set out in the NHS Scotland Staff Governance Handbook. Supporting the appropriate raising and handling of concerns demonstrates NHS Fife's commitment to making a positive contribution to organisational change. It sets a tone and culture in our organisation that values the

contribution of all staff, including those who identify the need for changes through speaking up.

The Standards overall support our ambition for an open and honest organisational culture where staff feel empowered and have the confidence to speak up without fear of detriment, knowing their voices will be heard and their concerns taken into consideration. This is focused through our organisational values of Care and Compassion, Dignity and Respect, Openness, Honesty and Transparency, and Quality and Teamwork.

2.3.3 Financial

There is no direct financial impact related to the contents of this report.

2.3.4 Risk Assessment / Management

Dealing appropriately with Whistleblowing or anonymous / unnamed concerns are important factors in providing appropriate assurance to NHS Fife Board through robust identification and management of emerging risks.

If staff do not have confidence in the fairness of the procedures through which their concerns are raised, or do not feel assured that concerns will be acted upon, there is a risk that they will not raise valid concerns about quality, safety or malpractice in the workplace. The opportunity to investigate and address these concerns will have been lost, with an associated potential adverse impact on quality, safety and effectiveness of services.

In respect of the implementation of the Standards, there is a risk that if the Standards are not widely promoted across the organisation, then staff will be unaware of how to raise a concern and consequently the organisation may lose the opportunity for improvement and learning. To mitigate this risk, a dedicated Speak Up / Whistleblowing Coordinator was appointed in September 2024 with responsibility for central coordination of all Whistleblowing handling activity, promotion of organisation-wide communications and engagement, and update training for Confidential Contacts who have a vital role in supporting the Whistleblowing process.

2.3.5 Equality and Diversity, including Children's Rights, Health Inequalities and Anchor Institution Ambitions

This paper does not relate to the planning and development of specific health services which would contribute to increasing inequalities of outcome (Fairer Scotland Duty), nor any decisions that would significantly affect people with different protected characteristics (Public Sector Equality Duty), nor adversely affect the promotion and safeguarding of rights of children and young people in Scotland (UNCRC). The Speak Up / Whistleblowing Coordinator has been added as a regular attendee at the Equality & Human Rights Steering Group, to input into strategic discussions in this area and ensure that ongoing Whistleblowing activity is accessible to all and supportive of Board-wide ambitions to address inequality and discrimination.

The Speak Up / Whistleblowing Coordinator has also undertaken a range of outreach activities to staff across NHS Fife to promote the role and the ethos of Speaking Up to raise concerns more widely across the organisation. Engagement

visits have taken place in-person across multiple sites (Estate & Facilities, Catering teams, Mental Health & Women / Children's Services) and via a number of departmental Teams meetings. Further visits and meetings are planned as part of a 2025/26 annual workplan.

2.3.6 Climate Emergency & Sustainability Impact

There is no direct impact in relation to this paper.

2.3.7 Communication, Involvement, Engagement and Consultation

Over the course of 2024/25 quarterly reports on Whistleblowing performance have been submitted for consideration to the Whistleblowing Oversight Group, Executive Directors' Group, Area Partnership Forum, Staff Governance Committee and NHS Fife Board. There is no requirement for formal engagement with external stakeholders in relation to the formulation of these reports.

There has been wide communication of the Standards across the organisation and this information continues to be refreshed by an ongoing programme of communication and outreach activity being developed by the Speak Up / Whistleblowing Coordinator and Corporate Communications team.

2.3.8 Route to the Meeting

En-route to the Board, this paper has been scrutinised by the Whistleblowing Oversight Group, Executive Leadership Team, Staff Governance Committee and the Area Partnership Forum. Their feedback has informed the development of the content presented in this report for formal Board approval.

2.4 Recommendation

The Whistleblowing Annual Performance Report 2024/25, incorporating the Whistleblowing Quarter 4 2024/25 report, is presented to the Board for **assurance** purposes, noting the work continuing at pace to enhance NHS Fife's Whistleblowing processes and encourage the raising of concerns for learning purposes. Following the Board's consideration of this annual report, it will be published on the NHS Fife website and submitted formally to the INWO.

3. List of Appendices

The following appendices are included with this report:

Appendix 1 – Whistleblowing Annual Performance Report 2024/25
Appendix 2 – Whistleblowing Quarter 4 Report 2024/25

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NHS Fife

2024–2025

Whistleblowing Annual Performance Report

Table of Contents

1.   Introduction

1.1   The National Whistleblowing Standards for the NHS in Scotland were introduced in 2021, requiring all NHS Boards to publish an annual report setting out their performance in handling whistleblowing concerns. The Standards apply to all services which are delivered on behalf of the NHS and are designed to:
- support an open and learning culture;
- ensure all people providing services for or on behalf of NHS Scotland have recourse to a structured process for raising concerns; and
- provide access to an independent review by the Independent National Whistleblowing Officer (INWO) where local process has not been effective.

1.2   NHS Fife supports and encourages an environment where employees can feel confident to raise concerns about practices in their workplace. This Annual Report summarises and builds upon the quarterly reports provided to NHS Fife Board and includes our performance against key performance indicators (KPIs) as set out in the Standards. It also includes information about whistleblowing concerns which have been received and any associated learning actions which have been identified as a result of raising concerns.

1.3   Following the introduction of the Whistleblowing Standards, work has continued within NHS Fife and the Health and Social Care Partnership, including Primary Care, to embed the Standards and promote the culture of raising concerns via a dedicated Speak Up / Whistleblowing service. Plans for 2025/26 will focus on embedding the central Speak Up / Whistleblowing service, raising the profile of 'speaking up / being heard' via a dedicated communications plan, providing more outreach activity for staff across NHS Fife and reporting into the Whistleblowing Oversight Group to begin triangulation of learning from upheld / partially upheld concerns as part of organisational learning.

2.   Implementation during 2024/25

2.1   Regular updates on speaking up and awareness raising of the Whistleblowing Standards are provided via our Chief Executive's newsletter and the weekly staff newsfeed. The dedicated Whistleblowing information in our employee app, StaffLink, has been refreshed, revised and relocated into one specific area for ease of access.

2.2   Publication of Independent National Whistleblowing Officer (INWO) materials, such as the Quick Reference Guide for Managers Receiving Concerns, Checklist for Managers Raising Concerns, and a Guide to Whistleblowing for Anyone Delivering NHS Services, continues to be located on StaffLink and highlighted at departmental meetings.

2.3   Quarterly reporting has been reviewed to include progress being made on formal Whistleblowing concerns. There is additional explanation relating to senior manager approval of any extensions to prescribed timeframes for response and resolution. Information relating to actions taken following the conclusion of a formal Whistleblowing concern has been incorporated into quarterly reports.

2.4   Quarterly reporting includes additional information on anonymous concerns received and press articles that highlight any concerns externally, and describes learning and actions taken to implement changes.

2.5   A Whistleblowing Concern Activity Tracker has been created to ensure that a single point of recording on our risk management system, Datix, is maintained to enhance our governance reporting processes

2.6   A Whistleblowing Champion Feedback letter is in place to be sent to all people who have raised concerns under Stage 2 of the Standards. Additional feedback forms are being created in partnership with staff support services and staff-side representatives, which will offer people raising concerns, and the investigative team, the opportunity to provide feedback, in confidence, on their experience of Speaking Up. This information will be used to improve experience and make necessary changes to support an open and learning culture. Anyone involved in the process of raising concerns, whether under the Whistleblowing Standards or as business as usual, is encouraged to provide feedback to support with enhancing our Speak Up Culture.

2.7   As part of the strategic work being undertaken by the Whistleblowing Oversight Group, a Whistleblowing Action Plan continues to be updated and progression is provided within the quarterly reporting through the Board's formal governance structure. The Action Plan and annual review of formal reporting includes action target dates and responsible persons.

2.8   The key role of Confidential Contacts has been highlighted through newsfeed items to staff, with additional refresher training being undertaken by our Confidential Contacts, who provide a crucial role in helping guide staff to the most appropriate channel through which to raise concerns. Where staff do not have access to e-mail, hard-copy information is visible in their place of work and updates are printed and distributed by managers.

2.9   The second of a regular series of Confidential Contact Network Meetings took place in October 2024, with quarterly dates being agreed for 2024/25. The next meeting is scheduled to take place in May 2025, focusing on sharing learning experiences through anonymous case reflections.

2.10   A dedicated Microsoft Teams channel for Confidential Contacts has been established as a routine communication channel and central location for relevant local and national updates relating to Whistleblowing.

2.11   Development links have been established with key service provider leads in Fife Health & Social Care Partnership and Primary Care Services to share relevant information around the relevance and application of the National Standards for all Contractors and Primary Care employees.

2.12   Development links have been established with Workforce colleagues to ensure accurate Datix reporting around any Whistleblowing concerns that are raised in relation to safe staffing, referencing the Board's obligations under The Health and Care (Staffing) (Scotland) Act 2019.

2.13   Update training sessions about Whistleblowing and associated processes / avenues of support offered within NHS Fife have been delivered in partnership with Fife College, for HNC Healthcare students, and with General Medical Council in their updates on raising concerns.

2.14 We have started a rolling programme of monthly Departmental updates about the role of the Speak Up / Whistleblowing Coordinator and the importance of supporting staff to speak up and raise concerns as part of everyday practice. Further activity is planned for 2025/26 to include Primary Care and Independent Contractors

2.15 In collaboration with our central Corporate Communications team, we have refreshed and updated NHS Fife Board's external website pages relating to Whistleblowing and Speaking Up, to ensure approach reach to volunteers and contractors who might not otherwise have access to internal channels of communication.

2.16 The Board has introduced a collaborative working agreement between NHS Fife, our Health & Social Care Partnership and our partners in Fife Council to produce a collaborative report of all Whistleblowing activity, which has been considered by the Fife Integration Joint Board (IJB).

3. Key Performance Indicators

3.1 KPI 1: Learning, changes / improvements from Whistleblowing concerns

During 2024/25 NHS Fife has undertaken a number of actions to implement improvements to our Whistleblowing procedures and our approach to capturing learning. We have:

- re-located our Whistleblowing administration responsibilities from the Workforce Directorate to the Corporate Governance function and created a dedicated confidential email and voicemail account to improve accessibility and confidentiality for all staff.
- appointed a dedicated Speak Up / Whistleblowing Coordinator in September 2024, with responsibility for the administration, coordination, management, monitoring and reporting of all Whistleblowing activity within NHS Fife. This post helps to also support investigators and provides detailed feedback to the person raising the concern, including information about outcomes and subsequent learning / actions being taken forward.
- established a Whistleblowing Oversight Group, with responsibility for strategic development and direction of all Whistleblowing activity.
- increased support for Confidential Contacts through regular refresher training, quarterly meetings and creation of a dedicated Microsoft Teams channel for communication and dissemination of key Whistleblowing updates.
- refreshed communication activity by establishing regular meetings between the Speak Up / Whistleblowing Coordinator and our central Communications team to highlight ways in which people can confidentially raise their concerns in a supported manner. This has included refreshing Whistleblowing documentation, updating and publicising the list of Confidential Contacts and linking to the wide variety of Staff Support services available across NHS Fife.

Learning from individual concerns concluded in 2024/25:

As a result of named and anonymous Whistleblowing concerns received this year, we have identified a number of opportunities for learning across the organisation. All named concerns were investigated through the Whistleblowing Standards, whilst any anonymous concerns submitted raising issues of a Whistleblowing nature were investigated as fully as possible as part of good governance processes. The concerns raised during 2024/25 related to the following themes:

- Alleged fraud
- Patient safety (medical staffing levels)
- Patient quality of care (staff attitudes and behaviour; ineffective communication preventing learning opportunities)
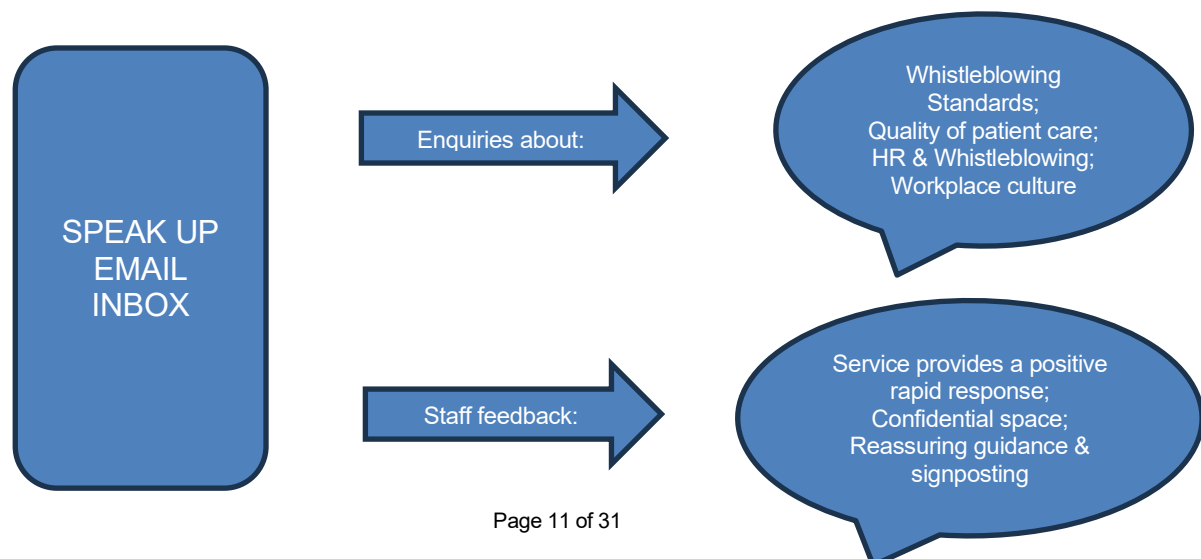- Workplace culture

In response to the concerns raised, we have undertaken the following actions:
- acknowledged concerns and undertaken timely, local investigations and instructed other relevant reviews as part of Whistleblowing investigation processes;
- Via the Board's Reform, Transform, Perform (RTP) ongoing transformation programme of work, sought to address cultural workplace issues;
- Ensured key messages about workplace culture are clearly and consistently communicated across the system;
- Consistently highlighted the benefits of submitting named concerns over anonymous ones, to enable a detailed investigation of any reported issues and;
- Improved support to staff by making substantive increases to staffing levels in areas where related concerns have been upheld; assisting staff to consistently apply relevant patient safety protocols; and highlighted the importance of early escalation and mitigation processes in relation to safe staffing.

All upheld / partially upheld Whistleblowing concerns have recommendations identified and agreed by the Lead Investigator and the Commissioning Manager. A documented action plan is created and overseen by the responsible Director / Head of Service to address any shortcomings and apply the identified learning acknowledged during the investigation. An additional action we have implemented during 2024/25 is to ensure that Quarterly updates are shared between the Head of Service and Speak Up / Whistleblowing Coordinator to assess the status of actions plans, gain assurance of progress and enable reporting into the Whistleblowing Oversight Group for the purposes of organisational learning

3.2   KPI 2: Experiences of those involved in the Whistleblowing procedure

NHS Fife recognises the importance of confidentially receiving feedback from individuals who have used the Standards to raise concerns. In Quarter 3 of 2024/25, we launched a single point of contact email address and a dedicated voicemail service for staff concerns to be logged and responded to. The roll-out of this service has seen an uptake in staff contact, as reflected in this year's Whistleblowing number of concerns. This also presents an opportunity to seek feedback from those who have contacted the service seeking specific advice and support.

SPEAK UP EMAIL INBOX

Enquiries about:

Whistleblowing Standards;
Quality of patient care;
HR & Whistleblowing;
Workplace culture

Staff feedback:

Service provides a positive rapid response;
Confidential space;
Reassuring guidance & signposting

> - *Thank you very much for taking the time to listen to our concerns and for taking the time to help us find answers.*
> - *The meetings have been incredibly helpful and I do feel hopeful that my original concerns will be highlighted and addressed.*
> - *I've valued the ability to speak with a Confidential Contact for support.*
> - *As a Confidential Contact, it's great to be able to quickly act on the enquiry and gain extra support – it's made me feel more confident within the Confidential Contact role.*
> - *It makes me feel personally valued as a student. It's easy for us to be a bit overlooked.*

To further enhance formal feedback mechanisms, the Speak Up / Whistleblowing Coordinator is collaborating with the Board's Employee Director, Staff-side and Spiritual Care colleagues to produce standard questionnaires for:

- staff raising concerns and;
- investigators / Confidential Contacts involved in concerns raised.

Further feedback is also available from Confidential Contacts via their meetings with staff, who are raising concerns with them directly. A dedicated referral form has been introduced this year, to ensure consistency of approach. This allows for the opportunity to refine the overall Whistleblowing contact process and ensure it meets the needs of staff and Confidential Contacts.

As part of the annual iMatter Survey, staff have been asked if they were confident that they could safely raise concerns about issues within their workplace and if they were confident that these would be followed up and responded to. An overview of the NHS Fife and H&SCP 2024/25 iMatter responses for this section of the survey is provided below:

Raising Concerns Report, NHS Fife

Thinking of your experience in the last 12 months please tell us if you agree or disagree with the following statements:

Number of respondents: 7562

	Strongly Agree / Agree	Slightly Agree	Slightly Disagree	Disagree / Strongly Disagree	Average score
I am confident that I can safely raise concerns about issues in my workplace.	71%	15%	6%	8%	80
I am confident that my concerns will be followed up and responded to.	59%	21%	9%	11%	74
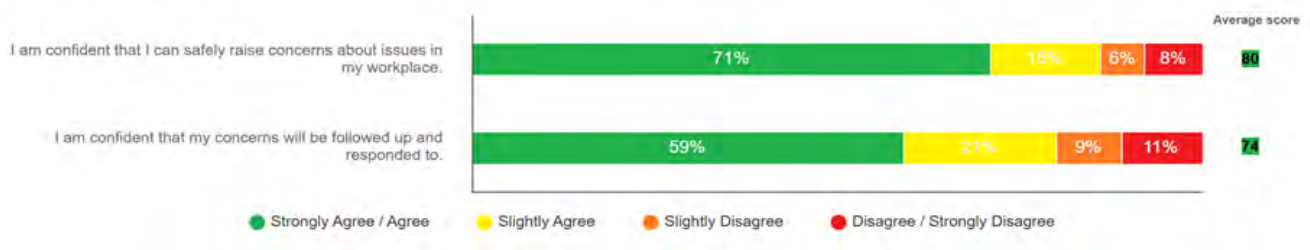
3.3   KPI 3 – staff perceptions, awareness and training

National Training guidance materials from INWO are promoted Board-wide, such as general information on the Whistleblowing Standards, receiving concerns, Confidential Contact training and webinars. In the reporting year refresher update training using INWO guidance and case studies has been delivered to 75% of our Confidential Contacts, with the remainder undergoing training in April 2025.

During Speak Up Week in October 2024, we focused on an internal organisational approach to promote the following content and activities:

Dedicated daily updates and INWO newsfeeds

Site walkabouts involving the Chief Executive & Non-Executives

Videos from the Director of Workforce & Employee Director

Pledges in support of 'Speaking Up from Senior Leaders

Site walkabouts from Whistleblowing Champion

Desktop graphics and promotion on internal news platform

Data analytics provided by our Corporate Communications team showed almost 3,000 views of some of the content, however there is acknowledgement of the need for a more consistent approach to promoting the importance of Speak Up throughout the year, including across external platforms.

Following Speak Up Week, we created a short video introducing the role of the Speak Up / Whistleblowing Coordinator, which enforced the message to staff about the Whistleblowing Standards and the importance of speaking up to protect patients and staff and enhance learning.

Whistleblowing TURAS learning modules form part of the staff corporate induction programme and continue to be publicised on our internal digital platform and within the mandatory training section of the TURAS Learn platform. All members of staff are required to complete the TURAS learning programme relevant to, and required for, their role and we continue to monitor uptake, effectiveness, and appropriateness of training available through our core training compliance reports considered by the Staff Governance Committee and the Board. We review and refine training and courses as appropriate and continue to raise awareness of Whistleblowing training during organisational learning events and through local team manager meetings.

The training undertaken per quarter between 1 April 2024 and 31 March 2025 is summarised below:

Whistleblowing Training Undertaken During 2024/25

Whistleblowing modules	Q1	Q2	Q3	Q4	Total
eLearning – Whistleblowing: an overview	213	186	179	135	**713**
eLearning – Whistleblowing for Line Managers/Senior Managers	44	36	20	41	**141**
Classroom based Prevent / Whistleblowing – hotel services	0	53	12	0	**65**

Overall, compliance for the mandatory Whistleblowing TURAS modules is (still to be confirmed by learning & development).

Total Board Completion Rates since Launch of the Standards in 2021

Turas Module	Total Staff completion
Whistleblowing Overview	6,970
Whistleblowing for line managers	530
Whistleblowing for senior managers	645
Whistleblowing / Prevent classroom training for hotel services	139

It is an expectation that all NHS Scotland employees complete this learning according to the requirements of their role. However, without role-specific information, it is difficult to determine the learning applicable to some employees. There would be benefits to providing in future a clearer definition of the roles expected to engage in the Line Manager and Senior Manager learning components, and consideration could also be given to making the components mandatory for all staff. This will be discussed as part of the 2025/2026 workplan.

3.4   KPI 4 – number of concerns received

Whistleblowing Concerns Received by Quarter During 2024/25

	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total
Whistleblowing Concerns Received	1	0	2	2	5
Reviewed at Stage 1 (5 days)	0	0	1	1	2
Reviewed at Stage 2 (20 days)	1	0	1	1	3

NHS Fife received five Whistleblowing concerns during 2024/25 from across Acute Services, Primary Care providers and services delegated to the Fife Health & Social

Care Partnership. The reported themes of concern related to: staff conduct; workplace culture / patient safety / quality of patient care; alleged fraud and; alleged inconsistent recruitment processes. Comparison of our data from the last two years shows an increase in the number of Whistleblowing concerns being raised, with a spike of activity in Quarter 3 and Quarter 4 of 2024/25. This may be attributable to the activities of Speak Up week and the employment of a dedicated Speak Up / Whistleblowing Coordinator at the end of Quarter 2 / beginning of Quarter 3.

Anonymous / Unnamed Concerns Received by Quarter During 2024/25

	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total
Number of Anonymous Concerns Received	2	2	0	1	5
Number of Unnamed Concerns Received	0	0	0	0	0

An anonymous concern is one that "has been shared with NHS Fife in a way that means nobody knows who provided the information". Alternatively, someone may raise a concern with NHS Fife but not be willing to have their name or personal details recorded. This is known as an 'unnamed concern' (as their identity is known to another person, it is not a completely anonymous concern).

Whilst the Standards do not allow for concerns to be raised anonymously, nor can they be subsequently considered by the INWO, NHS Fife has adopted good practice and follows the National Whistleblowing Standard principles as far as is practicable to investigate any concerns raised. NHS Fife has agreed that anonymous / unnamed concerns should be recorded for management information purposes.

NHS Fife received five anonymous concerns during 2024/2025 involving services within Acute Services, Corporate areas and Fife Health & Social Care Partnership. The reported themes of concern related to: staff conduct; alleged fraud; and patient safety / quality of patient care / workplace culture. One of the anonymous concerns raised during Quarter 4 related to potential patient safety issues and additional HR-related / workforce issues. Under the Whistleblowing Standards there is a requirement to investigate any patient safety-related concerns as a matter of urgency.

Where appropriate, and applicable, the outcomes from the investigations into Anonymous / Unnamed Concerns are shared with the service area and form part of the reporting to Executive Directors, Area Partnership Forum, Staff Governance Committee and the Board to share lessons learned and provide assurance on actions.

Primary Care and Contractors Concerns Received by Quarter During 2024/25

	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total
Primary Care and Contractors Concerns Received	0	0	0	0	0

Primary Care Contractors (GP practices, dental practices, optometry practices and community pharmacies) are also covered by the Standards. To assist the timely

reporting of any Whistleblowing concerns, additional support and regular update meetings have been established between Primary Care Manager and Speak Up / Whistleblowing Coordinator. A need has been highlighted for refresher update training about use of the Standards within Primary Care and Independent Contractors for all staff who are delivering services on behalf of the NHS. The Primary Care Manager continues to remind all independent practices and community pharmacies that they are required to have their own procedures in place to meet the requirements of the National Whistleblowing Standards.

Primary Care Contractors and Contractors are required to report using the same key performance information as NHS Fife, i.e., quarterly reports on number of cases, cases closed etc. In instances where no concerns have been raised within either Primary Care or other contracted services, there is no need to provide a quarterly return to the Board, but annual reports must still be submitted, setting out the concerns that have been raised over the year, or providing an explanation that there have been no concerns raised.

3.5 KPI 5 - Concerns Closed at Stage 1 and Stage 2 as a % of all concerns closed

The definition of a Stage 1 Concern: Early Resolution is for simple and straightforward concerns that involve little or no investigation and can be handled by providing an explanation or taking limited action, within 5 working days.

The definition of a Stage 2 Concern: Investigation is for concerns that tend to be serious or complex and need a detailed examination before the organisation can provide a response, ideally within 20 working days.

Outcome of concerns closed at Stage 1 and Stage 2

Stage 1		Stage 2	
No.	%	No.	%
1	100%	1	33.3%

There were two Whistleblowing concerns raised at Stage 1 during the annual reporting period, one of which was closed after reaching a conclusion. The second concern was investigated at Stage 1, before progressing to Stage 2 at the beginning of 2025/26, to enable more thorough discussions to take place in relation to the concerns raised. Therefore, for the purposes of data reporting, the latter concern is not included in the overall percentage figures for the annual reporting period for 2024/25. It will, however, be noted in the Quarter 1 report for 2025/2026. The overall percentage of concerns closed at Stage 1 in 2024/25 is 100%. There was one Stage 2 concern closed within the annual reporting period, therefore the overall percentage is 33.3%.

3.6 KPI 6 - Concerns Upheld, Partially Upheld and Not Upheld at each stage of the WB procedure as a % of all concerns closed in full at each stage

Outcome of concerns upheld, partially upheld and not upheld at Stage 1 and Stage 2

	Upheld		Partially Upheld		Not Upheld		Total
	No.	%	No.	%	No.	%	
Stage 1	-	-	-	-	1	50%	1
Stage 2	-	-	1	50%	-	-	1

The outcome of the Stage 1 Whistleblowing concern received and closed within the annual reporting period was not upheld. The concern related to an allegation of unprofessional staff behaviour which was promptly investigated alongside the undertaking of a Significant Adverse Event Review (SAER), which has yet to formally conclude at the end of the annual reporting period. In full agreement with the complainant, the Stage 1 Whistleblowing concern was closed, pending the outcome and recommendations of the SAER, which will be shared with the Speak Up / Whistleblowing Coordinator and inform future learning

The Stage 2 concern which was partially upheld related to the theme of patient safety (safe staffing levels and poor communication). The outcome of the investigation acknowledged a need for Senior Managers and colleagues to provide more support for staff through increasing staffing levels, encouraging more consistent implementation of escalation / mitigation processes to manage patient safety concerns, and re-evaluating mechanisms to build confidence and improve more effective communication.

3.7 KPI 7 - The Average Time in Working Days for a Full Response to concerns at each stage of the WB procedure

Average Response Times by Division

	Acute (Working Days)	Corporate (Working Days)	HSCP (Working Days)	Total Average (Working Days)
Stage 1	55	-	-	55
Stage 2	245	-	-	245

Two concerns were closed during the 2024/25 annual reporting period. The Stage 1 concern resulted in extended timeframes being approved by the complainant and the reviewing Service Manager due to complexities of the intervening festive holidays, staff availability to attend meetings and establishment of facts alongside a Serious Adverse Event Review. The complainant was fully involved in all decision-making processes, regularly updated throughout the timeframe and agreed formal closure of the concern at 55 days.

The Stage 2 concern originally occurred in 2023/24 and was investigated and dealt with under business-as-usual procedures, prior to the case subsequently being logged as Whistleblowing. Due to it being managed locally, an administrative error prevented the concern being logged appropriately on Datix, which resulted in a lack of timely reporting and significant delay in bringing the case to a recordable conclusion (hence the significantly extended timeframe). Formal reflection on the processes used has indicated that the concern should have been reported as a Whistleblowing case on Datix at the point of first communication, to enable efficient and timely reporting, rather than being investigated and managed under business-as-usual processes. Learning has been undertaken from this and the new dedicated central administrative resource in place to assist with Whistleblowing administration will prevent such an occurrence in future.

3.8 KPI 8 – Number and % of Concerns at each stage, which were closed in full within the set timescales of 5 and 20 working days

The number and percentage of Whistleblowing concerns closed within the set timescale by stage is detailed below:

Stage 1 (5 days)		
	Number of concerns closed in full within 5 working days	0 (0%)
Stage 2 (20 days)		
	Number of concerns closed in full within 20 working days	0 (0%)

3.9 KPI 9 – number of Concerns at Stage 1 where an Extension Was Authorised as a % of all concerns at Stage 1

Under the terms of the Standards, for Stage 1 Whistleblowing concerns, there is the ability in some instances (for example staff absence, the number of witnesses involved or difficulty in arranging meetings) to extend the timeframe in which a response is provided. The person raising the concern must be:
- advised that additional time is required and;
- informed when they can expect a response

The number of concerns closed at Stage 1 where an extension was authorised is detailed below:

Concern	Numbers received	Extension authorised	As 100% of all concerns
Stage 1	**1**	1	100%

3.10 KPI 10 – number of Concerns at Stage 2 where an Extension Was Authorised as a % of all concerns at Stage 2

Under the terms of the Standards, for Stage 2 Whistleblowing concerns, there is the ability in some instances (for example staff absence, the number of witnesses involved or difficulty in arranging meetings) to extend the timeframe in which a response is provided. The person raising the concern must be:
- advised that additional time is required;
- informed when they can expect a response, and;

- provided with a written update on the progress every 20 days.

The number of concerns closed at Stage 2 where an extension was authorised is detailed below:

Concern	Numbers received	Extension authorised	As 100% of all concerns
Stage 2	1	1	100%

4. Independent National Whistleblowing Officer Referrals and Investigations

There were no referrals escalated to INWO during 2024/25.

5. Future Planning for 2025/26

NHS Fife is committed to ongoing learning and improvement, and we will make several enhancements to our Whistleblowing arrangements in the year ahead, as follows:
- Development of a user-friendly infographic 'Speak Up so we can Listen and Learn' will be created to use on promotional materials, at learning events and Speak Up Week engagement events;
- Continued monthly engagement with our Corporate Communications team to create a rolling programme of coverage to raise the profile of Speaking Up / Whistleblowing;
- Review of guidance on the role of Confidential Contacts;
- Creation of feedback surveys to understand the experiences of staff, Confidential Contacts, lead investigators and commissioning managers involved in Speaking Up / Whistleblowing processes;
- Continual review of investigative team debriefs following individual Whistleblowing cases, to aid learning and understanding;
- Exploring ways of sharing learning from all Whistleblowing concerns more widely across the organisation through close working with our Whistleblowing Oversight Group and our Organisational Learning Group;
- Exploring the use of digital technology to capture themes of learning and the experience of those involved in a concern, using common reporting processes between departments;
- Continual monitoring and review of Speaking Up Guidance and informational materials;
- Continual liaison with Workforce colleagues to ensure accurate data reporting around any Whistleblowing concerns that are raised in relation to 'safe staffing' and;
- Provision of more outreach site visits from the Speak Up / Whistleblowing Coordinator, to develop staff relations, reach wider groups of particularly patient-facing staff and promote the culture of Speaking Up as part of everyday working practices.

6. Whistleblowing Champion Statement

Kirstie Macdonald, the Board's Non-Executive Whistleblowing Champion since 2021, stood down from her post in December 2024, three months prior to the end of her term, due to her external work commitments. We are grateful to Ms Macdonald for her guidance, commitment, dedication and objective viewpoint in promoting the importance of Whistleblowing and Speaking Up across the organisation during her

time in post. At the time of writing, the Scottish Government's Public Appointments team is currently actively recruiting to this post, with a new appointee expected to start in August 2025. Given these circumstances, it is not possible to include a statement from the Whistleblowing Champion in this year's report. Whilst NHS Fife has been without a Non-Executive Whistleblowing Champion, assurance has been available to the Board via the roles of the Employee Director and Chair of the Staff Governance Committee, who regularly review Whistleblowing performance data, and via the Board Chair, who has reported directly on Fife's activities to Scottish Government.

The areas for developments highlighted by the Whistleblowing Champion in last year's report have been updated to indicate progress in delivery as follows:

Area for development	Status
Launch of a new Whistleblowing Oversight Group	Completed
Improved reporting to include feedback from anyone involved in any part of the concerns process	Underway
Improved tracking of concerns and triangulation with Quality & Patient Safety data	To be taken forward in 2025/26
Review of Governance arrangements to move Whistleblowing oversight and administration away from the Workforce Directorate	Completed
Increased support for Confidential Contacts	Completed
Renewed communication on all channels through which people can raise concerns and how people will be supported	Completed

7. Whistleblowing At A Glance 2024/25

Whistleblowing 2024–2025
At a glance

"my meetings have been incredibly helpful and I feel very hopeful that my concerns will be highlighted and addressed"

– staff member

"It was great to be able to act quickly on the enquiry...this experience has made me feel more confident with the Confidential Contact role"

– confidential contact

"...makes me personally feel valued as a student. It's easy for us students to feel a bit overlooked in placements as we're not qualified"

– student nurse following introductory Whistleblowing information session

778 Staff completed Whistleblowing training in 2024-25

141 managers and senior managers completed Whistleblowing training in 2024-25

86% of staff said they were confident they could safely raise concerns about issues in their workplace

Whistleblowing concerns received: 5

1 closed at Stage 1 (100%)
1 closed at Stage 2 (33.3%)

	Stage 1	Stage 2
Upheld	0	0
Partially upheld	0	1
Not upheld	1	0

Average timescales (working days)
Stage 1 – **55**
Stage 2 – **245**

100% of Stage 1 cases granted an extension

100% of Stage 2 cases granted an extension

21 trained confidential contacts

18 confidential contacts undertook refresher training

We provide accessible communication on request in a variety of formats including for people who are speakers of community languages, who need Easy Read versions, who speak BSL, read Braille or use Audio formats.

Our SMS text service number **07805800005** is available for people who have a hearing or speech impairment.

To find out more about accessible formats contact:
fife.EqualityandHumanRights@nhs.scot or phone **01592 729130**

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NHS Fife

1. Introduction

This report provides details of Whistleblowing concerns raised across the organisation by staff and those who provide services on behalf of NHS Fife. This report demonstrates our performance in the national key indicators, as required by the Independent National Whistleblowing Officer (INWO), and includes key areas of Whistleblowing handling, in addition to highlighting outcomes and providing more detail on emerging Whistleblowing themes.

2. Whistleblowing Concerns Received during Quarter 4

There were two Whistleblowing concerns received during Quarter 4. One is being investigated at Stage 2 and the other at Stage 1.

The concern being investigated at Stage 2 focuses on workplace culture, resulting in personal detriment, patient and staff safety and potential financial irregularities. It was submitted through the Speak Up email inbox and discussed with the Speak Up / Whistleblowing Coordinator, before being referred to one of the Confidential Contacts, as chosen by the complainant. Following discussion with the Whistleblowing Decision Making Group, it was agreed the complexities of the concerns (that had been raised without success under business-as-usual procedures) should progress directly to investigation at Stage 2. The investigation has required one time extension to be approved by the Commissioning Manager, due to the number of interviews that require to be undertaken. The complainant has been informed of current progress through written correspondence, as expected by the National Whistleblowing Standards.

The detail of this concern is given below:

Quarter 4 1 January 2025 to 31 March 2025	Theme	Division	Service
One	Unsuitable working conditions	HSCP	Complex and Critical Care

Current Stage	Investigation (Stage 2)
First received	17/12/24
Days at Stage One	n/a
Days at Stage Two	70 as at 31 March 2025
Closed date	n/a
Service Area(s)	Complex and Critical Care

Additional Detail: - provided from Datix report for Q4

Does this Whistleblowing concern include an element of any of the following?
Grievance
Does this Whistleblowing concern relate to any issue of patient safety
Infrastructure (Accommodation / Availability / Staffing)
Has the person raising the concern experienced any detriment?

Yes	
Has an incident been logged on Datix in relation to this concern?	
No	
How was the Whistleblowing concern received?	
Received by e-mail	
Was this escalated from Early Resolution (Stage 1)?	
No	
Is this Whistleblowing concern being raised on behalf of another person?	
Yes	
Date Closed	
Still Open	
Outcome - Early Resolution (Stage 1)	
N/a	
Outcome - Investigation (Stage 2)	
TBC	
Findings	
Under investigation	
What key themes and trends were identified in relation to this Whistleblowing concern?	
Under investigation	

The concern investigated at Stage 1 focused on concerns around recruitment bias within a specific service. It was submitted through the Speak Up email inbox and discussed with the Speak Up / Whistleblowing Coordinator. Additional support was offered by signposting the complainant to NHS Fife Confidential Contacts and the wider staff support services. Although this concern was generally related to HR Workforce processes, the complainant felt there was an additional aspect of concern around patient / service safety and therefore it was agreed the case should be progressed through Stage 1 of the National Whistleblowing Standards. The concern was shared with the relevant Director of the service to complete a report within the required 5-working day timeframe. The report has now been completed and shared with the complainant for further comment.

The detail of this concern is given below:

Quarter 4 1 January 2025 to 31 March 2025	Theme	Division	Service
One	Unsuitable working conditions	Corporate	Preventative Care

Current Stage	Early Resolution (Stage 1)
First received	26/02/25
Days at Stage One	24 as at 31 March 2025
Days at Stage Two	n/a
Closed date	n/a
Service Area(s)	Corporate

Additional Detail:

Does this Whistleblowing concern include an element of any of the following?	
Other HR Process	
Does this Whistleblowing concern relate to any issue of patient safety	
None	
Has the person raising the concern experienced any detriment?	
No	
Has an incident been logged on Datix in relation to this concern?	
No	
How was the Whistleblowing concern received?	
Received by e-mail	
Was this escalated from Early Resolution (Stage 1)?	
N/a	
Is this Whistleblowing concern being raised on behalf of another person?	
No	
Date Closed	
Still Open	
Outcome - Early Resolution (Stage 1)	
N/a	
Outcome - Investigation (Stage 2)	
N/a	
Findings	
Under investigation	
What key themes and trends were identified in relation to this Whistleblowing concern?	
Under investigation	

There was an additional concern of a Whistleblowing nature raised during the quarter relating to unsafe nursing staffing levels. Following discussion with the complainant, guidance was provided that resulted in the concern being diverted to business-as-usual processes for action and conclusion.

3. **Ongoing Whistleblowing Concern Received during Quarter 1 – Reasons for Extension to Investigation**

Under the terms of the Standards, for both Stage 1 and Stage 2 Whistleblowing Concerns, there is the ability in some instances (for example, staff absence, the number of witnesses involved or difficulty in arranging meetings) to extend the period in which a response is provided.

A Stage 2 Whistleblowing concern, submitted originally in Quarter 1 of 2024/25, has required three extensions to be approved by the Commissioning Manager due to the: complexities of the investigation; multiple providers involved; number of interviews to be undertaken; and unanticipated staff absence within the investigating team. The complainant received regular written updates regarding progress at relevant stages of the ongoing investigation into their concerns. At the time of writing, the final investigation report is being considered by the Commissioning Manager prior to sharing the findings with the original complainants, and the case is expected to formally conclude early in the new reporting year.

The detail of this ongoing concern is given below:

Quarter 1 1 April 2024 to 30 June 2024	Theme	Division	Service
One	Conduct	H&SCP	Complex & Critical Care

Current Stage	Investigation (Stage 2)
First received	06/06/24
Days at Stage One	n/a
Days at Stage Two	207 as at 31 March 2025
Closed date	Still open
Service Area(s)	Complex & Critical Care

Additional Detail:

This Whistleblowing concern includes an element of the following:
Conduct
Does this Whistleblowing concern relate to any issue of patient safety
No
Has the person raising the concern experienced any detriment?
No
How was the Whistleblowing concern received?
Received by e-mail
Was this escalated from Early Resolution (Stage 1)?
No
Is this Whistleblowing concern being raised on behalf of another person?
No
Date the event occurred (if known)
Not known
Date Closed
Still open
Outcome - Early Resolution (Stage 1)
-
Outcome - Investigation (Stage 2)
Still open
Findings
Currently under investigation
What key themes and trends were identified in relation to this Whistleblowing concern?
Currently under investigation

4. Whistleblowing Concerns – Themes, Actions Taken and Lessons Learned During Quarter 4

As the investigation into the Whistleblowing Concern received during Quarter 1 has not yet concluded, we are unable to provide an update in relation to the themes, actions taken and lessons learned at this time. The concern that was received in Quarter 3 and concluded in Quarter 4, is awaiting the outcome of an Significant Adverse Event review, after which there will be relevant updates provided for consideration by the Whistleblowing Oversight Group.

5. Anonymous / Unnamed Concerns

The Standards do not allow for concerns to be raised anonymously, nor can they be subsequently considered by the INWO. However, it is considered good practice for the Board to follow the Whistleblowing principles and investigate any concerns raised, in line with the Standards, as far as they can. NHS Fife has agreed that anonymous / unnamed concerns should be recorded for management information purposes.

An anonymous concern is one that has been shared with NHS Fife in a way that means nobody knows who provided the information. Alternatively, someone may raise a concern with NHS Fife but not be willing to have their name or personal details recorded. This is known as an 'unnamed concern'. As their identity is known to another person, it is not a completely anonymous concern.

There was one, new anonymous concern received during Quarter 4, relating to potential patient safety and additional HR-related workforce issues. Under the Whistleblowing Standards there is a requirement to investigate any patient safety-related concerns as a matter of urgency. A Significant Adverse Event Review had already been commenced prior to the Anonymous Concern being received and therefore findings relating to any learning will be shared with the Speak Up / Whistleblowing Coordinator on conclusion of the review investigation.

Staff have other avenues / opportunities to raise concerns, both anonymously and named, and are supported to either resolve the concern or to progress it using formal processes. Additional routes are available for staff to raise pertinent issues or concerns, including the submission of information to a dedicated and confidential 'Speak Up' email box, where direct and timely support can be offered to staff. This method of communication provides staff with a central point of contact to raise concerns, share queries or obtain advice about specific work issues of concern to them. Since the inception of the dedicated email inbox, we have seen increased levels of enquiries, from individuals seeking support and advice. Initial responses are by email, with the additional offer of meeting face to face or via Teams, or speaking by telephone to provide further guidance, support and direction for staff. The aim of these varied response mechanisms is to ensure staff feel listened to and are able to take appropriate action to resolve their specific concerns. In some instances, concerns may be also directed to the Whistleblowing process via Confidential Contact support staff.

6. 2023/24 Quarter 3 concern concluded in Quarter 4

A Whistleblowing concern was received in Quarter 3 about staff conduct in relation to patient care. The concern was highlighted through line manager escalation and processed under Stage 1 of the Whistleblowing Standards by the service's Senior Manager, in agreement with the member of staff raising the concern. Two extensions were approved in line with the National Standards, due to the approaching Christmas and New Year leave periods, in addition to ascertaining facts relating to an ongoing Serious Adverse Events Review.

Overview:

Current Stage	Closed
First received	12/12/24
Days at Stage One	55
Days at Stage Two	n/a
Closed date	28/02/25

Service Area(s)	Medical Directorate

Overview / Additional Detail:

Does this Whistleblowing concern include an element of any of the following?
Conduct
Does this Whistleblowing concern relate to any issue of patient safety
No
Has the person raising the concern experienced any detriment?
No
How was the Whistleblowing concern received?
Received in person
Was this escalated from Early Resolution (Stage 1)?
n/a
Is this Whistleblowing concern being raised on behalf of another person?
Yes
Date logged on Datix
16/12/2024
Date the event occurred (if known)
29/11/2024
Date Closed
28/02/25
Outcome - Early Resolution (Stage 1)
not upheld, awaiting outcome of SAER
Outcome - Investigation (Stage 2)
n/a
Findings
Senior Nursing staff acknowledged the concerns raised in relation to unprofessional staff behaviours during patient care delivery. Several meetings were held between the complainant and Senior Management to ascertain the facts and reassure the complainant that they were being listened to. A local investigation into the concerns was instructed at the same time as a Significant Adverse Event Review (SAER) had commenced into care delivery and outcomes for the same patient. The importance of staff attitudes and effective communication was shared within the area of concern, however specific findings cannot be attributed until the outcome of the SAER, which will then inform future learning. The complainant was fully involved in all decisions and agreed to close the Whistleblowing Investigation at Stage 1, pending the outcome of the SAER. Relevant actions and learning from the review, in relation to the concerns raised, will be shared with the Speak Up / Whistleblowing Coordinator by the Senior Nursing Manager and the complainant on conclusion of the SAER process.
What key themes and trends were identified in relation to this Whistleblowing concern?
To be reported following conclusion of the SAER. Key themes and learning / action points will be shared in future reports.

7. Local Press Coverage During Quarter 4

There were no new Whistleblowing / unnamed staff concerns reported in the local press during Quarter 4. There was, however, ongoing media coverage / enquiries about a current legal case regarding the availability of single-sex changing areas for staff within NHS Fife, as originally reported in Quarter 1. Responses to each enquiry were provided by the Communications team, using their normal processes for responding to media enquiries.

8. Experience of Individuals Raising Concerns

We recognise the importance of receiving feedback from individuals who have used the Standards to raise concerns. In Quarter 3, we launched a single point of contact email address (fife.speak-up@nhs.scot) and a dedicated voicemail service (01383 674016) for staff concerns to be logged and responded to. This presents an opportunity to seek feedback from those who have contacted the service seeking advice and support. Since its launch, there have been a number of separate enquiries relating to requests for guidance in relation to:

- Whistleblowing Standards advice;
- Quality of patient care;
- Complex situations that contain elements of ongoing HR processes and Whistleblowing concerns; and
- advice and support for concerns about workplace culture.

Feedback from the early operation of the generic inbox has indicated that staff are complimentary about the rapid response turnaround to enquiries and the ability to meet and confidentially share their concerns with staff who sit outwith their service. Feedback received indicates that staff feel reassured about the level of advice, guidance and signposting to avenues of support that they have received following their initial contact. To date, the following feedback comments have been collected at the end of each concern, providing useful data in which to monitor the effectiveness of the single point of contact:

- *"Thank you very much for taking the time to listen to our concerns and for taking the time to help us find answers. It has been most helpful and reassuring!"*
- *"Thank you so much for your emails and your ongoing support. My meetings have been incredibly helpful and I do feel very hopeful that my original concerns will be highlighted and addressed".*
- *"Thank you for all your kind emails, reassurance, updates and ongoing support - it is greatly appreciated".*
- *"I have valued the ability to speak with a Confidential Contact for support".*
- *"Many thanks for listening and providing detailed information".*
- *(from a Confidential Contact): "It was great to be able to quickly act on the enquiry and your support was very much appreciated. I was grateful to be able to meet with you really quickly and I think this experience has made me feel more confident within the Confidential Contact role".*
- *"Really informative and actually makes me personally feel valued as a student. It's easy for us students to feel a bit overlooked in placements as we're not qualified staff"*
- *"Really important for students to know"*

To further enhance formal feedback mechanisms, the Speak Up / Whistleblowing Coordinator is collaborating with the Employee Director, staff-side and Spiritual Care colleagues to produce standard questionnaires for staff raising concerns and for the investigation team / confidential contacts. This will enable identification of specific trends and feedback from staff about how they feel their concerns have been handled using the Speak Up service.

Further feedback is also available from Confidential Contacts, collecting information from their meetings with staff who are raising concerns with them directly. This

feedback allows opportunity to refine the overall Whistleblowing contact process and ensure it meets the needs of staff and Confidential Contacts. Revisions to current role guidance for the Confidential Contact role is being planned with Speak Up / Whistleblowing Coordinator, Employee Director and Head of Workforce, Resourcing & Relations.

Additional activity is planned in Quarter 1 of 2025/26 to address the needs of Commissioning Managers and Lead Investigators in active Whistleblowing cases.

In accordance with the National Standards, at the conclusion of any Stage 2 Whistleblowing Concern, staff usually have the opportunity to provide feedback by speaking to the Board's Whistleblowing Champion in confidence. Whilst the post is vacant, we have not been able to offer this option, but will resume doing so once this position is filled.

10. Whistleblowing Training Data

Staff are encouraged to complete training in Whistleblowing, with the 'Overview' module part of the Board's mandatory training offering. The data for training undertaken during Quarter 4 is summarised below:

Total number of completions in Qtr 4 (01.01.25 - 31.03.25)
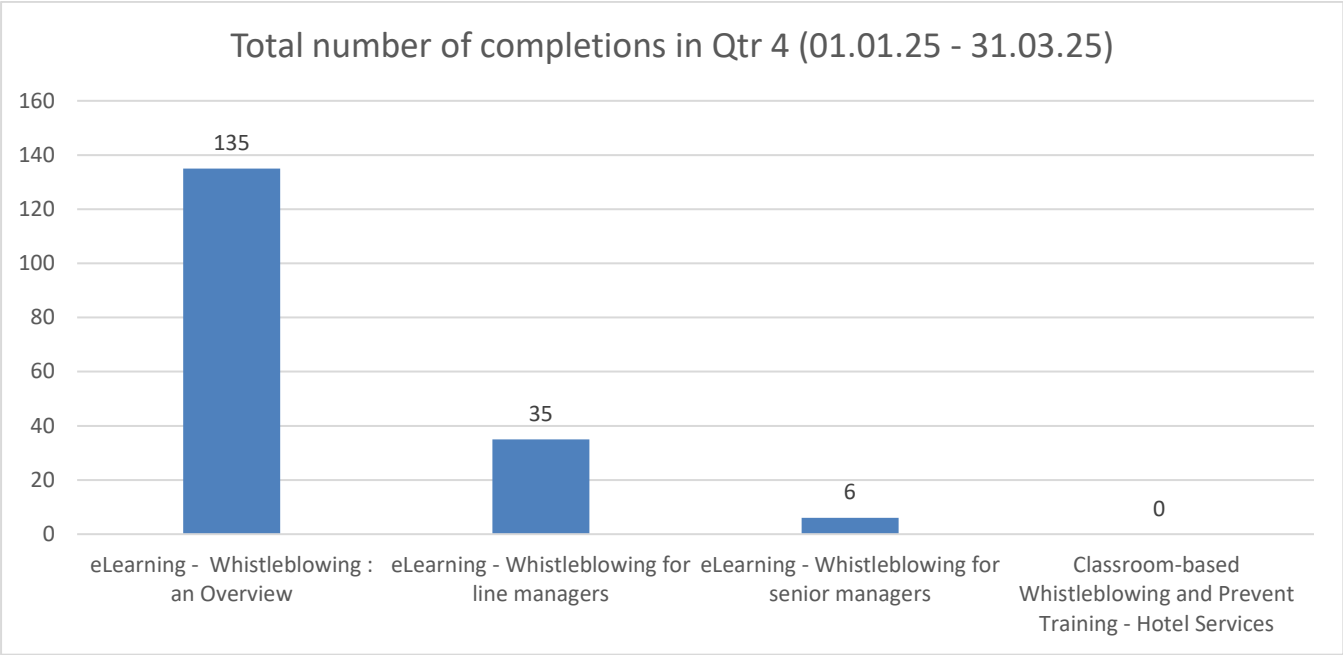
*Hotel services job family includes domestics, laundry, etc.

Total Board Completion Rates since Launch of the Standards

- For the Whistleblowing Overview module 6,970 staff have now completed the module. This represents an increase of 115 since the last quarter

- For the Whistleblowing for line manager module 503 staff have now completed the module. This represents an increase of 35 since the last quarter.

- For the Senior manager module 645 staff have now completed the module. This represents an increase of 6 since the last quarter.

- 139 staff members have completed classroom-based training in Whistleblowing / Prevent. There has been no increase since the last quarter.

11. Whistleblowing Oversight / Governance

Responsibility for the governance and reporting of Whistleblowing within NHS Fife is now part of the Corporate Governance & Board Administration function.

The recently established role of a Speak Up / Whistleblowing Coordinator, who took up post in September 2024, continues to enhance operational support for Whistleblowing activity through outreach work to encourage staff to report concerns and ensuring Board compliance with reporting requirements of the National Whistleblowing Standards.

The Speak Up / Whistleblowing Coordinator has led on the following key activities during this quarter:
- coordination / follow-up for all active Whistleblowing investigations;
- establishing supportive links with the Independent National Whistleblowing Officer;
- establishing national links to represent NHS Fife through participation in National Whistleblowing Practitioner Forum meetings;
- establishing local links with Independent and Primary Care services to provide bespoke training on National Whistleblowing Standards
- collaboration with the Corporate Communications team to produce proposed 'Speak Up' logo and branding;
- commencement of bespoke refresher training for all Confidential Contacts in collaboration with the Learning & Development team;
- liaising with Organisational Learning colleagues to create processes for triangulation of learning from all Whistleblowing cases;
- testing the provision of administrative support for Whistleblowing investigative teams;
- provision of Whistleblowing workshop activity for Fife College HNC and direct entry nursing & paramedic students; and
- participation in Junior Doctors' Grand Round training update with the General Medical Council to raise profile of Speak Up / Whistleblowing service in NHS Fife.

A core part of the role moving forward will be an ongoing programme of regular outreach work to visit staff across Acute, Community and Primary Care settings, promoting speak up and awareness of the Board's Whistleblowing processes, to ensure staff feel listened to and are able to raise concerns in a timely manner.

The Whistleblowing Oversight Group, chaired by the Chief Executive, held its fourth meeting in January 2025. The Group focuses on enhancement of current Whistleblowing processes, developing new documents and procedures as appropriate to ensure a robust level of reporting and associated learning takes place. To enhance opportunities for collaborative learning after concerns have been raised, the group have approved a formal 'concern tracker', which follows guidance in the National Whistleblowing Standards around identifying themes for future learning. Although the roll-out and use of the document is still in its infancy, current evidence demonstrates the same three categories of concern being highlighted: quality of patient care / patient safety; unsafe / unsuitable working conditions; and workplace culture. These themes

are now being shared and discussed during meetings, with the future aim of exploring methods for data triangulation across the organisation.

12. Outstanding Whistleblowing Actions from Concerns raised or related Internal Audit Reports

There are no actions outstanding from Whistleblowing concerns raised in previous quarters or related Internal Audit reviews of NHS Fife's Whistleblowing processes.

NHS Fife

NHS SCOTLAND

Meeting:	**Fife NHS Board**
Meeting Date:	**27 May 2025**
Title:	**Health and Care (Staffing) (Scotland) Act 2019 – Annual Report and Quarter 4 Update Report 2024/2025**
Responsible Executive:	**David Miller, Director of Workforce**
Report Author:	**Brian McKenna, Workforce Planning Lead / Rhona Waugh, Head of Workforce Planning and Staff Wellbeing**

Executive Summary

- This report gives an overview of the first Health and Care (Staffing) (Scotland) Act 2019 Annual Report, an update on Quarter 4 HCSA activity and takes account of the progress previously outlined in the quarterly reports submitted to the Fife NHS Board.

- A **moderate** level of assurance is suggested, reflecting the contributions of the various services to our supporting evidence in respect of implementation of the Act.

1. Purpose

This report is presented for:
- Endorsement
- Assurance

This report relates to:
- Government policy / directive
- Legal requirement
-
This report aligns to the following NHSScotland quality ambition(s):
- Safe, Effective & Person Centred

2. Report Summary

2.1 Situation

The Fife NHS Board is asked to endorse the first formal Health and Care (Staffing) (Scotland) Act 2019 Annual Report, which was submitted in draft form to the Scottish Government by the deadline of 30 April 2025, pending formal approval by Staff Governance Committee and Fife NHS Board. NHS Fife Board members are also asked to note the Quarter 4 service updates, which are described in more detail below.

2.2 Background

The Health and Care (Staffing) (Scotland) Act 2019 (HCSA) requires an organisation to publish and submit an Annual Report to Scottish Ministers detailing how it has carried out its duties across all aspects except for the Duty to ensure appropriate staffing: Agency Workers. A separate report on this duty is submitted to Scottish Ministers on a quarterly basis and published by them.

A national reporting template for the Annual Report was provided. However, given the size of the excel document, for ease of reading, this was previously circulated and is available via the following link:

https://www.nhsfife.org/about-us/annual-reporting-and-strategic-planning/hcsa-annual-report-2024-25/

Our planned Annual Report is for NHS care services only. The Annual Report requires a compliance assessment for the year 2024/2025 across all four quarters. Due to reporting and governance timelines, our Annual Report includes a compliance assessment for Quarters 1, 2, 3 and only part of Quarter 4.

Each organisation is asked to provide details of areas of success, achievement and learning associated with each duty or requirement, along with an indication of how this could be used in the future. To provide meaningful information which can inform health care staffing policy, organisations are asked to complete this in some detail. Each organisation is then asked to provide details of any areas of escalation where they have been unable to achieve or maintain compliance with each duty or requirement, or where they have faced any challenges or risks in carrying out these duties or requirements. In this section, organisations are also asked what actions have been or are being taken to address this. Again, to provide meaningful information which can inform Health Care staffing policy, organisations are asked to complete this section in some detail.

The purpose of the Annual Report is to:

- Enable monitoring of the impact of the legislation on quality of care and staff wellbeing;
- Identify areas of good practice that can be shared;
- Identify challenges relevant organisations are facing in meeting requirements in the Act and what steps they have taken / are taking to address these;
- Identify any improvement support required; and
- Inform Scottish Government policy on workforce planning and staffing in the health service, alongside other sources of information and data.

Following receipt of all Annual Reports, there are various requirements placed on Scottish Ministers regarding laying these before Parliament; while an exact timeline for this is unknown, it is anticipated this will be in advance of the Parliamentary recess in October 2025. The Patient Safety Commissioner for Scotland Act 2023 places a further requirement on organisations to share details of the Annual Report with them; with that post currently unfilled, the Health Workforce Directorate in Scottish Government have confirmed that no action is required for 2024/2025.

For Quarter 4 inputs, given the detailed and extensive service contributions to Quarter 3, an abbreviated exercise was undertaken and is reflected within the Annual Report. The results of this have shown that there are a range of processes and procedures applied within NHS Fife to comply with the Health and Care (Staffing) (Scotland) Act. These processes are

largely administratively driven, following the Operations Pressure Escalation Levels (OPEL) Tool or variations of this Tool, with links to Safe to Start Procedures, Business Continuity Plans and Risk Management Arrangements.

The Nursing & Midwifery Job Family reports the greatest compliance with the Act given the application of the Common Staffing Method and associated workforce tools. It is intended that the full roll-out of the eRostering and SafeCare modules, currently being progressed by Digital and Information, will remove duplication of effort within these processes, and enhance our ability to demonstrate compliance with specific elements of the legislation which are aligned to each individual Duty.

In liaison with Debbie McGirr, Whistleblowing Co-ordinator, work continues to triangulate workforce risks with whistleblowing cases where safe staffing concerns have been raised. During Quarter 4, there was one whistleblowing case raised relating to unsafe staffing levels within Acute Services. This case was diverted to be dealt with through Business As Usual processes and local management.

In relation to TURAS specific HCSA training, we are continuing to promote and monitor the numbers of staff who are completing the relevant modules.

eRostering Update

- eRostering implementation resumed. Process underway in 22 services. SafeCare will be included as part of implementation process.
- Fuller revised eRostering Plan created for all Nursing and AHP areas and to comply with SafeCare. Within this Plan, implementation in these areas to be completed by April 2026. Will be presented for agreement at eRostering Programme Board on 6 May 2025.
- Correction work and additional support has been carried out in existing eRostering areas following Deep Dives. Process underway to implement SafeCare within this cohort over next 2 months. Currently implemented in 8 wards.

2.3 Assessment

The first Annual HCSA compliance assessment has determined an overall **Reasonable Assurance level** with each of the individual duties assessed, as set out within Table 1 below:

Table 1 – NHS Fife Level of Assurance for each duty:

Duty to ensure appropriate staffing and guiding principles	Reasonable Assurance
Duty to have real-time staffing assessment in place	Reasonable Assurance
Duty to have risk escalation process in place	Reasonable Assurance
Duty to have arrangements to address severe and recurrent risks	Reasonable Assurance
Duty to seek clinical advice on staffing Limited	Reasonable Assurance
Duty to ensure adequate time given to clinical leaders	Reasonable Assurance
Duty to ensure appropriate staffing: training of staff	Reasonable Assurance
Duty to follow the Common Staffing Method (CSM)	Reasonable Assurance
Training and Consultation of Staff	Reasonable Assurance
Planning and Securing of Services	Reasonable Assurance

The Level of Assurance definitions were provided by Scottish Government (see Table 2 below). However, in applying these categories it is recognised there is a gap between the Limited and Reasonable Assurance definitions. The assurance levels detailed above were based on the consistency on which systems and processes are currently applied and in use across all roles in scope. As previously reported to Fife NHS Board, this is anticipated to change as eRostering and SafeCare are rolled out within NHS Fife. It is acknowledged that there is variation within each duty with the optimism of improvement across year two of the Act (2025/2026).

Table 2 – Scottish Government Levels of Assurance

Level of Assurance	System Adequacy	Controls
Substantial Assurance	A sound system of governance, risk management and control exist, with internal controls operating effectively and being consistently applied to support the achievement of objectives in the area audited.	Controls are applied continuously or with only minor lapses.
Reasonable Assurance	There is a generally sound system of governance, risk management and control in place. Some issues, non-compliance or scope for improvement were identified which may put at risk the achievement of objectives in the area audited.	Controls are applied frequently but with evidence of noncompliance
Limited Assurance	Significant gaps, weaknesses or noncompliance were identified. Improvement is required to the system of governance, risk management and control to effectively manage risks to the achievement of objectives in the area audited.	Controls are applied but with some significant lapses.
No Assurance	Immediate action is required to address fundamental gaps, weaknesses or noncompliance identified. The system of governance, risk management and control is inadequate to effectively manage risks to the achievement of objectives in the area audited.	Significant breakdown in the application of controls.

Within the body of the report a range of Red, Amber, Yellow and Green (RAYG) status' have been aligned to the various subsections across all duties. RAYG definitions were also provided by Scottish Government and our current assessment is summarised in Table 3 below:

Table 3 – Scottish Government RAYG Definitions and NHS Fife Assessment:

Red	No systems are in place for any NHS functions or professional groups
Amber	Systems and processes are in place for, and used by, under 50% of all NHS functions and professional groups
Yellow	Systems and processes are in place for, and used by, 50% or above of NHS functions and professional groups, but not all of them
Green	Systems and processes are in place for, and used by, all NHS functions and all professional groups

Self Assessment Questionnaires were received from Directorates and Professional Leads to provide a more complete understanding of each Directorate's RAYG status on compliance with the Health and Care (Staffing) (Scotland) Act by Job Family and / or Sub Job Family. A total of 29 indicators were identified from these assessments, the results of which are shown on Table 4 below.

Table 4 – Self Assessment Questionnaire RAYG Status:

Duty	Green	Yellow	Amber	Red
Duty to ensure appropriate staffing and guiding principles	16	3	9	1
Duty to have real-time staffing assessment in place	13	7	8	1
Duty to have risk escalation process in place	15	4	8	2
Duty to have arrangements to address severe and recurrent risks	17	5	5	2
Duty to seek clinical advice on staffing Limited	15	6	7	1
Duty to ensure adequate time given to clinical leaders	16	6	7	0
Duty to ensure appropriate staffing: training of staff	22	6	1	0
Duty to follow the Common Staffing Method (CSM)	6			
Training and Consultation of Staff	4	2		
Planning and Securing of Services	Collated Centrally			

Those areas reporting Amber and Red RAYG status identified the introduction of eRostering and SafeCare as an important step in their Path to Green or the creation of nationally agreed Common Staffing Method workforce tools for their job family. These areas will be followed up via the HCSA Steering Group, although it is noted that they have arrangements to mitigate the RAYG rating, although these are role specific and manual processes at present.

This report provides the following Level of Assurance:

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

2.3.1 Quality, Patient and Value-Based Health & Care

The primary focus of year one of commencement has been in progressing the necessary systems and processes of each duty; this has limited the ability to consider outcome measures and triangulation of existing Safety, Quality and Workforce frameworks. This will be explored further in subsequent years.

2.3.2 Workforce

The Act's concepts are not new, however, when progressing the work required by the Act, it has enabled positive and new opportunities of connecting work streams which overlap, while also increasing the visibility of some aspects of workforce data. Learning from this first Annual Report will help inform the future collegiate work of the HCSA Steering Group.

2.3.3 Financial

The challenging financial position continues to have the potential to impact on the Board's progression to full compliance.

All High Cost Agency Quarterly reports have been submitted to Scottish Government as required. These reports have shown that the number of individual shifts worked by 'high cost' agency workers (i.e. exceeding 150% of the costs of a substantive staff member) has reduced by 47.5% following the introduction of the Direct Engagement model, plus enhanced scrutiny over locum usage.

2.3.4 Risk Assessment / Management

To ensure appropriate staffing "at all times" requires assessment of staffing risk in real time and prospectively. It is recognised that considering if a service is "safe" does not necessarily mean "no-risk". A consistent Board wide overview will be possible when eRostering and SafeCare are implemented throughout NHS Fife. The journey towards full compliance will continue beyond the first year of commencement (2024/2025) in the context of the organisational risk of non-compliance against the legislation. The HCSA programme risk is routinely reviewed and managed at Implementation Team meetings. The risks are also referenced within the Internal Quarterly Reports.

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

The HCSA applies to all staff and supports the principle of good work. An EQIA impact assessment has therefore not been completed.

2.3.6 Climate Emergency & Sustainability Impact

No known impact at this time.

2.3.7 Communication, Involvement, Engagement and Consultation

The Annual Report has been prepared using information gathered from a range of sources during 2024/2025, including:

- Internal Quarterly Reports (MS Teams Assurance Questionnaire)
- Self-Assessments and Path to Green aligned to the annual reporting template by business units, Heads of Service and Professional Leads
- Service based feedback at monthly meetings
- Informal discussions

There is a requirement for the Annual Report to be published and accessible on the NHS Fife website and arrangements have been made for this to be undertaken, along with a short summary, attached at Appendix 2.

2.3.8 Route to the Meeting

This paper and the draft Annual Report 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.

- HCSA Steering Group meeting 16 April 2025
- ELT Meeting – 1 May 2025
- Staff Governance Committee on 13 May 2025
- APF (virtual circulation in advance of the May 2025 APF meeting)

2.4 Recommendation

This paper is provided to Fife NHS Board members for:

- **Assurance** – This report provides a **Moderate** Level of Assurance.
- **Endorse** the first formal Health and Care (Staffing) (Scotland) Act 2019 Annual Report, noting that the link has already been shared with the Board. This will allow confirmation to be provided to the Scottish Government.

3. List of Appendices

The following appendices are included with this report:

- Appendix 1 – Annual HCSA Report 2024/2025 (separate link above refers)
- Appendix 2 – Annual HCSA Report 2024/2025 Summary

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Health and Care (Staffing) (Scotland) Act 2019 Annual Report 2024/2025 Summary

April 2025

This is a summary of the first formal Annual Report in respect of the Health and Care Staffing (Scotland) Act 2019, with full details available via the attached link:

https://www.nhsfife.org/about-us/annual-reporting-and-strategic-planning/hcsa-annual-report-2024-25/

OVERVIEW

Implementation of the Health and Care (Staffing) (Scotland) Act 2019 (HCSA) took place on 1 April 2024; with the commencement of formal monitoring and governance also from 1 April 2024. NHS Fife must provide information to the Scottish Ministers on the steps taken to comply with the legislation and the first Ministerial reports to Parliament are expected in April 2026. In addition, NHS Fife will need to demonstrate how the specific duties of the Act have been met.

The HCSA stipulates that Boards have a duty to follow the Common Staffing Methodology, for staff in scope of the legislation. This includes using the outputs of the staffing level and professional judgement tools to inform and ensure they have appropriate staffing in place for the speciality specific areas where there are currently tools developed – Nursing & Midwifery and Emergency Departments at present. There is also a new Generic Real Time Staffing Tool in place.

NHS Fife has an established local HCSA Steering Group, which supported Board preparations for implementation of the Act and participated in national draft Guidance Chapter testing. This has helped inform preparations and access to resources.

There is an agreed schedule of Tool Runs which is overseen by the Corporate Nursing Directorate team and the results of these tool runs are provided to services for consideration after quality assurance checks have been completed. The Operational Levels Escalation Tool (OPEL) in the Acute Services Division and Fife Health and Social Care Partnership are a good source of information to support reporting. This has been adapted for use in other services, for example, Physiotherapy and Podiatry.

INTRODUCTION

- The report describes how NHS Fife gathered data to demonstrate evidence to support Act compliance in respect of the specific duties of the Act, including staffing levels and workforce planning.

- Assurance processes are in place to monitor safe staffing in health and social care services.

- Staff training relating to the Act and in respect of Common Staffing Method Tool Runs has been delivered and is monitored and the output of Tool Runs is reported within the Board.

- Evidence collected includes feedback from services via a bespoke template aligned to the requirements of the Act.

- One of the highlights is collaboration across different service areas through our Local HCSA Steering Group.

Each numbered tab of the Annual Report is aligned to Sections 12IA – 12IL of the Act and covers:

- Detailed assurance reporting by service and across profession (e.g. Acute, Corporate functions and HSCP).

- Risks identified and mitigations taken.

- Staff engagement and involvement in decision-making about staffing.

- Continuous assurance processes are in place to maintain safe, high-quality staffing across services.

- Guiding principles (such as safe, effective, person-centred care) were embedded in staffing processes.

- Planning frameworks align with national guidance from the Scottish Government.

- Evidence-based tools and professional judgement used to set appropriate staffing levels.

- Continuous monitoring processes are described, including escalation pathways if risks are identified.

The information provided in this report has been used or will be used to inform workforce plans, as follows:

The detail and content of our quarterly reports and this Annual Report have been produced in collaboration with and have been shared with various groups, managers and Professional Heads of Service within NHS Fife, including but not limited to the NHS Fife local HCSA Steering Group, Executive Directors Group, NHS Fife and HSCP Workforce Planning Groups, Nursing & Midwifery Workforce Group, Learning Disabilities and Mental Health Workforce Sustainability Group, eRostering Programme Board, Area and Local Partnership Fora, Area Clinical Forum, Staff Governance Committee and Fife NHS Board.

In addition, we have considered the output in relation to feedback and actions identified from the recently developed and implemented excel based Service / Professional Assurance Template Questionnaire to Managers and services, having previously used an MS Forms based approach. This has provided us with more detailed and robust information for our quarterly internal reports and this Annual Return.

This is in addition to the continued development of specific local service based workforce plans, workforce actions being driven from the People & Change Board set up as part of our Re-Form, Transform and Perform programme, issues arising from the Workforce Tool runs and from implementation of eRostering within NHS Fife in terms of the identification of workforce and related risks and their regular review.

Summary of key achievements and outcomes as a consequence of carrying out the duties and requirements in the Act:

The NHS Fife Local HCSA Steering Group continues to meet at six weekly intervals, with multi-disciplinary and staff side representation, sharing information and resources between functions to assist with Act requirements, for example, the Fife-wide Physiotherapy OPEL Tool use, Podiatry Service OPEL Framework development, SWAY and staff feedback, national Hub feedback, learning from Health Improvement Scotland (HIS) visits and follow-up requests, alongside quarterly Board Engagement calls with HIS. Several services, including our Out of Hours, Public Health and Public Dental Services, have developed and implemented new HCSA related Standard Operating Procedures. A monthly newsletter to all HSCP Nursing staff is in place, highlighting learning and educational resources for staff, with an emphasis on the duties of the Act.

We regularly share information such as Standard Operating Procedures and resources from the HCSA Hub via our HCSA MS Teams Channel. While the feedback from use of the HCSA Assurance Questionnaire enabled a more evidential conclusion, this has been strengthened by the new excel based template, aligned to the content and requirements of the Annual Report. This approach has also facilitated feedback to services on their path to green.

This is alongside presentations and reports to the NHS Fife Area Clinical Forum, Senior Charge Nurse Development sessions, local Workforce Planning training sessions and participation in the

recent Generic Realtime Staffing Resource training sessions. Specialty specific Staffing Level (Workload) Tools continue to be run and reported per our local schedule. A Common Staffing Method reporting template is in use to support reporting and governance, with the importance of the Common Staffing Method Tools being highlighted within on-going work within NHS Fife to consider the implications of the further planned reduction to the hourly working week for AfC staff groups. One of our Speech & Language Therapy Teams recorded a podcast as part of the national HIS approach to learning from Act Chapter Testing and this was shared within the Board.

Summary of key learning and risks identified as a consequence of carrying out the duties and requirements in the Act

Key areas for follow-up identified from the use of the service based template include knowledge and awareness of the principles of the Common Staffing Method, escalation of risk processes and recording / evidence of Time to Lead. We continue to see learning from sharing of information at our local HCSA Steering Group, within our local Teams Channel and from National meetings / Teams Channels and general discussion at our local HCSA Steering Group meetings. The group has continued to evolve in terms of engagement and participation.

The Board Action List is used on a continuous basis for follow-up in the next quarter, in addition to areas identified from completion of quarterly returns and HIS feedback. In addition, the revised plan for implementation of eRostering and SafeCare, taking account of the recent Deep Dive and Lessons Learned exercise within NHS Fife, is a regular feature at the local Steering Group.

The planned further reduction in the working week for staff covered by the AfC agreement will have an impact on staffing within clinical (and other) functions within NHS Fife and this will be reviewed in conjunction with our programmed Common Staffing Method activity. There is a formal workstream in place, with Programme Management Office support, to assist with the implications of the future reduction in the working week. This is reported to the People & Change Board, to our Local and Area Partnership Fora and the Staff Governance Committee.

REPORT APPROVAL

- NHS Fife is required to formally approve this report through its governance structures.

- Sign-off from a Senior Board Executive (Director of People & Culture) was obtained.

NHS Fife

NHS SCOTLAND

Meeting:	**Fife NHS Board**
Meeting date:	**27 May 2025**
Title:	**Medium Term Financial Plan 2025-2028**
Responsible Executive:	**Susan Dunsmuir, Director of Finance**
Report Author:	**Maxine Michie, Deputy Director of Finance**

<u>Executive Summary</u>:

- The Medium Term Financial Plan 2025-28 was approved by Scottish Government on 31 March 2025 following approval by NHS Fife board at its meeting on 25 March 2025.

- The plan confirms the board is forecasting a net deficit of £9.209m for 2025-26, after taking account of non recurring sustainability funding of £17.083m, which is within 1% of our core Revenue Resource Limit.

- The plan includes delivery of a savings target of £28.573 and reflects a risk share of up to £8.529m with Fife IJB which includes the budget realignment to Fife Council of £6.718m.

1   Purpose

This report is presented for:

- Assurance

This report relates to:

- Medium Term Financial Plan 2025-28
- Financial Sustainability
- NHS Board Strategic Priorities to Deliver Value & Sustainability

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

- Safe
- Effective
- Person Centred

2   Report summary

2.1   Situation

The NHS Fife Board approved the Medium Term Financial Plan 2025-28 at its meeting on 25 March 2025. The plan was submitted to Scottish Government who approved the plan and notified NHS Fife on 31 March 2025.

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2.2   Background

Following the announcement of the Scottish Government's Budget for 2025-26 by the Cabinet Secretary for Finance and Local Government on 4 December we were notified by Scottish Government of the indicative funding allocations for health boards for 2025/26 and updated financial planning assumptions were also shared with us at this point. Scottish Government requested we submit draft financial plans on 27 January 2025 with final submission on 17 March 2025.

The medium term financial plan we submitted to Scottish Government confirms the board is forecasting a net deficit of £9.209m, after taking account of non recurring sustainability funding of £17.083m, which is within 1% of our core Revenue Resource Limit. The plan includes delivery of a savings target of £28.573m across the NHS Fife health care system and reflects a risk share of up to £8.529m with Fife IJB. The risk share cost pressure is inclusive of the £6.718m budget realignment approved by the IJB.

2.3   Assessment

The medium term financial plan approved by Scottish Government is included at Appendix 1. The plan details the significantly challenging financial environment the board is currently operating within alongside the savings plans the board is taking forward to reduce the board's underlying financial gap. Moreover, risks to the successful delivery of the financial plan are also confirmed. The plan was approved by Scottish Government on 31 March and the notification received is included at Appendix 2.

Scottish Government have confirmed approval of our plan on the basis NHS Fife will deliver an end of year out-turn within 1% of Core RRL and continue to work towards a balanced three-year plan. Scottish government have also set out how they propose to continue to work with the Board in 2025-26. Key areas of focus for Scottish Government for 2025-26 will include:

- Progress on delivery of the Board's savings plan and assessment against the updated 15 box grid.
- Emerging risks and mitigating actions being taken by the Board.
- Monitoring of the impact of the IJB financial position on NHS Fife's financial performance and the progression of the actions required to support financial sustainability across Fife's Health and Social Care Services.
- Monitoring of delivery of key outcomes against the planning care funding provided.
- Our proactive involvement in enabling national programmes as they develop in 2025-26.
- Local preparation for the further 60-minute reduction for Agenda for Change staff for 2026-27; and

- Identification of any further measures to reduce the Board's residual recurring financial gap.

Scottish Government have also requested the continued representation of members of our senior finance team at key national finance forums to share learning, savings plans and opportunities for financial improvement.

This report provides the following Level of Assurance: moderate assurance is currently provided - ELT have reviewed and noted the MTFP approval notification issued by Scottish Government.

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

2.3.1 Quality, Patient and Value-Based Health & Care
Effective financial planning, allocation of resources and in-year management of costs supports the delivery of high-quality care to patients.

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

2.3.3 Financial
Financial implications are detailed in the paper.

2.3.4 Risk Assessment / Management
Delivering a balanced financial position and financial sustainability in the medium-term continues to be reported as high risk in the NHS Board corporate risk register. Failure to deliver savings at the level required will lead to a deficit beyond the financial gap identified in the Board's approved financial plan. All Boards must work towards break-even and where that is not achieved, Boards will require to show a deficit position in the year end accounts leading to potential qualification and the issue of an Audit Scotland Section 22 report. This will be in addition to consideration of Board escalation status. Government repayable brokerage will not be available in 2025/26 for any Board.

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

This paper has been prepared with due regard given to the Equality Act 2010 and compliance with the three aims of the Equality Duty as part of the decision-making process. An impact assessment has not been conducted as it is considered not relevant to this paper.

2.3.6 Climate Emergency & Sustainability Impact

There are no direct implications arising from this report.

2.3.7 Communication, involvement, engagement and consultation

This paper has been prepared following receipt of Scottish Government's approval of the medium-term financial plan in consultation with NHS Fife Director of Finance. The letter received from Scottish Government was shared and discussed at the Executive Leadership Team meeting on 3 April 2025 and the Finance Performance and Resource committee on 8 May 2025.

2.3.8 Route to the Meeting

This is the first time this paper is presented.

2.4 Recommendation

This paper is provided to members for:

- **Assurance** – This report provides a moderate Level of Assurance on the information provided

3 List of appendices

Appendix 1 – NHS Fifie Medium Term Financial Plan 2025-2028

Appendix 2 – Scottish Government Confirmation of approval of MTFP

Appendix 3 – Scottish Government response to Q4 2024/25 review.

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Medium-Term Financial Plan

2025/26 – 2027/28

Contents

Executive Summary

This paper provides an overview of the financial plan for the three-year period 2025/26 to 2027/28. The plan incorporates the one-year funding settlement advised by Scottish Government on 4 December 2024. Additionally, the plan includes further funding announcements advised by Scottish Government in relation to additional New Medicines Funding and Sustainability Allocations since December 2024.

The plan has been developed through engagement from Executive Directors, staff side and clinical representatives. Wider engagement with all staff on the financial position continues to be progressed through the Reform, Transform and Perform (RTP) briefings and the System Leadership Group. Although the financial settlement advised by Scottish Government is an improved position on what was initially anticipated, the financial pressures being experienced across the entire health and care system remain extremely challenging.

Both Acute and IJB services continue to be under significant financial and service pressure resulting from underlying deficits compounded by demand and capacity challenges. We will require to continue to work collaboratively across the health and care system to ensure the best possible use of resources and capacity, address variation and improve productivity and efficiency.

We will need to consider more innovative and radical actions across our sites and service configurations to reduce our cost base and move us closer to operating within the resources available to us.

We will apply the same rigour to our external healthcare providers and ensure demonstrable improvements in productivity and efficiency across all parts of the system.

Financial planning guidance issued by the Scottish Government, set out the expectations that NHS Boards financial plans for 2025-26 will present:

- a clear programme of work and supporting actions to achieve 3% recurring savings on baseline budgets over the three-year period,
- an improved forecast outturn position in 2025-26 compared to the forecast outturn position reported at the start of 2024-25, with improvements in the financial position being achieved in each of the years to 2027-28 for those Boards not in financial balance, and
- trajectories for improvement in the financial position supported by detailed plans as to how this would be achieved and the arrangements that will be implemented by the Board to oversee delivery.

The MTFF details the financial position for the next 3 years, which will require a focussed whole system response to recover the deficit position. The projected closing deficit for 2024/25 being carried forward into 2025/26 is £32.2m which includes savings plans of £7.1m achieved but not delivered on a recurring basis in finance year 2024/25.

Funding Assumptions

Revenue Funding
The budget for NHS Scotland increases in 2025/26 to £21bn, an increase of £2bn on the 2024/25 budget. NHS Fife baseline funding for 2025/26 has increased to £937.9m, this represents a

recurring increase of £108.7m. The increase includes £81.4m to recognise the costs associated with the 2024/25 pay settlements and a number of other allocations previously received on a non-recurring basis, this aspect of the increase therefore does not represent new funding as the costs are already being incurred in 2024/25. The remaining increase reflects a recurring uplift of £27.3m (3%) to cover pay and prices inflation in 2025/26.

It has been confirmed that the 2025/26 pay settlements in line with public sector pay policy will be fully funded. Funding for the National Insurance increase will be capped at 60%. The remaining 40% pressure has been included as a cost pressure in the revised financial plan.

Additional NRAC funding has been allocated to Boards to maintain all at a minimum at 0.6% of parity. The NHS Fife NRAC share (due to a decrease in the population) has reduced therefore we will receive no additional allocation and will be at 0.4% (£3.7m) from parity in 2025/26.

There will be an NRAC share of a national recurring allocation of £150m for A4C pay reforms, NHS Fife will receive £10.3m (this allocation was non-recurring in 2024/25 but higher at £200m). Costs remain uncertain therefore this is a risk which will require to be kept under review as quantification of costs becomes available. This allocation covers the reduction to the A4C working week, protected learning time and Band 5 to band 6 reviews.

Additionally, £200m will be available to reduce waiting times, increase capacity, productivity, support reduction in delayed discharge and to deliver commitments to enhancing primary care via GMS, Optometry and Dental services. This is a significant range of service areas to be covered for all Boards. This funding will not be issued on an NRAC basis but linked to approved delivery plans. This is an area we will review in detail as part of the ADP submission.

The NHS Fife share of the £50m 2024/25 Waiting times additional allocation of £3.4m has been confirmed as recurring in our baseline for 2025/26. However, this allocation will be top sliced nationally to allocate £24m directly to GJNH. The NHS Fife allocation of £3.4m will be reduced to £2.464m in 2025/26. We are working through the service implications of this change.

In February 2025 a number of further allocation announcements were shared with Directors of Finance as follows.

Sustainability Allocations 2025/26
A non-recurring sustainability payment has been confirmed for territorial boards representing an NRAC share of national funding of £250m. This will not be included in SLA calculations for 2025-26 as it is a one-off exceptional item and must be used to reduce the deficit for 2025-26 in full and must not be used for any additional investment purpose. This is still subject to final approval within Scottish Government but should be included in final financial plans at this point. This allocation will be £17.083m for NHS Fife in 2025/26.

This allocation significantly reduces the deficit position from the January version of the plan. The allocation will be held as a corporate reserve pending review against in-year financial performance including delivery of planned savings across all budget areas in Q1 2025/26. Following this first review, and subsequent quarterly reviews, the funding will be allocated to support both Health Board Retained and Health Delegated positions. The overall financial position will not change as a result of these reviews as the corporate reserve assumes full spend in year but does not allocate it to specific budgets at this stage.

A further recurring sustainability payment to territorial Boards of an NRAC share of £70 million will also be received, this will be included in SLA calculations for 2025-26. This must be used to offset in-year pressures and must not be used for any additional investment. This is still subject to final approval within Scottish Government but should be included in final financial plans at this point. This allocation will be £4.781m for NHS Fife in 2025/26.

Capital Funding
Capital Formula allocation for all Boards to increase by 5%. 3 specific capital projects have funding for 2025/26 confirmed: Monklands Replacement Hospital, Belford Hospital and the replacement Eye Pavilion in Edinburgh. For Capital, the budget announcement means that capital projects, including those for Mental Health and the Lochgelly/Kincardine Health Centres will require to remain paused. Work is underway to quantify enabling capital investment to support our broader aims for service transformation.

Brokerage
We recognise that brokerage will not be available in 2025/26 for any Board. All Boards must work towards break-even and where that is not achieved, Boards will require to show a deficit position in the accounts leading to potential qualification and the issue of an Audit Scotland Section 22 report. This will be in addition to consideration of Board escalation status.

NHS Fife has recently been advised of a brokerage cap of up to £37m in 2024/25, we are working to reduce this requirement as far as is possible this financial year.

Exhibit - 1	£'000
Repayable Brokerage Position	**£'000**
Cumulative Brokerage Received	23,700
Estimated Brokerage 2024/25	23,543
Potential Repayable Brokerage by end 2024/25	**47,243**
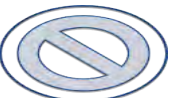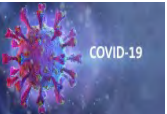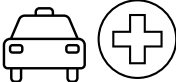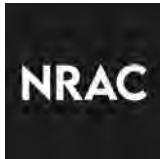
System Cost Pressures

NHS Fife is on target to deliver an improved position on the forecast outturn identified in the 2024/25 financial plan. This improvement is however limited to the health board retained budget position.

Health Board Retained Budgets
The overspend to the end of December 2024 reflects a continuation of underlying and new cost pressures described in the 2024/25 financial plan. The graphic below, exhibit 2, identifies the specific cost pressures continuing into 2025/26 for health retained budgets. We have made good progress in reducing aspects of these costs during 2024/25, but significant residual pressure remains in the system. We continue to respond to that through active management in all areas to make further reductions as part of our sustainability and value work in 2025/26.

Exhibit 2 – Continuing Cost Pressures – Health Board Retained Budgets

Recurring Pay Pressures £3m	Recurring Capacity Pressures £2.97m	Nurse Supp Staffing £0.8m	Medicines £1m	Diabetic Pumps £1.2m	External Healthcare Provider £8.1m
Medical Supp Staffing £1.7m	Decon. Costs £1.2m	Legacy Covid Costs £0.5m	Other non pay Costs £4.58m	In Year shortfall £3.7m	Non recurring Savings b/fwd £7.188m

Integrated Joint Board – Health Board Delegated Budgets

As in previous years Scottish Government has instructed Health Boards to pass on an uplift of 3% over 2024-25 agreed recurring budgets to Integrated Joint Boards. Additionally, Scottish Government will transfer funding from the health portfolio to Local Government to support integration in 2025-26 specifically in relation to recurring pay commitments to the real living wage (£125m) and inflation increase to free personal nursing care rates (£10m). A further £5m has also been prioritised by Scottish Government to provide additional voluntary sector short breaks funding for unpaid carers. The Scottish Government have advised this funding should be additional and not substitutional to each Council's 2024-25 recurring budgets for services delegated to IAs and therefore, Local Authority social care budgets for allocation to IAs must be at least £140 million greater than 2024-25 recurring budgets.

The funding uplift to be passed through to the IJB to undertake the functions delegated to it by the Health Board is included in our financial plan, exhibit 4, for 2025-26 is £10.887m. Further funding allocations are expected to be passed through to the IJB during the financial year as funding is confirmed for various Health and Social Care policy priorities including other ear marked funding relevant to the functions delegated to the IJB. The IJB financial draft financial plan has been prepared since the January version of the NHS Fife Board financial plan was submitted to Scottish Government and the potential, gross risk-share requirement has been increased to £21.602m in 2025/26 which has been included in our financial plan. We are working closely with the Chief Officer and the Chief Finance Officer on financial planning assumptions contained with the IJB plan.

The savings plan for Health Delegated Budgets within the IJB as shared during February by the Chief Finance Officer has now increased to £13.073m which if fully delivered will reduce the net risk-share amount to £8.5m. These savings have been included in Exhibit 6 alongside savings plans identified for health board retained services to highlight the collaborative work that is going on across the health and care system to achieve financial sustainability. The following graphic, exhibit 3, identifies the specific cost pressures continuing into 2025/26 for health delegated budgets

The cost pressures experienced across health delegated budgets are largely in line with the cost pressures experienced across health board retained budgets. Consequently, we must take a system wide approach to transformational change to maximise the effectiveness and efficiency of available resources across the health and care system to meet the needs of the Fife population.

Exhibit 3 – Continuing Cost Pressures – Health Delegated Budgets

Recurring Pay Pressures £0.675m	Recurring Capacity Pressures £2.000m	Medical Supp Staffing £7.000m	Non recurring Savings b/fwd £6.609m	Medicines £4.000m	External Healthcare Provider £3.000m
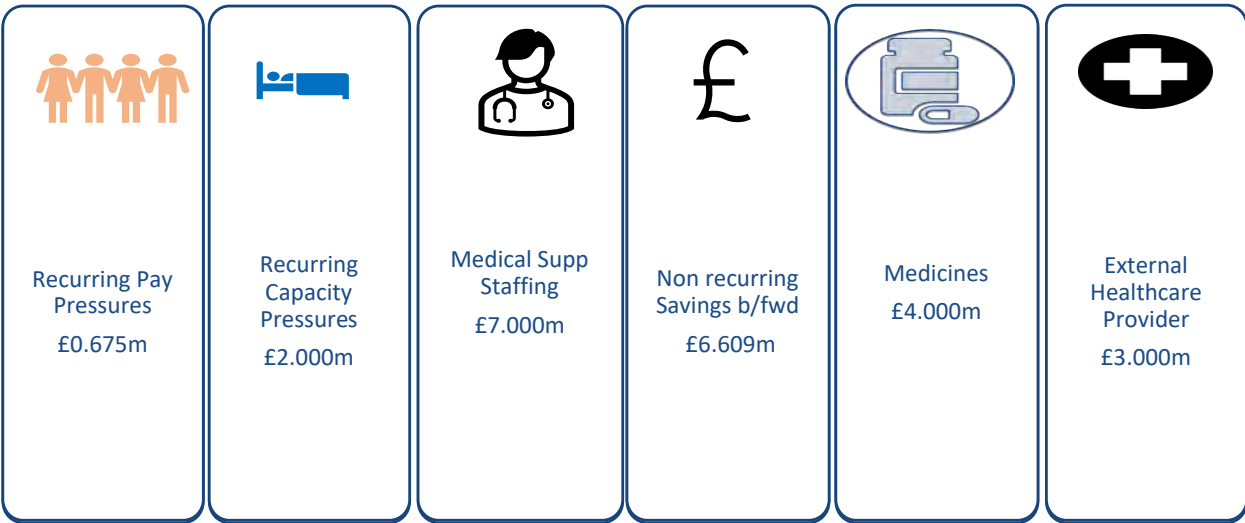
Forecast Financial Position 2025/26 – 2027/28

The table, exhibit 4, below presents the forecast financial position for 2025/26 to 2027/28 and reflects the impact of the Scottish Government draft budget and local and national planning information gathered since the announcement in December, updated for the additional funding allocations advised in February 2025. The inclusion of the sustainability payments announced by Scottish Government for 2025/26 alongside an improved underlying recurring deficit and increased savings opportunities, has significantly improved the financial position for the board leaving a residual financial gap of £9.2m still to be addressed equivalent to 0.98% of our baseline Revenue Resource Limit.

We have made a number of cost inflation assumptions in completing our draft financial plan. These estimates have been benchmarked nationally through the NHS Scotland Corporate Finance

Network (CFN) and amended to reflect local assessment of risk. Our working assumption is that the 2025/26 pay negotiations will be in line with public sector pay policy and will be fully funded within the 3% uplift. A cost pressure in relation to the 40% shortfall in funding for the increase in employer's national insurance contributions is reflected in our financial plan. Additionally, our plan assumes that any cost impact associated with the reform of Agenda for Change terms and conditions (ie implementation of protected learning time, review of band 5 nursing roles and the reduction in the number of hours in the working week) as they are implemented will be contained within the resource allocated by Scottish Government. Costs incurred beyond our funding allocation will require dialogue with Scottish Government colleagues.

Exhibit 4	Revised 'March 2025		
	2025/2026 £'000	2026/2027 £'000	2027/2028 £'000
Opening Position			
2025/26 recurring gap brought forward	(25,050)	(26,292)	(34,637)
b/fwd savings not delivered on a recurring basis	(7,188)	(5,000)	(5,000)
Recurring Financial Gap brought forward	**(32,238)**	**(31,292)**	**(39,637)**
Funding Uplift Allocation	27,318	28,138	28,983
Non-recurrring Sustainability Allocation	17,083		
Recurring sustainability Allocation	4,781		
Funding anticipated in year	**49,182**	**28,138**	**28,983**
Integrated Joint Board 3% uplift	(10,887)	(11,214)	(11,550)
Pay Uplifts	(9,646)	(9,935)	(10,233)
National Insurance Cost pressure	(4,528)		
Unitary Charge Inflation	(1,045)	(1,052)	(1,089)
Anticipated Energy price reduction	2,100	(658)	(690)
SLA uplift including National Insurance cost pressure	(3,389)	(3,230)	(3,326)
General Supplies uplifts inflation including Drugs	(4,095)	(4,395)	(4,721)
National and Regional Commitments	(698)		
Planned Care Allocation Risk	(936)		
Integrated Joint Board Risk-Share	(21,602)	(7,500)	0
Expenditure uplifts anticipated in year	**(54,726)**	**(37,983)**	**(31,611)**
Forecast Financial Gap Before Savings	**(37,782)**	**(41,137)**	**(42,265)**
Planned Savings	28,573	6,500	5,500
Forecast Financial Gap After Savings	**(9,209)**	**(34,637)**	**(36,765)**

The table below, exhibit 5, sets out the level of residual financial challenge in 2025/26 as a %age of the RRL before and after identified savings. Currently, an unidentified savings requirement of less than 1% of our RRL continues to be explored. Further work will continue to improve on the

level of identified savings with a particular emphasis on the impact of transformation on our cost base in the latter 2 years of the plan.

Exhibit 5 Summary Forecast Position	2025/2026 £'000	2026/2027 £'000	2027/2028 £'000
Revenue Resource Limit (RRL)	937,900	937,900	937,900
Forecast Financial Deficit	(37,782)	(41,137)	(42,265)
Deficit as a % of RRL	4.03%	4.39%	4.51%
Sustainability & Value Schemes	28,573	6,500	5,500
Sustainability & Value as a % of RRL	3.05%	0.69%	0.59%
Forecast Financial Gap	(9,209)	(34,637)	(36,765)
Deficit after S&V as a % of RRL	-0.98%	-3.69%	-3.92%

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Supporting Whole-System Change

Delivering Value and Sustainability is one of our four strategic priorities. Our Reform, Transform & Perform (RTP) framework remains a key enabler of NHS Fife's strategic vision—driving operational excellence, financial sustainability, and transformational change as we deliver on our ambitions through to 2028. Performance against the in-year savings plan agreed for 2024/25 represents the highest level of recurring savings delivered in the last 5 years in terms of total value and on a recurring basis. We intend to build on this momentum, pace and commitment to continue to deliver during the next financial planning period. We recognise however that the level of cost reduction required to balance will be dependent on the pace and delivery of our broader transformation aims. The focus in 2025/26, to ensure the momentum gained in 2024/25 is continued, must be on system wide collaboration with colleagues working across both IJB and local authority services.

Managing the Projected Deficit 2025/26 – 2027/28

The ADP and Financial Plan commissioning letters emphasise that plans must be credible and deliverable, and without fundamental reform and services stopping or reducing, it is unlikely that NHS Fife will close the financial gap in 2025/26.

Our financial improvement plans continue to be delivered through our Reform, Transform and Perform (RTP) arrangements, working collaboratively across the system. Delivering Value and Sustainability is one of our 4 corporate objectives, to maximise the use of our scarce and valuable resources to the best effect for our patients. Within our RTP portfolio we have established a number of system wide programmes.

1. People and Change
2. Infrastructure
3. Service Redesign
4. Business Transformation

All programmes of work have established Programme boards during 2024/25 and interdependency between the areas has been recognised in the design of our strategic portfolio. A number of sustainability and value plans were established in 2024/25, and these will continue in 2025/26 as

described in table below. In line with Scottish Government direction, the programme is also working with the established national 15-box grid approach and specific workstreams are embedded within our RTP approach.

Reform, Transform, Perform (RTP) – Year 2 Savings Plan (2025/26)

The second year of NHS Fife's RTP programme builds on the significant progress made in 2024/25, with a sharper focus on recurring savings, workforce redesign, digital transformation, and system-wide efficiencies. The savings plan targets key areas across workforce, infrastructure, clinical service redesign, business and digital transformation, and procurement to support financial sustainability while maintaining high-quality patient care.

Schedule 6: Approved minimum 3% Savings Plans Sustainability & Value Schemes	2025/2026 £'000	2025/2026 £'000	2025/2026 £'000	2026/2027 £'000	2027/2028 £'000
	HSCP	Health Board	NHS Fife		
People & Change					
Supplementary Staffing	3,153	2,000	5,153		
Reduce Acute Services Pay Cost Pressure		3,000	3,000		
	3,153	**5,000**	**8,153**	**-**	**-**
Service Redesign					
SDEC/Minor Injuries Redesign		500	500		
Inward Commissioning		1,000	1,000	1,000	
Planned Care		500	500		
Haematology/MOE/Frailty		300	300		
Reprovision Out of area care packages	1,797		1,797		
Assessment and Rehabilitation Centres (ARCs) Redesign	300		300		
Community Rehabilitation & Care	1,000		1,000		
Mental Health Redesign	3,948		3,948		
	7,045	**2,300**	**9,345**	**1,000**	**-**
Infrastructure			-		
Energy (PFI), Waste, Medical Physics		1,000	1,000		
Site Rationalisation inc Cameron		1,000	1,000		
Mental Health Services - Stratheden				2,500	2,500
	-	**2,000**	**2,000**	**2,500**	**2,500**
Business Transformation					
Corporate Structures Rationalisation (inc Digital)	495	2,000	2,495	2,000	2,000
	495	**2,000**	**2,495**	**2,000**	**2,000**
Grip & Control			-		
Medicines Efficiencies	2,030	2,000	4,030	1,000	1,000
Procurement		1,500	1,500		
Decontamination & Laboratory Services		400	400		
Transport	250	300	550		
Small Value Schemes	100				
	2,380	**4,200**	**6,580**	**1,000**	**1,000**
Total NHS Fife Health Care System	**13,073**	**15,500**	**28,573**	**6,500**	**5,500**

The actions supporting the IJB – Health Delegated savings schemes are contained within the IJB Financial Plan. The IJB are also in the process of considering additional savings initiatives beyond those noted above with the aim to further integrate health and social care services, reduce duplication, and maximise the use of shared resources while maintaining high-quality care standards.

Further detail on specific scheme actions is referenced below.

Workforce and People & Change (£8.153m total)

Significant workforce transformation is currently being taken forward across NHS Scotland. The Agenda for Change reforms require a reduction in the full-time working week to 36 hours by April 2026, a shift designed to improve work-life balance and enhance staff experience. Alongside this work, a national Band 5 to Band 6 nursing review is underway, evaluating career progression, workforce development, and how roles are structured to deliver the best patient care in the most effective way. Despite this level of challenge across the system we are committed to sustainable workforce models which will deliver the level of service that is required and enhance both staff and patient experience. To ensure workforce models align with financial sustainability, we will take forward the following actions:

Supplementary Staffing (£5.153m)
- Further reductions in supplementary staffing will be delivered through:

  - Focused absence reduction, targeting sickness absence through enhanced support and proactive management.

  - Optimisation of eRostering tools, ensuring better deployment of staff and reducing reliance on bank and agency workers.

  - Enhanced controls on shift approval at service level to drive further efficiencies.

  - Increase Compliance with Direct Engagement

  - Service Redesign and effective recruitment to vacant posts

Workforce Redesign – Reduced Working Week & Recurring Pay Pressures (£3m)
- The Reduced Working Week (RWW) introduces an opportunity to redesign workforce models, ensuring better alignment with service needs.

- NHS Fife will undertake a comprehensive review of recurring pay pressures, integrate them into sustainable workforce models, reducing reliance on non-recurring funding solutions.

- A strategic approach to workforce planning will ensure that efficiencies are maximised while maintaining service resilience.

Infrastructure & Estates (£2.7m total)

A phased approach has been adopted for the work of the Infrastructure and Change Board. Key actions delivered in 2024/25 include office consolidations, site consolidations, and planning for site disposals. The work completed in 2024/25 provides a strong foundation for transformation in 2025/26. Grip and control around several initiatives will continue in tandem with our strategic infrastructure transformation

Energy, PFI, Medical Devices & Waste (£1m)
- Continued grip and control measures across energy consumption, PFI contract efficiencies, and waste reduction strategies.

- Contract renegotiations to optimise pricing and eliminate unnecessary spending on medical devices and maintenance.

Site Rationalisation (£1m)
- Acceleration of site rationalisation, focusing on:

  - Consolidation of underutilised estate, aligning with whole-system bed modelling.

- o Transition of community-based beds into alternative models of care, ensuring closure of surplus capacity in a safe and structured manner.

- o Release of savings through enhanced estate utilisation and service realignment.

Decontamination (£0.4m)
- Negotiation of cost base for decontamination services to reduce operational expenditure.

- Potential service realignment to improve efficiency without impacting patient safety.

Transport Hub (£0.3m)
- Establishment of a single point of oversight for transport services.

- Reduction in unnecessary spend on patient and staff transport through improved planning and coordination.

Clinical Service Redesign (£9.345m total)
NHS Fife continues to progress a series of service redesign initiatives to ensure quality, sustainability, and performance are maintained while delivering transformative improvements in care delivery. These initiatives are driven by a whole-system approach, aligning acute, community, and primary care services to optimise patient pathways and deliver efficiencies. Below are key opportunities being taken forward

Same-Day Emergency Care (SDEC) (£0.5m)
- Expansion of SDEC pathways to:

  - o Consolidate staffing across Emergency Care Assessment Service (ECAS) and Rapid Treatment Unit (RTU) to improve workforce efficiency.

  - o Reduce overall length of stay and acute hospital dependency, freeing up inpatient capacity.

  - o Mainstream surge capacity management, embedding a sustainable model for urgent care flow.

Planned Care & External Commissioning (£1.5m)
- Efficiency gains in procedural allocation and sundries management, ensuring better utilisation of resources.

- Strengthening NHS Fife's position as a regional centre of excellence, driving increased inward commissioning revenue and optimising patient flow across the region.

Fragile Service Review (£0.3m)
- Medicine for the Elderly (MoE) and Frailty pathways redesign, working in collaboration with Health & Social Care Partnership (HSCP) to optimise existing capacity.

- Haematology skill mix review to reduce reliance on high-cost locum consultants by developing advanced practitioner roles and targeted recruitment strategies.

Reprovision of Out of Area Care packages (£1.797m)
- Reduce reliance on expensive care providers out with Fife.

Assessment and Rehabilitation Centres (ARCs) Redesign (£0.300m)
- The current service delivery of ARCs will cease and be developed into an enhanced Fife wide model

Community Rehabilitation & Care (£1.000m**)**
- The Bed Base Transformation Workstream will recommence in February 2025 to progress the project. This will improve access to community rehabilitation within the home or homely setting and reduce delayed discharges through enhance flow and appropriate community-based support being available.

Mental Health Redesign (£3.948m)
- There will be a redesign of mental health rehabilitation services looking at Lindores ward, Dunino, Ravenscraig and QMH ward 2.

Business and Digital Transformation (£2.495m total)
In line with the request received via the 15-box grid, and in parallel with the work of the People and Change Board, NHS Fife has undertaken advanced work to develop a new operating model for its administrative job families. This model is designed to optimise the use of technology, centralise functions where appropriate, and deliver value through modernisation. By focusing on centralisation, technology enablement, and structural change, the transformation plan aims to deliver recurring savings while maintaining service quality. The following key initiatives are central to this redesign:
- Centralisation of services to reduce duplication and drive efficiencies.

- Increased automation and digital solutions to replace paper-based processes.

- Targeted reduction in administrative overheads through streamlined workflows and enhanced use of existing digital tools.

Other Initiatives (£3.5m total)
Medicines Optimisation (£4m)
- Enhanced scrutiny via the Fife Prescribing Forum, with a strengthened focus on:

  - Rebate maximisation, ensuring NHS Fife captures all available contract efficiencies.

  - Formulary and contract switches, driving increased cost-effectiveness.

  - Improved prescribing governance, ensuring best value without compromising patient care.

Procurement & Discretionary Spend (£1.5m)
- Review of discretionary spending, with a focus on reducing inefficiencies across:

  - Stationery, supplies, and non-essential procurement, ensuring tighter financial controls.

  - Strengthened oversight at executive level to prevent unnecessary spending and drive recurring savings.

The 15 Box Grid - Actions to Drive Financial Sustainability and Transformation

NHS Fife has demonstrated that financial sustainability and transformation can go hand in hand. As we move into the next phase of our RTP framework, we must build on our successes by

embedding systematic, data-driven actions that support service redesign, workforce optimisation, and financial efficiency.

The 15 Box Grid of Actions agreed with NHS Scotland Board Chief Executives, outlines 15 priority areas that will enable us to continue delivering value, improving patient care, and aligning our services with national strategy. These actions focus on reducing unwarranted variation, optimising workforce models, and enhancing service efficiency, ensuring that NHS Fife remains financially resilient while continuing to innovate and improve.

This framework ensures that every part of our organisation is engaged in delivering efficiencies, with clear monitoring mechanisms in place to track progress.

The Grid – Key Areas of Focus

Area	Action Required	Where/How Will Actions Be Monitored?
Sustainable Prescribing	Expand polypharmacy reviews, reduce unnecessary inhaler use, improve medical gas management, and reduce patient stockpiling.	Through our Medicines Optimisation work
Clinical Variation Review	Implement refreshed guidance for Procedures of Limited Clinical Value, expand Patient Initiated Review, and develop a local Realistic Medicine action plan.	Through our Realistic Medicine work and our Clinical Service Redesign work
Digitally Enabled Savings	Reduce printing and postage costs, identify digital efficiencies, and engage with national eHealth finance groups.	Through our Business and Digital Transformation work
Energy Efficiency	Reduce clinical waste, implement best practice energy reduction measures, and optimise anaesthetic gas usage.	Through our Infrastructure and Change work
Prescribing Savings	Implement medicine switches as soon as exclusivity ends and optimise prescribing practices (e.g. IV to oral, liquid to tablet).	Through our Medicines Optimisation work
Agency Reduction	Strengthen workforce planning to reduce reliance on agency staffing, implement international recruitment where possible, and increase direct engagement models.	Through our People and Change work
Sustainable Staff Bank Usage	Improve staff bank recruitment, expand bank options for AHPs and medical workforce, and promote best practice in bank usage.	Through our People and Change work
Sickness Absence Reduction	Implement Once for Scotland absence management policies, ensure adherence to the Staff Governance Standard, and monitor sickness trends.	Through our People and Change work
Junior Doctor Rota Compliance	Reduce non-compliant junior doctor rotas, challenge areas of non-compliance, and improve rota design.	Through our People and Change work
Central Functions Review	Rationalise WTE in central functions, review skills mix, and explore automation and shared service models.	Through our Business and Digital Transformation work

Area	Action Required	Where/How Will Actions Be Monitored?
Theatres Optimisation	Address inefficiencies in surgical scheduling, implement digital theatre scheduling, and improve theatre utilisation.	Through our Clinical Service Redesign work
Remote Outpatient Appointments	Increase use of digital consultations, including Near Me and Connect Me, to improve access and reduce costs.	Through our Clinical Service Redesign work
PLICS Implementation	Ensure full adoption of the national Patient-Level Information and Costing System (PLICS) in line with national timelines.	Through our Financial Value and Sustainability work
Length of Stay Reduction	Identify high-length-of-stay specialties and implement discharge before noon targets, planned discharge dates, and integrated discharge processes.	Through our Clinical Service Redesign work
Non-Pay Spend Review	Implement national procurement buyer guides and remove unwarranted variation in non-pay spend.	Through our Financial Value and Sustainability work

Capital Expenditure Plans 2025/26 – 2027/28

Formula Capital Funding for 2025/25 has been increased by 5% as advised by Scottish Government in their budget letter to boards. The core allocation is expected to be £8.152m which may be supplemented by additional allocations as we await confirmation on any potential funding to be awarded by the National Infrastructure and Equipping Board.

As advised by government we have ceased project development spend to ensure our formula capital budgets are directed towards maintenance of the existing estate and essential equipment and digital replacement.

For 2025/26 the draft capital expenditure plan was endorsed at Fife Capital Investment Group at the beginning of March. The formula allocation will be allocated to various groups responsible for delivering on the approved capital plan, Capital Equipment Management, Backlog Maintenance Priorities, Digital commitments, Mental Health Estate and our RPT Framework and Clinical Priorities. The plan focuses on key priorities including expenditure which will support our RPT transformation aims.

The Scottish Government issued DL(2024)02 to Boards on 12 February 2024 requiring Boards to prepare and submit to the Scottish Government a Programme Initial Agreement (PIA) which sets out a deliverable whole-system service and infrastructure plan for the next 20-30 years (with interim updates). This confirms that Boards will no longer have to prepare and annually update a Property & Asset Management Strategy.

In recognition of the scale of the task, Scottish Government asked Boards for an interim business continuity investment and essential investment infrastructure plan (BC&EIIP). The plan is to be developed on a risk based assessment of the Board's existing infrastructure focussing on the "do minimum" and was submitted to Scottish Government in January 2025.

The interim BC&EIIP captures our priorities in line with the directive from Scottish Government. The plan is £3.2m beyond the planning assumption and is front loaded in the first three years reflective of the number of priorities that require to be urgently addressed. The plan agreed locally below has been capped at this point at the total formula capital allocation of £8.152m.

Proposed Capital Formula Allocation £8.152m		
Capital Staffing £0.397m Scribe Nurse £0.055m	Statutory Compliance £2.380m Clinical Contingencies £0.500m Equipment £0.700m Mental Health Estate £1.500m Proposed RTP £0.500m Digital £0.500m	HEPMA £0.783m HEPMA Slippage £0.088m LIMS - National £0.749m
Workforce £0.452m	Routine £6.080m	Digital Programmes £1.620

Financial Risks

Specific risks and challenges associated with our financial plan include the following:

- Our ability to fully identify the level of recurring savings required in 2025/26 and beyond to address the underlying deficit and reduce the reliance on non-recurring actions to deliver a breakeven financial position.

- The assessment of the final costs in relation to the A4C non-pay aspects of the 2023/24 pay deal.

- The impact of the 2025/26 pay deal and the impact of the increase to Employers National Insurance (NI). Our plan assumes funding implications for the 2025/26 pay deal will be met in full by the Scottish Government. Recent confirmation has however been received that funding will only be made available for 60% of the NI increase, this has been reflected in the revised plan.

- The Health and Care (Staffing) (Scotland) Act 2019 (HCSA) was passed in the summer of 2019 and will come into effect on 1 April 2024. Whilst our plan assumes a level of increased staff costs to maintain patient safety as we manage demand and capacity issues, the full impact of safe staffing is still to be finalised.

- There is a risk that price inflation rates will increase beyond assumed levels within our financial plan which will have a direct impact on the cost of goods and services and consequently will increase the cost base.

- Like every Board we continue to experience significant expenditure in supplementary staffing because of both workforce challenges and system wide additional capacity issues. We continue to implement a range of mitigating actions which have led to a significant reduction in these costs during 2024/25.

- NHS Fife has employed substantive staff to deliver waiting times rather than more costly supplementary staffing and waiting lists initiatives as much as possible. There is a risk we will not secure sufficient planned care funding to deliver activity targets anticipated by Scottish Government.

- There is a risk we will not receive all allocations at the level anticipated in the financial plan.

- Our plan does not assume any cost across the three-year cycle in relation to the replacement of several NHS Scotland existing business services systems

- Our financial plan assumes a level of risk-share associated with Fife Integration Joint Board, this continues to be assessed and reviewed with the IJB.

- That the additional, enabling capital funding required to support aspects of our broader service transformation aims will not be available during the term of this financial plan.

- That the formula capital resource limit will be insufficient to maintain the current estate configuration as we progress our transformation aims.

Health and Social Care Finance
Alan Gray, Director

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31/03/2025

Carol Potter
Chief Executive
NHS Fife

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

Dear Carol,

NHS Fife – Three-Year Financial Plan

Thank you for the submission of the NHS Fife Three-Year Financial Plan, covering 2025-28, which confirms that the Board is forecasting a net deficit of £9.2 million in 2025-26.

In achieving this position, the Board has set a savings target of £28.6 million, all of which is recurring and above historic delivery of recurring savings by the Board. While this does meet the 3% recurring savings target set by Scottish Government I note a number of areas are high risk and we are keen to work closely with you on delivery of this target.

I recognise and appreciate the significant work required to reduce the forecast deficit in 2024-25 and the commitment given by the Board to delivering a challenging savings target in 2025-26, alongside your focus on the operational delivery requirements for next financial year. I will ensure my team continues to work with you on delivery of your plan given the importance of establishing a strong financial foundation for future years.

I can confirm approval of the financial plan on the basis of NHS Fife delivering an end of year out-turn within 1% of Core RRL and continuing to work towards a balanced three year plan.

Financial Plan – Next Steps

In line with the ongoing financial monitoring arrangements we will use the next scheduled meeting at the end of Quarter One to:

1. Review progress on delivery of the Board's savings plan,
2. Discuss any emerging risks and mitigating actions being taken by the Board,

3. Discuss progress with the areas of focus set out in the revised 15 Box Grid and any further support we can provide,
4. Engage with you and seek your proactive involvement in enabling national programmes as they develop in 2025-26, and
5. Work collaboratively with you to identify any further measures to reduce the Board's residual recurring financial gap.

We will also work with you and colleagues in the Directorate of the Chief Operating Officer in relation to the 2025-28 Delivery Plan. Should there be any material changes to your finance plan as a result of feedback on the Delivery Plan we will review this with you.

Senior Finance Team engagement
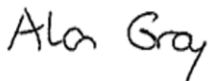
I would also seek the continued representation of members of the Board's senior finance team at key forums such as: Directors of Finance meetings, Corporate Finance Group, Financial Improvement Network, Technical Accounting Group and Financial Accounting Network. This input is important to ensure we have a collective understanding of any emerging pressures, can continually review the assumptions underpinning the finance plans and access relevant knowledge and expertise. In addition, we expect NHS Boards to continue to use these groups to share learning, savings schemes, and opportunities for improvements.

Financial Allocations

We recognise the importance of providing certainty over funding and allowing NHS Boards to focus on delivering key outcomes. The Scottish Government's Health and Social Care Directorates are currently reviewing all allocations to identify which can be baselined, bundled, or issued early in 2025-26. We are also working to rationalise in-year allocations and will provide an update in due course.

I appreciate the significant work you have undertaken to set out a breakeven plan in 2025-26. Additionally, I want to thank you again for your ongoing support and continued engagement moving into the new financial year.

Yours sincerely,

Alan Gray

Alan Gray
Director of Health and Social Care Finance

Health and Social Care Finance
Alan Gray, Director

E: alan.gray2@gov.scot
09/05/2025

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Carol Potter
Chief Executive
NHS Fife

Cc:
Chair NHS Fife
Susan Dunsmuir, Director of Finance &
Performance

Dear Carol

NHS Fife – Quarter Four Review and 2025-26 Update

Following the recent Quarter Four review meeting held on 30 April 2025, I have set out below a summary of our assessment of the finance position for NHS Fife for 2024-25 and an overview of the 2025-26 plan.

2024-25 year end position

The Board are reporting an overspend of £20.5 million at year end. I note the improvement in the out-turn for non delegated services and would wish to place on record my thanks to you and your teams for the hard work and commitment throughout the year.

I also understand the Board's Quarter 4 financial return shows that £26.6 million of recurring and non-recurring savings have been delivered exceeding the financial planning forecast of £25 million of savings. While £18 million falls short of the 3% recurring savings target for 2024-25, it represents an increase on prior years' savings and is an positive outcome alongside managing the operational challenges that have presented in the last 12 months.

2025-26 position

Your financial plan for 2025-26, after taking account of non-recurring sustainability funding, commits NHS Fife to delivering a deficit of £9.2 million and was approved by Scottish Government on 31 March 2025. This out-turn is within a 1% tolerance of your revenue funding however it remains the statutory responsibility of Accountable Officers to achieving a breakeven position.

We will continue to work with you towards improving the outturn in line with your submitted plan and delivering the ambitious savings forecast that has been set, including the aim to deliver 3% recurring savings in 2025-26.

St Andrew's House, Regent Road, Edinburgh EH1 3DG
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Alongside colleagues in the Chief Operating Officer Directorate, we will work closely with you on the recent notification of planned care funding. As this funding will only be allocated on delivery against the agreed outcomes and milestones, we will ensure tracking progress of delivery and associated funding assumptions feature through the regular meetings. Further work will be required across the system in line with the upcoming Service Renewal Framework and how we support the priorities of shifting the balance of care and supporting prevention and digital enablement, to move to a more financially sustainable system.

Next Steps

I hope the above summarises the year end position and how we propose to continue to work with you and the Board in 2025-26. Key areas of focus for this financial year will include:

- Reporting on delivery against the agreed financial plan and assessment of savings against the updated 15 Box Grid for 2025-26.
- Assigning financial targets to your Re-Form Transform Perform programme.
- Monitoring of the impact of the IJB financial position on NHS Fife's financial performance and the progression of the actions required to support financial sustainability across Fife's Health and Social Care Services.
- Monitoring of delivery of key outcomes against the planning care funding provided.
- Preparing locally, and engaging nationally, for the further 60 minute reduction for Agenda for Change staff for 2026-27.

I would also like to note my appreciation for the wider support your senior finance team provides at Corporate Finance Network, Financial Liaison Group, Financial Improvement Network and National Directors of Finance and am confident that this support will continue to be provided to my successor.

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

Yours sincerely,

Alan Gray

Alan Gray
Director of Health and Social Care Finance

NHS Fife

Meeting:	**Fife NHS Board**
Meeting Date:	**27 May 2025**
Title:	**Workforce Plan for 2025/2026**
Responsible Executive:	**David Miller, Director of Workforce**
Report Author:	**Brian McKenna, Workforce Planning Lead / Rhona Waugh, Head of Workforce Planning & Staff Wellbeing**

Executive Summary

- Revised Workforce Planning guidance was received in December 2024, which superseded the previous "Three Year Workforce Plans" and streamlined the key information to be included and analysis to be undertaken by Boards and HSCPs.

- The attached draft template has been completed to satisfy the requirement for Boards to submit Workforce Planning information for 2025. It sets out the main aspects of our workforce challenges, taking account of the current financial climate and aligned to our financial plan and the Annual Delivery Plan (ADP). NHS Board members are asked to approve the detail contained within the draft submission.

- The draft NHS Fife Workforce Plan template has been completed taking account of feedback from all services within the Board and in conjunction with HSCP colleagues.

1. Purpose

This report is presented for:
- Assurance

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

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

2. Report Summary

2.1 Situation

As previously reported, revised Workforce Planning Guidance was published on 17 December 2024, requiring NHS Boards and HSCPs to return to Scottish Government (SG) by 17 March 2025. The draft template report has been submitted to SG, subject to approval by the Staff Governance Committee and Fife NHS Board. The completed draft

template for NHS Fife is attached at **Appendix 1** of this report. The HSCP template is also attached at **Appendix 2,** for information.

2.2   Background

Following the previous requirement for Boards to produce three year workforce plans, the revised guidance (DL(2024)33) was designed to minimise the additional burden on NHS Boards and HSCPs at a time of significant change and as we progress with our respective Transform, Perform and Reform agenda. It should be noted that the current SG guidance outlines a caveat that advises NHS Boards and HSCPs to continue to plan for their workforces using a methodology, timeframe and structure that best meets their organisational needs. There is no requirement to publish the final template for 2025/2026.

2.3   Assessment

The pre-determined template detailed a series of questions NHS Boards and HSCPs are required to respond to. The content of the NHS Fife draft is significantly influenced by the Reform, Transform & Perform programme and related work-streams, alongside details collated and analysed from service returns, which takes account of service based workforce planning priorities focused on the next twelve months.   It also acknowledges that the shape and composition of our workforce will need to evolve to ensure the continued delivery of high-quality, affordable health and care services.

There is a recognition that it is inevitable that the shape of our workforce may need to evolve to deliver affordable health and care services. This evolution may result in a more streamlined workforce, optimised to meet the needs of our population while maintaining the highest standards of care. Efforts to improve the sustainability of our workforce and maximise efficiencies within our corporate functions are therefore key to the delivery of the plan in 2025/2026 and thereafter.

This report provides the following Level of Assurance:

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

2.3.1   Quality, Patient and Value-Based Health & Care

The intent of the Workforce Plan is to highlight the factors which will shape the future staffing required to enable safe, high-quality care to the population of Fife in an affordable and sustainable manner. There will be synergies between mapping future staffing requirements for the Workforce Plan, with the Common Staffing Method reviews embedded within the Health and Care (Staffing) (Scotland) Act 2019, and the objectives of the Re-form, Transform and Perform (RTP) agenda.

2.3.2 Workforce

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

This Workforce Plan will detail the various methods NHS Fife will adopt to introduce revised workforce models, outlines some of the steps to be taken for transforming the delivery of health and care services, and highlights the workforce skills required to support any future models of care.

2.3.3 Financial

The draft Workforce Plan has been triangulated with Financial Planning and Service Planning colleagues to ensure the details and staffing models are both affordable and sustainable.

2.3.4 Risk Assessment / Management

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

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

Consideration will be given as to whether an impact assessment is required for the Workforce Plan in its entirety, or whether individual impact assessments should be undertaken whilst progressing the various outputs.

2.3.6 Climate Emergency & Sustainability Impact

No known impact at this time.

2.3.7 Communication, Involvement, Engagement and Consultation

The draft Workforce Plan for 2025/2026 has been developed taking account of feedback from a range of key stakeholders.

2.3.8 Route to the Meeting

This paper has been discussed with the Employee Director, Planning & Performance and Finance Team colleagues, the Director of Workforce, Workforce Senior Leadership Team, Executive Leadership Team, Staff Governance Committee and Area Partnership Forum whose comments and feedback have informed the content.

2.4 Recommendation

This paper is provided to NHS Fife Board members for:

- **Assurance** – This report provides a **Moderate** Level of Assurance and confirmation that the Workforce Plan submission for 2025/2026 has been developed in accordance with the revised guidance.

- **Approval** – To proceed with submission of the finalised template to the Scottish Government by the end of May 2025.

3. List of Appendices

The following appendices are included with this report:

- Appendix 1: Draft NHS Fife Workforce Plan for 2025/2026
- Appendix 2: HSCP Workforce Plan for 2025/2026

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Workforce Plan 2025/2026 Annex A

March 2025

In answering the questions below, respondents should set out as far as possible how they plan to achieve what is being asked, when they plan to achieve it and what are the expected results of the action(s) taken.

1. What would you like to feedback to the Scottish Government with regards to the workforce you plan for?

This could be sharing best practice or areas of concern that you have.

NHS Fife's Workforce Plan over the next year and beyond will be aligned to, and will complement, the Annual Delivery Plan 2025/2026 and our Medium Term Financial Plan 2025-2028. The triangulation of these documents focuses on the significant financial challenge as set out in the letter from the Scottish Government, Director of Health & Social Care Finance on 28 November 2024 and the forthcoming Improvement Plan about improving public services and NHS renewal announced by the First Minister on 27 January 2025.

Workforce Planning considerations continue to be closely aligned to and inform our overarching Transformation Portfolio. Our aim is to achieve longer term balance and sustainability in our health and care system, ultimately leading to improvements in patient care and system efficiency, whilst recognising that the scale of the financial challenge will require a more streamlined workforce, optimised to meet the needs of our population whilst maintaining the highest standards of care.

Workforce Planning assumptions sit within our wider planning assumptions, incorporating the following key priorities and strategies:

1. **Strategic Context**: The plan aligns with the First Minister's vision for Scotland, focusing on "Equality, Opportunity, Community: New Leadership - A fresh start" and aims to achieve specific outcomes by 2026.

2. **Efficiency and Productivity through Transformation**: We will continue to make improvements through our RTP transformation work and Transformation Portfolio.

3. **Access to Care**: Priority will be given to reducing elective care waiting times, emergency access waiting times and enhancing access to general practice.

4. **Innovation and Reform**: Continued focus on innovation, reform, and investment in technology, data, and new capacity to improve services.

5. **Workforce**: Improve the sustainability of workforce as part of the on-going transformation portfolio, including the externally commissioned whole system bed model review, to support staff to deliver quality health and care in appropriate settings.

Medium Term Financial Plan 2025-2028

NHS Fife has made good progress in reducing aspects of our costs during 2024/2025, but significant residual pressure remains in the system. We continue to respond to that through active management in all areas to make further reductions as part of our sustainability and value work in 2025/2026. Taking account of the financial planning assumptions and assessment of financial commitments anticipated in 2025/2026, the indicative financial gap before any mitigating actions is £53m. To mitigate the deficit, we have identified savings of

£28m and early indication would suggest £15m is potentially deliverable on a recurring basis, with the balance on a non-recurring basis. The remaining gap of £25m remains outwith the expectations of Scottish Government, although a non-recurring funding increase of £17m decreases the short-term financial gap to £8m. The Transformation Portfolio will be focused on identifying mitigating actions to meet the anticipated financial gap, as NHS Fife looks to break even in 2025/2026 and return to financial balance.

The medium-term financial plan sets out a number of areas where work is underway to redesign services, rationalise our estate and transform the way we conduct our business.

Re-form, Transform and Perform Framework

The evolving healthcare landscape and increasing financial pressures has necessitated a structured and long-term approach to transformation. Our Re-form, Transform, Perform programme was established in March 2024 and laid the groundwork for strategic transformation within Fife's healthcare system. The initial 13 schemes have successfully been implemented, driving forward key improvements and efficiencies. NHS Fife has now established a strategic Transformation Portfolio with a co-ordinated collection of initiatives, programmes and projects which align with our Population Health and Wellbeing Strategy and long-term corporate objectives.

The Transformation Portfolio will ensure continued balance between quality and safety of care, strategic delivery, staff experience, and financial improvement, value and sustainability.

Through **People and Change**, NHS Fife will drive workforce transformation to ensure long-term sustainability while maintaining high-quality care. Priorities for 2025/2026 include quantifying the WTE impact of our streamlined workforce against the competing challenges of the reduced working week and Protected Learning Time and implementing a strategic shift from vacancy management to a "request to recruit" approach, leveraging natural workforce turnover for system redesign. Key actions will focus on continuing to reduce supplementary staffing, managing vacancies more effectively and implementing a structured approach to workforce transitions, particularly in response to national financial and workforce planning assumptions.

Changes to **Infrastructure** will continue to optimise NHS Fife's estate and ensure its alignment with future service needs. 2025/2026 will see the completion of a whole-system bed modelling exercise, supporting site consolidation and long-term estate planning. The Business Continuity and Essential Infrastructure Investment Plan will further enable strategic reductions in in-patient sites, while ensuring facilities are fit for purpose. These actions will contribute to a more sustainable and integrated service model.

Across our **Service Redesign**, NHS Fife will implement whole-system improvements to enhance quality, efficiency, and patient outcomes. Key areas of focus include expanding Same-Day Emergency Care, reviewing Surgical and Minor Injuries pathways, and advancing Frailty Assessment services. Additionally, the review of Haematology and Oncology services will address workforce and cost pressures, while continued integration with the Integration Joint Board (IJB) will drive further efficiencies in health and social care.

Our **Business Transformation** agenda will modernise NHS Fife's administrative functions, streamlining processes through digital enablement, centralisation, and structural redesign. With a significant proportion of the workforce aged 55 or over (circa 34%) and an annual turnover of 10%, there is a clear opportunity to reshape roles and enhance efficiencies, while

maintaining service quality. The focus will be on leveraging technology, optimising resources, and delivering long-term financial sustainability while ensuring a future-ready workforce.

Population Based Planning

Collaborative Planning and Regional Delivery in NHS Scotland East

The three NHS Boards in the East of Scotland: NHS Fife, NHS Lothian and NHS Borders, are committed to a collaborative, population-based approach to regional planning and service delivery. Our collective aim is to maintain and enhance quality, efficiency and sustainability across the region, while ensuring equitable access to high-quality care. This partnership will drive transformational change, aligning with the Scottish Government's renewed approach to regional and national service planning, ensuring a cohesive strategy that supports system-wide resilience rather than creating individual Board pressures.

Recognising the dual responsibilities of each NHS Board to maintain financial balance and deliver the highest quality care to those in greatest need, we will establish a joint planning process for 2025/2026 and beyond. This will identify and assess opportunities where regional service models could improve outcomes, optimise resources and enhance long-term sustainability. This approach will integrate with national approaches to non-sustainable services, ensuring alignment with emerging single national service plans, where appropriate. Through our NHS Scotland East Core Group, we will provide strategic leadership, developing business cases for service transformation in areas of mutual benefit across the region.

Positioning the National Treatment Centre – Fife Orthopaedics as a Centre of Excellence

The National Treatment Centre (NTC) – Fife Orthopaedics, as part of the national network of NTCs, presents a significant opportunity to improve orthopaedic access and outcomes across the East of Scotland. With its state-of-the-art facilities and dedicated orthopaedic expertise, the NTC is uniquely positioned to become a national centre of excellence, reducing waiting times and increasing surgical capacity for hip, knee, and other musculoskeletal procedures. By leveraging its high-volume, high-efficiency model, the centre can play a pivotal role in regional and national service planning, offering a sustainable solution to the growing demand for elective orthopaedic care. A co-ordinated approach across Scotland will ensure that the full potential of this investment is realised, providing equitable access to advanced Orthopaedic treatments, while reducing the reliance on short-term external capacity solutions.

Maximising Cataract Surgical Capacity at Queen Margaret Hospital

Alongside developments in Orthopaedics, NHS Scotland has an opportunity to significantly enhance ophthalmology capacity through the expansion of cataract services at Queen Margaret Hospital, Dunfermline. With a well-established theatre infrastructure and an experienced Ophthalmology team, Queen Margaret Hospital has the potential to become a regional hub for Cataract Surgery, increasing access for patients regionally and nationally.

Additional investment in theatre sessions and workforce expansion could more than double surgical output, drastically reducing waiting times while improving patient experience. This approach aligns with the regional planning ethos, ensuring that all Boards benefit from increased elective capacity, particularly in specialties where demand is high and service fragility is a recognised challenge.

2. Hard to Fill Posts

Please use the table below to outline posts that have been, or continue to be, difficult to permanently recruit to. Please also provide detail on what action you have taken to attract staff to this post. The roles detailed should be as specific as possible, breaking it down by sub-job family where appropriate.

Hard to fill role	Is the difficulty in filling this location specific? (i.e. is it specific to the local area your plan covers or difficult because it is located in a rural setting?)	How long has this issue persisted?	How many roles within this job family are affected (WTE)?	What service is at risk as a result of this (if applicable)?	What have you done and what are you doing to address this issue?
Medical and Dental Consultant level roles in specialism including:					
Clinical Laboratory Specialties	Potentially	3 years +	6 WTE	Microbiology Pathology Radiology Haematology	Various in-sourcing / outsourcing options, regional working and on-going recruitment efforts.
Medical Specialties	Potentially	3 years +	8 WTE	Various	
Psychiatric Specialties	No	3 years +	Circa 15 WTE	Mental Health	
Nursing and Midwifery Registered roles in the following specialisms:					
Adult Nursing	No	3 years +	Circa 50 WTE	Adult Nursing	On-going recruitment efforts, as outlined throughout return.
Mental Health	No	3 years +	Circa 30 WTE	Mental Health	
Learning Disabilities	No	3 years +	Circa 15 WTE	Learning Disabilities	
In addition to the roles outlined above, there are a number of positions across NHS Fife where services have experienced challenges in recruitment. This can be due to the number of registrants choosing to move into private practice (e.g. Physiotherapy & Podiatry) or instances where posts require additional experience or special interests (e.g. Neonatal & Paediatrics, Infection Prevention & Control and AHPs specialising in Mental Health / Learning Disabilities). Although the overall WTE involved in these vacancies is small, they will have a disproportionate impact in NHS Fife due to the relative size of the services and workforce involved.					

3. Please outline how you are managing vacancies and your plans on how to fill them?

In the context of reducing supplementary staffing spend, for example high-cost agency usage, please advise how you plan to reduce the number of vacancies you have and ensure that you maintain adequate staffing levels to meet service demand?

> **Within the context of our financial challenges, and the implications this has on NHS Fife's need to transition towards a more streamlined workforce, enhanced controls have been applied to our vacancy authorisation process, consistent with a 'request to recruit' approach described above.**
>
> Key Executive Director Leads participate in control panels reviewing the case supporting recruitment to all posts, consider alternatives to recruitment and ensure any positions advertised are aligned to the stated NHS Fife priorities or are required to maintain clinical activity at adequate staffing levels, meeting service need.
>
> In tandem with this, a dual approach has been taken to target escalating supplementary staffing expenditure. NHS Fife has successfully supported the delivery of the Scottish Government Supplementary Staffing Task and Finish Group recommendations; ensuring current agency usage is by exception only. In addition, a Direct Engagement Model was introduced as part of the Transformation Portfolio in August 2024. The cumulative impact of these measures has been a reduction in supplementary spend, noting activity remains outstanding within certain Health Board delegated services, specifically Psychiatry and Mental Health Nursing, due to national recruitment challenges across these specialisms.
>
> Supporting recruitment to those positions required to ensure adequate staffing levels, and the cyclical nature of 'Newly Qualified' graduate recruitment, NHS Fife has started to progress plans for the 2025 intake. This includes attendance at recruitment fairs with, for example, Abertay, Napier and Stirling Universities to highlight NHS Fife as an employer of choice; scheduling the recruitment and interview arrangements for all applicants from March 2025, and where relevant, co-ordinating job offers with final academic placements. The latter has proved popular with students consolidating their learning experience.
>
> Despite these efforts, there remains concern that the supply of registrants in the labour market will fall short of requirements to maintain our current service delivery model, a position which will be compounded by the next phase of the Reduction in Working Week scheduled for April 2026. This concern and given the need to transition to a more streamlined workforce in response to our financial challenges, will result in a number of programmes progressing during 2025/2026 and beyond, overseen by the Transformation Portfolio. These programmes include:
>
> - The outcome of a commissioned review of In-patient and Care Home beds across the Fife Health and Care System will be received in Quarter 1 of 2025/2026. It is envisaged that proposals will focus on maximising opportunities to reduce both current and future pressure on Fife's in-patient bed footprint and ultimately transfer a greater proportion of Fife's capacity away from in-patient beds and into community settings. The findings of this review will be progressed within the current Transformation Portfolio, with Fife's workforce plan being embedded to respond to the impact this transformation will have on workforce resources, competencies and deployment.

- Responding to the benefits realised from the redesign of Older Adult Community Mental Health provision, which has supported people to remain at home or within community settings for longer, there was an evidenced based reduction on the overall in-patient footprint within Mental Health Services. The reduction in in-patient beds resulted in efficiencies linked to minimising supplementary medical and nursing staffing spend, in addition to mitigating escalating estate management costs. This redesign will continue across In-patient Services during 2025/2026, with a similar review to be undertaken of Rehabilitation Services, as Mental Health and Learning Disability Services look to transition a greater proportion of care services from in-patient to community settings.

- A review of our administrative functions as part of the Business Transformation process will aim to streamline processes and resources through digital enablement, centralisation and restructuring. Initial activity has focused on identifying enablers to facilitate change across corporate functions such as programme management; health records and secretarial roles. The core planning assumption is that efficiencies of 5% can be delivered in 2025/2026 within in-scope services.

4. Please provide detail on the sickness absence rate of the workforce.

What is the sickness absence rate of the workforce you plan for currently? Are you taking any steps to reduce this or are you taking steps to sustain this rate? Please detail how you are doing this. Are there any specific areas of concern for you with regard to sickness absence? This could be a reason or a service at risk as a result of absence.

Workforce information in NHS Fife is extracted from a variety of sources, including national ISD dashboards, regional solutions supported on Tableau, to bespoke local dashboards supported on MicroStrategy and Power BI. Sickness Absence details are sourced from the Regional Workforce Information System, a solution brought in across the territorial boards in the East of Scotland to report on standardised workforce matrix indicators.

The Regional Dashboard indicates that our sickness absence level was 6.84% in February 2025. In response, NHS Fife will:

- Work in partnership to review the implementation of the Once for Scotland Policy, ensuing a more robust application of the Absence Policy.

- Revise attendance management training, updating the materials to take account of Once for Scotland policy changes and the NHS Fife's Leadership Framework.

- Deliver revised attendance management training across the system to those managing staff, promoting the skills, leadership styles and management behaviours which support cultural change and embed principles of managing attendance.

- Continue to identify areas of good practice to develop shared learning, and target high priority absence areas, undertaking deep dives with a solutions based focus and referencing the shared learning.

The Attendance Management Oversight Group has also started to review sickness absence data against the Scottish Index of Multiple Deprivation (2020) in an attempt to extract any learning and determine how organisational resources could be targeted more appropriately. Initial observations from this work indicates a correlation between absence rates and deprivation scores, with a noticeable trend across certain SSTS absence descriptions where absence rates increase as the Multiple Deprivation score deteriorates.

In addition, what are the main reasons for long-term sickness absence in the workforce you plan for and is this driven by a particular job family?

Measured as days or hours lost, the main reason for long-term sickness absence against the SSTS categories is identified as "Anxiety / Stress / Depression / Other Psychiatric Illness". This is consistent across all job families represented, although "Other Musculoskeletal problems" features more prevalently within the absence statistics for Support Services and the non-registered Nursing & Midwifery Job Families.

As referenced above, although mental health related absence is the largest cause of long-term absence across all job families, there does appear to be some correlation between this category of absence and the Scottish Index of Multiple Deprivation Score for where staff members live. The Attendance Management Oversight Group is reviewing this information to determine if organisational resources can be directed more effectively to target this absence category.

Finally, please provide detail on how you support staff wellbeing as a preventative measure to sickness absence.

NHS Fife continues to build on its wide range of health and wellbeing support, with the multi-disciplinary approach aimed at building resilience and enhancing wellbeing across mental, emotional, spiritual and physical health needs.

Our comprehensive Occupational Health Service, which also incorporates Counselling, Occupational Therapy, Physiotherapy and Occupational Health Mental Health nursing input, has been supplemented by the following core services:

- Spiritual Care
- Peer Support
- Staff Psychological Therapies Service
- Wellbeing Workshops and Events

A recent review of the Occupational Health Service provision within the North East of Fife has resulted in an increase in the provision of Physiotherapy services and additional support targeting Musculoskeletal related conditions, in response to the reasons for long-term sickness absence described above.

Additional support introduced as a preventative measure to sickness absence, and introduced through the staff wellbeing forum, include:

- Targeted support in respect of Bereavement, including new on line resources and a support group.
- The introduction of self help resources for staff and managers around Menopause and on-site staff support sessions.
- Active sign posting relating to financial wellbeing.
- The introduction of resources supporting Life Style Medicine.

5. What are you doing in terms of role diversification and role reform to meet supply challenges?

Given the challenges facing the workforce with regard to hard to fill roles (this may be in terms of labour / skills gap or skills shortage), it may not be possible to recruit for every role and therefore the gap might need to be filled by another means. Are there any local initiatives you are taking with regard to role diversification to address gaps or shortages? In addition, could you provide feedback on any national initiatives of role diversification where this is applicable?

This might include development and implementation of Earn While You Learn programmes to develop skills within the existing workforce.

Fife is located between Edinburgh and Dundee, and the attractiveness of these cities in respect of the social and academic opportunities means that NHS Fife can be at a disadvantage when attracting candidates for certain positions, particularly those requiring initial graduate or post graduate qualifications. Consequently, there are a number of initiatives, built around career pathways, which target local candidates to provide them with a means to join or workforce and continue to develop in order to meet the requirements for our future requirements. These include:

- In partnership with the University of St Andrews, an annual programme has been introduced targeting school aged students to provide them with an understanding of a role within medicine, before offering the opportunity to progress onto structured Summer Programmes and finally into the Gateway to Medicine initiative in the equivalent of their S6 year.

- In collaboration with Fife College, and supported by National Education Scotland, opportunities are offered to school leavers (14–16 year old) as part of our EMERGE programme. This programme targets candidates from local areas of deprivation, with an interest in a career in health, to obtain practical expose to healthcare roles whilst achieving an academic or vocational qualification in a health and care related subject.

- In conjunction with the Fife Health and Social Care Partnership, Fife Social Work and Social Care partners, attendance at Health and Social Care Careers Events aimed at S2 and S3 school pupils to aid subject selection; and an event aimed at S4 to S6 pupils leaving school and choosing careers.

Locally, a range of initiatives and programmes aimed at supporting the development of a talented workforce capable of meeting existing and future demands include:

- The Health Care Support Worker Framework has been embedded into practice by the Practice and Professional Development function. This framework builds on the widening access programmes, in partnership with local Fife Colleges and the Open University, to provide a pathway for support workers or former registrants to further their development, whilst in employment, and achieve recognised and approved qualifications. This Framework will support Health Care Support workers to progress into Assistant Practitioner roles, or alternatively to become registered with the appropriate registration body.

- 'Earn and Learn' opportunities were introduced within the Podiatry Service, in partnership with Glasgow Caledonia University, allowing trainees to undertake undergraduate studies whilst in employment. The success of this scheme has attracted further interest across a range of Job Families, including within the Mental Health Services.

- Targeted Modern Apprenticeship recruitment is being progressed at part of the vacancy authorisation process to identify suitable positions with established career pathways which would allow for on-going training and development opportunities. This builds on the success of such schemes in recent years in Pharmacy Services, Healthcare Science and other areas.

Similarly, there are a number of initiatives and programmes focusing on graduate and post graduate level studies or equivalent. These focus on expanding the scope of practice for many professions, either in response to supply challenges or the difficulties to recruit to positions in supporting job families. These initiatives include:

- Continued investment within the Advanced Practice workforce within Nursing and Midwifery and Allied Health Professions. This can involve the application of Annex 21 of the Agenda for Change Terms and Conditions of Service and involve employees undertaking structured postgraduate level development programmes to safely deliver the expanded scope of practice.

- Introduction of extended roles in areas such as Healthcare Science in response to labour market challenges, and specifically challenges recruiting to Consultant positions within certain Laboratory Medicine specialisms.

- Graduate apprenticeships are undertaken by a number of staff within NHS Fife during employment, support the staff member's career aspirations and continuous professional development. This is offered as requested and as funding permits, with one possible funding stream being the Consort / NHS Fife Employee Development Fund which offers funding for learning opportunities not otherwise available.

- Support of the Gateway Programme, offering the opportunity for International Medical graduates of all grades and experience levels, who wish to gain clinical experience within the NHS.

6. How are you using technology / IT to improve performance?

How are you using technology to improve performance within the services that you plan for? What examples of innovation are you exploring for implementation to help reduce pressures on workforce and improve outcomes?

NHS Fife is currently rolling out the Allocate Optima (eRostering) and SafeCare solutions, with the intention of these solutions being operational across the majority of rosters by March 2026. This is in accordance with the national policy, with the stated benefits of these solutions including an enhanced roster experience, real-time staffing decisions that improve patient care and financial savings derived from improved management of the supplementary workforce. SafeCare will also enhance our ability to report on NHS Fife's compliance with the Health and Care (Staffing) (Scotland) Act 2019. Current considerations include how the output of these solutions can be embedded in current OPEL processes ensuring that clinical areas are Safe to Start.

Other examples of our use of technology within the Workforce Directorate aimed at improving performance include the increased use of dashboards supported on Tableau, MicroStrategy and Power BI. The East Region Workforce Dashboard provides certain standardisation in a range of workforce matrix reporting between NHS Borders, NHS Fife and NHS Lothian. Additional bespoke dashboards established locally include reports on Employee Appraisal update, Supplementary Staffing overview, and Nursing & Midwifery NP510 Framework compliance focused on future bookings.

More generally, there are a number of technology / IT initiatives being rolled-out across NHS Fife with the expectations that they return dividends in respect to workforce efficiencies. These include:

- Continued promotion of the "Near Me" functionality, particularly in rural settings, to enable patients to attend pre-arranged appointments using a video call, rather than attending in person.

- To facilitate the increase in self-referrals across a range of disciplines, particularly where the first step in treatment is focused on self-management (e.g. Allied Health Professions), or where there is an increasing range of digital interventions (e.g. Psychological Therapies, Occupational Therapy).

- The implementation of the Laboratory Information Management System (LIMS) used to result and report all primary, secondary and tertiary laboratory tests received by Laboratory Medicine. Along with other national systems, the 10 year partnership with the system supplier has aspirations to enhance productivity, in this case enhancing diagnostic capabilities through collaboration, standardisation and improved systems.

- Consideration of e-Trauma or similar digital solutions to support the management of trauma lists by replacing legacy based patient management tools such as whiteboards, notebooks and paper lists within digital pathways.

- The Digital and Information function, including Health Records, is working to deliver digitalised Electronic Health Records which are available in all community and mental health areas by mid-2025.

- Using solutions such as Trakcare to enhanced analysis and reporting of Health Board activity to support the identification of demand / capacity points, ensuring services are appropriately mobilised in response.

The Digital and Information function continues to work cohesively with services to review and progress new projects which support operational delivery, such as the Welch Allyn initiative which focuses on capturing electronic observations to release nursing time to care or the electronic surveillance system being progressed by Infection Prevention and Control.

7. What is being done to retain current workforce and attract staff into the workforce you plan for?

This could be, but is not limited to, opportunities for career progression, training, or support offered to staff.

Initiatives aimed at improving recruitment and retention of staff to the workforce NHS Fife are planning for are referenced throughout this submission. These include working with local Schools and Universities to promote health and care as a favourable career choice, to the roll-out of employability initiatives which underline our Anchor commitments, through to enhancing the career pathways to provide staff with options to progress their careers within NHS Fife.

In addition to this, other initiatives being introduced aimed at promoting staff retention, and making NHS Fife an employer of choice, include:

- We will publish a Leadership Framework in April 2025, "Our Leadership Way" which illustrates the shared leadership philosophy we believe matters in bringing forwards excellent quality care, transformation, and sustainability. This framework requires leaders at every level to recognise and reflect on their own leadership practices and has been co-created by colleagues from across the diverse spectrum of health and care system in Fife. It builds on the commitment to prioritise our people and workplace cultures, setting in motion and serving us in our efforts to being recognised as an "employer of choice".

- Enhancing the visibility of leaders, promoting regular drop-in sessions for staff which ensure managers are accessible and engaged, whilst promoting staff wellbeing and high-quality person-centred care.

- Role reform, and where possible, introducing diversification within roles through the roll-out of Protected Learning Time or other related conditions of service, allowing staff to focus on career development and personal growth. In certain instances, this has included promoting special interests, or input to Research and Development, and where relevant, facilitated through the Employee Development Fund.

- The NHS Fife annual Staff Awards recognise the hard work and dedication of staff from all job disciplines across Fife. With applications welcomed across ten categories, recognising individual and team contributions, the awards showcase the countless examples of healthcare staff in Fife going above and beyond to ensure we offer the best and most effective care for patients.

Please advise of any local initiatives you are taking to attract staff such as working with partners to establish supply routes.

As referenced in Section 5, there are a number of programmes being introduced and / or progressed in 2025/2026, in collaboration with local academic partners, which aim to make it easier for candidates in the local labour market to access a role within health and care. This includes programmes with partners from St Andrews University and Fife College, both of which offer candidates exposure to various healthcare roles and functions.

The EMERGE programme, for example, targets school leavers from deprived areas within Levenmouth, Glenrothes and Dunfermline. Participants will undertake a 12-month qualification through Fife College, which alongside the educational components, will involve a placement within NHS Fife and related site visits, with the aim to support personal and professional growth and prepare them with real-world work experience. There are pathways from this entry level programme into the Health Care Support Worker Framework, for example.

Similarly, the on-going partnership with St Andrews University has seen the development of Summer Programmes and Gateway to Medicine within Fife, viewed as a stepping stone for School aged candidates to develop an interest in medicine, prior to progressing into Academic Study and benefiting from the structures arrangements that have been established for ScotGEM and ScotCOM courses to be run in conjunction with St Andrews and NHS Fife.

In addition to this, between 2022 and 2024, NHS Fife operated a successful programme of International Recruitment for the Nursing and Midwifery and Allied Health Professions Job Families. This programme, funded by national monies, resulted in the recruitment of nearly 100 internationally educated Nurses and AHPs. Our exemplar status on this was recognised by the award of the NHS Scotland Pastoral Care Quality Award in April 2024. The removal of this funding has had a detrimental impact on the supply routes we were fostering.

In respect to our commitment to Employability and or Anchor responsibilities, we are a member of the Care Academy within Fife, along with the Fife Health & Social Care Partnership, Fife College and representatives from the independent and voluntary care sectors. The aim of the Academy is to work together to promote and support recruitment, retention and retraining of staff within the Health and Care Sector. Some of the initiatives progressed as part of the Care Academy include:

- Life Chances which provides a 13-week placement for young people where they will get experience within a specific field and be provided with support from a mentor. The young people will be employed by Fife Council during the placement and NHS Fife and the Fife Health and Social Care Partnership providing them with a permanent post at the end of their placement.

- Foundation Apprenticeships helping young people gain valuable, real work experience as well as access to vocational training whilst they are still at school. S5 and S6 pupils can take a Foundation Apprenticeship as one of their senior subject choices. Whilst undertaking this subject choice, pupils are offered a placement within the workplace. Currently Foundation Apprenticeships are only offered within Allied Health Professions careers. The aim is to broaden it to other NHS professions from 2025 and beyond.

- Modern Apprenticeships and Technical Apprenticeships are being utilised within Nursing and Midwifery, Pharmacy and Laboratories within NHS Fife as a means to up-skill existing staff.

- NHS Fife is part of the national Armed Forces Talent Programme. We work with representatives of the programme and local Armed Forces Ambassadors employed within NHS Fife. The programme aims to support veterans, together with their partners and dependents in applying for NHS jobs.

- Participation in the King's Trust, aimed at young people aged 16-30 who are looking to understand the wide range of careers available within NHS Fife & Fife Health and Social Care Partnership and want the opportunity to explore those careers. Throughout the course, each week participants receive two days of employability training from the King's Trust and three days of work experience.

- In collaboration with the Department of Work and Pensions and other community groups, e.g. BAME Community Group, continued support for job seekers of all ages specifically interested in a career in Healthcare. We also provide advice and guidance around job applications and interview skills via targeted training events and webinars.

- NHS Fife have partnered with Motivation, Commitment and Resilience Pathways, a high school mentoring and talent development programme which supports over 3,000 care experienced and other vulnerable young people experiencing disadvantage across Scotland to realise their full potential through education. Currently in 4 High Schools across Fife, MCR Pathways are seeking mentors to work with young people from 3rd year upwards for one hour per week on a weekly basis for one academic year.

In addition, please give analysis of turnover in your services, with a turnover rate and the actions you are taking to understand the reasons that staff are leaving the workforce as well as the reasons for leaving where available.

The latest turnover rate published on TURAS Data Intelligence for NHS Fife was 8.6% (headcount) / 8.0% (whole time equivalent) for the 2023/2024 financial year. The expectation is that the rate for the 2024/2025 financial year will remain below 10%. NHS Fife continues to track consistently within Boards within the East Region, although slightly higher than Boards in the North and West Regions. Based on the comparative data available, it appears that this difference is not solely limited to age demographics.

The reasons for turnover can be categorised as Retirement (circa 30%), Voluntary Resignation (circa 25%) and New Employment within NHS Scotland (circa 17%).

To obtain an improved understanding of the reasons why employees are leaving employment, including the internal movement of staff within the NHS Fife system, renewed emphasis has been placed on capturing and analysing exit interview details. A pilot is being finalised which will see a structured and proactive approach to exit interviews, ensuring departing employees are encouraged to participate. The feedback of these interviews will be analysed to obtain organisational learning via the Workforce Wellbeing Group.

8. Are there any location specific challenges that are affecting the sustainability of the workforce you plan for?

This could be, but is not limited to, challenges due to the unique nature of your population demographic, infrastructure issues, transport issues etc. Could you also detail any issues here that may be specific to your local area? For example, perhaps there is a specialist service offered in your area that is challenging to deliver or sustain?

As set out within Section 5, Fife is located between Edinburgh and Dundee. Not only is Fife bordered by two larger cities, but as a District General Hospital, we are also bordered by two 'Teaching Hospitals'. This can result in challenges with retention of medical staff, and in particular consultant level staff, who wish to be more involved in the teaching and research opportunities which are more readily available within teaching hospitals. This challenge is reported across all specialisms.

In addition, although Fife would not be classified as remote, there are multifaceted challenges encountered within the North East of Fife relating to staffing. This includes factors such as the physical geography of the area requiring travel between sites in situations where technology / IT does not offer solutions to the price of housing, meaning it is difficult for staff to work in close proximity to where they live. This last point is more acutely felt for roles as Healthcare Support Workers or positions within the Support Services Job Family. The labour market within North East Fife also means that we compete against the Tourist industry, which has more flexibility relating to the terms and conditions they can offer.

In addition, and where applicable, please advise of actions you are taking to attract, recruit and retain staff in your rural and island areas. This could be, but is not limited to, role diversification, reform, bespoke contracts, pastoral care, training and career progression opportunities, wellbeing initiatives etc.

In March 2024, NHS Fife signed a major new partnership agreement with the University of St Andrews to benefit patient care and medical research in Fife, whilst boosting Scotland's overall training provision for new doctors. Starting from the 2025/2026 academic year, students choosing to study medicine in St Andrews will be able to undertake all of their clinical training and complete their primary medical qualification in Fife, working closely with clinical teams across a wider range of NHS Fife services. NHS Fife is currently in the process of applying for formal Teaching Board status, to recognise the Board's role in the education of the next generation of clinicians, which is expected to be granted by the Scottish Parliament by summer 2025.

A less heralded development, but important to mitigate the multifaceted challenges within the North East of Fife, is our collaboration with the Department of Work and Pensions and Fife Council to increase pathways into Health Care Support Worker roles and specifically Support Service functions. An output of this has seen the recruitment of newly qualified catering staff from Fife Council being placed within NHS Fife.

9. Are there any areas where you feel Scottish Government could provide support or do more of?

Appreciating that we are working under tight fiscal constraints, are there any areas where you feel that the Scottish Government could provide more support?

The largest workforce challenge within NHS Fife is relieving the service pressure on our Mental Health Services. High vacancy rates across Allied Health Professions, Medical and Dental, and Nursing and Midwifery job families is placing pressure on existing staff, and financial pressures resulting from the high use of bank and high cost agency solutions is testing the sustainability of the current service model. As referenced above, to transition the service model onto a sustainable footing will require changes to the Estate and the provision of in-patient beds. A greater proportion of care needs to be delivered in community settings. To realign the scale of the change required will involve capital investment, and NHS Fife requires assistance from the Scottish Government to navigate the current restriction associated with Capital spend.

In addition, with the current workforce resourcing challenges being amplified with the next phase of the reduction in working week scheduled for April 2026, there is a belief that there are insufficient students undertaking undergraduate and postgraduate training courses to meet future workforce requirements across NHS Scotland. Increasing the number of places on these courses is insufficient, and a national programme is required to increase uptake and retention of students in order to mitigate significant workforce pressures in the medium to long term. A similar cohesive approach is required in both the funding of, and maintaining access to, other training courses such as the Clinical Physiology degree, to prevent future workforce shortages. It is noted that Boards and the Scottish Government have collective responsibilities to ensure safe staffing numbers under current legislation.

A further challenge is associated with our supply route for a registered workforce. NHS Fife made significant advances with International Recruitment when this was being supported by the Scottish Government. We would welcome a renewed effort to harmonise the collective efforts to attract candidates to NHS Scotland, with particular focus on the identification of funding, prioritising healthcare within the UK Government Certificate of Sponsorship and Visa Regulations, through to streamlining the Regulatory Body processes for their overseas registration examinations.

Finally, for NHS Boards and NHS Scotland to return to financial balance, there needs to be changes to wider service provision, which in turn can be delivered by a more streamlined workforce model. Such changes may result in a growing misalignment of the services which can be delivered by the NHS on a sustainable basis versus public expectations of the NHS. The Scottish Government will be instrumental in managing public expectations in order to support changes to the wider service provision across Scotland, and in supporting NHS Fife within its Transformation Portfolio.

We provide accessible communication on request in a variety of formats including for people who are speakers of community languages, who need Easy Read versions, who speak BSL, read Braille or use Audio formats.

Our SMS text service number **07805800005** is available for people who have a hearing or speech impairment.

To find out more about accessible formats contact:
fife.EqualityandHumanRights@nhs.scot or phone **01592 729130**

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Workforce Strategy Annex A

Interim Report 2025/26

Fife Health & Social Care Partnership

Supporting the people of Fife together

NHS Fife | Fife COUNCIL

Contents

To deliver reform, transformation, and sustainability, Fife Health and Social Care Partnership was restructured in 2021 to create clearer, more service-user-aligned care pathways, that enable the people who need to work together to be a team together. This seeks to create the conditions for a collaborative, systems approach to service design and delivery through operational delivery, professional standards, and business enabling and support services. These portfolios include:

Community Care Service: a range of services across community hospitals, care homes and people's own homes, promoting people's independence and enabling people to stay well at home and in a homely setting.

Complex and Critical Care Service: including the delivery of mental health, learning disability and adult and older peoples social work services.

Primary and Preventative Care: service delivery across primary care and early intervention and prevention.

Professional Quality Standards and Regulation: this is integrated professional leadership in support of the delivery of nursing, medicine and social work working collaboratively with leads in allied health professions, pharmacy, and psychology.

Business Enabling: services that support our delivery including finance, strategic planning, performance, commissioning, organisational development, and culture.

Re-form, Transform and Perform Framework

The evolving healthcare landscape and increasing financial pressures has necessitated a structured and long-term approach to transformation. Our Re-form, Transform, Perform programme was established in March 2024 and laid the groundwork for strategic transformation within Fife's healthcare system. The initial 13 schemes have successfully been implemented, driving forward key improvements and efficiencies. NHS Fife has now established a strategic Transformation Portfolio with a co-ordinated collection of initiatives, programmes and projects that align with our Population Health and Wellbeing Strategy and long-term corporate objectives.

The Transformation Portfolio will ensure continued balance between quality and safety of care, strategic delivery, staff experience, and financial improvement, value and sustainability.

Through People and Change, NHS Fife will drive workforce transformation to ensure long-term sustainability while maintaining high-quality care. Priorities for 2025/26 include quantifying the WTE impact of our streamlined workforce against the competing challenges of the reduced working week and protected learning time, and making a strategic shift from vacancy management to a "request to recruit" approach, leveraging natural workforce turnover for system redesign. Key actions will focus on, reducing supplementary staffing, managing vacancies more effectively, and implementing a structured approach to workforce transitions, particularly in response to national financial and workforce planning assumptions

Across our Service Redesign, NHS Fife will implement whole-system improvements to enhance quality, efficiency, and patient outcomes. Key areas of focus include expanding Same-Day Emergency Care, reviewing surgical and minor injuries pathways, and advancing frailty assessment services. Additionally, the review of haematology and oncology services will address workforce and cost pressures, while continued integration with the Integration Joint Board (IJB) will drive further efficiencies in health and social care.

Our Business Transformation agenda will modernise NHS Fife's administrative functions, streamlining processes through digital enablement, centralisation, and structural redesign. With a significant proportion of the workforce aged 55 or over (circa 34%) and an annual turnover of 10%, there is a clear opportunity to reshape roles and enhance efficiencies while maintaining service quality. The focus will be on leveraging technology, optimising resources, and delivering long-term financial sustainability while ensuring a future-ready workforce.

General Feedback

The consistent theme drawn from across the Partnership which is causing an impact on recruitment to professional roles across all disciplines is the reduction in places for UK and Fife residents to access affordable courses at university. This is increased the reliance on international recruitment which also has an impact on affordability, and compliance to meet UK registration expectations and requirements. International recruitment has a positive impact through creating a more diverse workforce, which is important for people wishing to migrate to Scotland.

Following changes implemented in 2023, specifically the immigration rules impacting on Health and Social Care visas, people holding a Health and Social Care visa for social care roles being unable to bring dependents to the UK has created disparity in the system as these rules only apply to social care and have the potential to make social care careers less attractive as a result, thus compounding existing workforce challenges in the sector further. Noticeably, our international workforce which provides a vital recruitment source for our independent and voluntary sector, are ineligible to access affordable qualifications and training which is required to comply with the regulatory functions.

Our Urgent Care Services Fife (Primary Care Out of Hours) is aligned with the principles of transforming urgent care and have over a period of 9 years developed our Multi-Disciplinary Team in line with transforming nursing roles and the nursing vision for 2030 to support effective succession planning, supervision and support and resilience and future proofing models of care for the future.

We are engaged with the development of the National Induction Framework (NIF) in partnership with National Education Scotland and the Scottish Social Services Council which seeks to increase pace for recruitment and reduce duplication costs when onboarding new staff in their roles with our Fife Council Care at Home and some Independent Care at Home providers to test the effectiveness of the standards framework.

In addition, we are piloting a new systemic approach to collecting feedback from departing employees so we can take informed steps to enhance staff wellbeing, refine supervision and induction processes, and address any issues related to leadership, work environment, pay, and professional development.

In Fife, we have maintained our efforts to engage with local schools to attract young individuals to careers in health and social care, additionally, we ensure our presence at career events to promote opportunities. We also continue to collaborate with our anchor institutions to develop clear access pathways and leverage alternative recruitment programs, such as the Fife Council Life Chances Alternative Recruitment model and the King's Trust Get into Health and Social Care programme.

A programme to develop the NHS Business Administration Staff within the HSCP is underway, and seeks to review and identify barriers to efficiency, to improve technological capacity and monitor the effectiveness of technology and Implementation of digital enablers. The programme aims to provide synergy to improve people management support, define job roles, and improve career pathways.

A change programme to support our leaders is planned throughout 2025 which focusses on bridging the gap with transformational change. The programme includes formal workshops and informal lunchtime sessions to deliver an Action Learning Set format.

There are formal ways to **Attract Back** in Social Care, Social Work, Nursing and Allied health Professions for example:

- A flexible approach to registrable qualifications to enable social care staff to move from childrens services to social care without having to gain two different qualifications.

- Introduction of return to practice requirements for social workers who have been out of practice and off the SSSC Register for more than two years.

- In October, the NES Return to Practice (RTP) for Nursing contract was secured by Glasgow Caledonian University for all Boards. There are 2 intakes per year with Fife.

- Former Allied Health Professionals returning to practice are guided by national protocols developed by NES and followed in Fife, including a return to practice placement.

Medium-Term Financial Strategy

Fife Integration Joint Board continues to operate in uncertain times, facing significant budget challenges and pressures. Our Medium-Term Financial Strategy (MTFS) sets out the resources available and ensures they are directed effectively to help deliver the outcomes of our Strategic Plan. The strategy will inform decision making and actions required to support financial sustainability in the medium-term detailing plans to bridge the budget gap, including proposals for achieving efficiency and redesign savings, and it sets out the medium-term transformational change required to allow us to work closely with partners to deliver services in the most effective way whilst balancing the budget. Demand for health and social care services continues to increase, an ageing population, and rising costs, mean our finances are under significant pressure. One approach we are taking to address this is to redesign our services and do things differently. For example, increased use of digital solutions such as technology enabled care, and new delivery models which enable individuals to stay healthy and well at home for longer.

Significant programmes of transformational change are underway which will improve outcomes and quality of service for the people of Fife, utilising our resources effectively and delivering financial benefits such as cost avoidance through prevention and early intervention, efficiency savings from providing more cost-effective services, and cashable savings from completely transforming services.

Location Specific Challenges

Fife is a fantastic place to live and work, with an identity and a character all of its own. The cost of living here is lower than the national Scottish average and house prices offer superb value for money, providing a high standard of living and quality of life, however it faces challenges because of the proximity to Dundee and Edinburgh. We continue to experience challenges to recruitment across all our localities, however the most challenging is Northeast Fife, partly because of its location and other possible factors is the cost of property and the lack of transport infrastructure because there is no rail service.

Absence Management

Fife Council

The Fife Council Attendance Support Unit (ASU) assists services in addressing challenges, removing barriers, and finding solutions to manage absences effectively. Monthly senior reviews of absence levels, action plans, and mitigations help staff return to work are some of the proactive initiatives to reduce absence rates. We offer a variety of support services available to employees, including wellbeing support, mental health first aiders, counselling, physiotherapy, and external services and supports. Training for managers and employees on fostering a mentally healthy workplace and managing attendance is provided. Enhanced one to one support includes personal health and wellbeing catch-ups, toolkits to identify and support employees experiencing stress in the workplace and regular team discussions where staff are encouraged to share challenging or interesting cases, and professional or academic success stories. Senior reviews of absence levels are conducted monthly.

In the HSCP (Fife Council) absence over the rolling year January to December 2024, had an absence level of 27.42 Working Days Lost (WDL). This was predominantly due to long term absence, accounting for 21.92 WDL. The top three reasons for long term absence include mental health, stress – non work related and musculoskeletal. There has been a steady decline month on month during 2024 for WDL due to musculoskeletal absence. WDL due to mental health and stress has remained reasonably static over 2024.

Whole System

We have conducted multi-factorial reviews in areas with high absence levels and continue to support our workforce through individual supervision, staff support services, and wellbeing hubs. We widely promote IMatter and workforce surveys and align responses that influence our Workforce and Wellbeing strategic plans. The Health Promotion Service produce the annual Prevention and Early Intervention Training programme as part of Fife's Health and Social Care Partnership to provide our workforce with the skills and knowledge to improve their health and wellbeing. The Training Programme features a wide range of free courses to support opportunity for our workforce to up-skill and provides a space to share, reflect on and develop best practice. Fife Council Workforce Development team, similarly provide a range of learning opportunities that compliment or align to the annual training programme. Content is developed in collaboration with the workforce and is reactive to workforce pressures and absence themes.

Collating absence figures for the third and independent sector remains challenging due to the disparate nature of the partnership arrangements.

NHS Fife

The work of the NHS Attendance Management Oversight group continues with a priority action to develop a 2025/26 plan for recovery. The draft recovery plan will be discussed at the Attendance Management Oversight group in March and shared with Executive Director Group (EDG) for awareness and discussion and will also come to a culture committee and Area Partnership Forum (APF) following further evaluation of absence data, and the wellbeing support offered to staff. NHS Fife continues to build on its wide range of health and wellbeing support, with the multi-discipline approach aimed at building resilience and enhancing wellbeing across mental, emotional, spiritual and physical health needs

The NHS absence from April 2024 saw a rise to 7.35%, with a reduction in May to 7.11% with increases in absence in both June and July to 7.17% and 7.47%. August fell to 6.51%, however there was a slight increase in September to 7.07% and a further increase in October to 7.36%, however there has been a fall in November to 6.91%. This improvement has not been sustained with an increase in absence in both December and January to 7.8% and 7.99%. The Regional Dashboard indicates that our sickness absence level reduced to 7.22% in the HSCP in February 2025.

Benchmarking work with other NHS boards has highlighted differences in the application of the Once for Scotland (OfS) attendance management policy. Whilst all boards operate within the framework of OfS there are small variation in application, this process has highlighted several suggested changes to consider including using triggers and not targets in the management of short term absence, consistently apply the three formal stages in the management of long term absence, taking action at the 29-day trigger to ensure timely conversations and support for staff, and updating the attendance management training to reflect the consistent application of OfS policy and consider various options for delivery and cascade of training to reach target audience.

Five Pillars of the Workforce Journey

The National Workforce Strategy for Health and Social Care in Scotland published in March 2022 outlined our shared vision for the workforce: 'a sustainable, skilled workforce with attractive career choices where all are respected and valued for the work they do'.

| Plan | Attract | Train | Employ | Nurture |
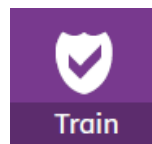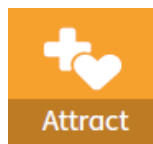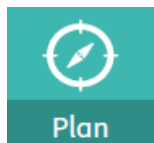
1.0 Community Care Services

1.1 Hard to Fill posts

1.1.1 There is a national shortage of qualified Occupational Therapists, and opportunities to train to degree level are not as widely available via Higher Education Institutes (HEI) in this field. Community Occupational Therapy will continue using professional networks and social media to promote Fife as a place to live and work.

1.1.2 Our Fife-wide Intermediate Care Teams face ongoing challenges in recruiting across all Allied Health Professionals in Northeast Fife, so we provide opportunity for therapy students who are enrolled onto our bank service, where we ensure safe staffing to deliver effective and safe care to promote Fife as an employer of choice.

1.2 Vacancy management

We monitor the workforce demand using appropriate workforce tools, and manage vacancies in line with the Health, Care Staffing Act 2019. We have introduced dedicated recruitment staff across our social care services, which is proved successful, enabling good connections with external recruitment agencies and attendance at career events. We continue to monitor and evaluate services effectiveness and in line with our medium-term financial strategy we are considering a range of transformation objectives across 2025. **(Plan)**

1.3 Role Diversification and Reform

1.3.1 Our Reform Transform and Perform (RTP) initiative aims to ensure patient safety and quality care while addressing our financial challenges. Practical solutions include:

Within the Fife Council Care at Home service, we are initiating a review of social care staffing scheduling to enhance working patterns that offer greater flexibility for the workforce, thereby increasing capacity in accordance with the Health, Care Staffing Act 2019 requirements. Similarly, within the Older People residential service, a review of the operating model is under consideration, which will include an evaluation of the staffing structure to build resilience in response to high demand. **(Plan)**

1.3.2 Within the Community Occupational Therapy service we are creating a new Postural Management Therapist role for Occupational Therapists and Physiotherapists. In our Fife Wide Intermediate Care Team, a review resulted in upskilling Band 3 staff to Band 4, and we will continue to provide more development opportunities throughout 2025. **(Train)**

1.4 Technology / IT innovation

In alignment with the HSCP Digital Strategy 2024/27, we are fostering a digitally empowered workforce with timely information as we seek to enhance systems access across NHS Fife and Fife Council workforce.

1.4.1 In our Community Occupational Therapy service, we are evaluating new digital and IT solutions to support both staff and service users. This includes re-branding and promoting the Self-Assessment platform to enhance visibility, public awareness, and usage. Additionally, an IT Digital Learning Library is being established at the Independent Living Advice Hub (ILAH) to assist staff and service users in exploring potential Technology Enabled Care solutions. Efforts are also being made to streamline documentation. **(Plan)**

1.4.2 We continue to review the effectiveness of the Total Mobile scheduling tool to ensure we maximise its potential to deploy our workforce in ways that support the wellbeing of staff and deliver care in a person-centred and flexible way. **(Plan)**

1.5 Workforce Retention / Attraction

Recruitment and retention of our workforce remain challenging, and the use of local and national initiatives to promote and develop the sector continues to be a high priority.

1.5.1 We have co-produced the Earn and Learn college placement blueprint with the Joint Social Services Taskforce (JSST) to address recruitment issues in Adult Social Care. This initiative provides a supported entry route into social care careers while students earn relevant qualifications. Drawing on best practices, it details how employers can partner with local colleges to establish paid placements, allowing students to complete their course hours through employment. **(Attract)**

1.5.2 Our Community Occupational Therapy service collaborates with education institutions, the Royal College of Occupational Therapy, and the Scottish Government to develop apprenticeships for career progression. Initiatives include developing flexible learning and career pathways, promoting Occupational Therapy in Fife through networks and events and encouraging the profession with school and further education students. Using national OT networks for job postings has increased interest, but Fife's geography brings additional challenges. **(Attract)**

1.5.3 To retain staff in our Intermediate Care team across Fife, we provide mandatory and relevant external training aligned with personal development plans and our wellbeing champions support health and wellbeing initiatives. We plan to introduce Band 7 "clinical specialist roles" alongside Band 7 team leads in integrated teams. To attract staff, we continue to leverage university partnerships, open days, and therapy promotional events and we support return-to-work practices and use NHS Fife vacancy spotlights and social media to promote recruitment. **(Train)**

1.5.4 The dedicated recruitment lead person, titled Opportunities for All Coordinator, introduced in our Older People Residential services has been fundamental in reducing the vacancies across the service by enabling a strategic approach to recruitment, utilising staffing analysis data to ensure there is the right skill mix allocation. The role includes effective oversight of the staffing budget management, advertising vacancies, interviewing, and onboarding high quality staffing for the 8 residential care homes. **(Employ)**

1.5.5 The creation of a Lead Advanced Nurse Practitioner post to ensure consistent clinical leadership and support across the Hospital at Home service ensures there are career development opportunities for nurse practitioners. Although the funding is temporary, we are evaluating the impact to consider permanent funding models, building on the success of our in-reach Nurse Practitioners recruited to permanent roles. We ensure regular attendance at career events and utilise job spotlights via our web and social media platforms. **(Train)**

2.0 Complex and Critical Care Services

2.1 Hard to Fill posts

2.1.1 Recruiting for social workers remains challenging due to unsuitable and fewer applicants, in particular we have an increase in applications from newly qualified candidates applying for roles which require experience and is impacting on our ability to have a balanced skill mix. We maintain strong university connections to attract applicants to Fife HSCP and continue enhancing our online resources. We also engage with education and we attend career events to promote social work as a career of choice.

2.1.2 We have faced challenges recruiting occupational therapists, especially in mental health. This shortage of 16 WTEs has affected clinical delivery, recovery, rehabilitation, length of stay, and readmission risk. The issue is widespread nationally and compounded by insufficient new graduates taking NHS vacancies.

2.2 Vacancy management

We are actively engaged in regular recruitment processes with Higher Education Institutions (HEIs) and national nursing forums to support vacancy management. Additionally, we have implemented the earn-as-you-learn initiative in learning disabilities healthcare services. We are reviewing clinical service models, bed numbers, and alternatives to inpatient care, and we continue to redesign establishment and re-evaluate the roles of Occupational Therapy Health Care Support Workers (HCSWs) and Physiotherapy HCSWs. NHS Fife has successfully supported the delivery of the Scottish Government Supplementary Staffing Task and Finish Group recommendations; ensuring current agency usage is by exception only. In addition, a Direct Engagement Model was introduced as part of the Transformation Portfolio in August 2024. The cumulative impact of these measures has been a reduction in supplementary spend, noting activity remains outstanding within certain Health Board delegated services, specifically Psychiatry and Mental Health Nursing due to national recruitment challenges across these specialisms. **(Attract)**

2.3 Role Diversification and Reform

2.3.1 A SMART objective in our Workforce Year 3 Action Plan is to design work patterns that improve planning capabilities and offer increased flexibility and capacity, aligning with the Health Care Staffing Act 2019 by considering workforce scheduling changes in Fife Council Adults Support and Accommodation service. **(Plan)**

2.3.2 Our year 3 plan includes launching the Fife Council pilot 'Aspiring Social Worker' programme, which aims to encourage and support the development of future social workers from within our workforce. This initiative seeks to address our workforce needs and establish a model for career progression. We will continue to evaluate new roles to ensure that reforms provide the intended benefits, including the recruitment of subject expert social work practitioners to enhance knowledge, skills, and service delivery across our adult Social Work teams. **(Train)**

2.3.3 Several reforms are planned or underway, including developing advanced nurse practitioners and advanced practice roles to address medical workforce shortages and introducing the Certificate of Eligibility for Specialist Registration (CESR) training programme for medical staff. Services have also introduced the Band 4 Assistant Practitioner role in wards, although its definition is still ongoing. Specialist areas have diversified roles by recruiting mental health practitioners, making positions more accessible to various professional groups. **(Train)**

2.4 Technology / IT innovation

2.4.1 Our Workforce Strategy Year 3 Action Plan 2024/25, seeks to introduce a digital staffing rota system in our adult's support and accommodation service to support improved data management on staff allocation and ensure that suitably qualified and competent individuals scheduled effectively. This includes aligning the scheduling team already in place in homecare to the adult support and accommodation service to deliver the operation of the electronic rota system to ensure cost effective and efficient use of resources to avoid duplication of resource. **(Plan)**

2.4.2 Using improved data to drive forward strategic improvement planning, creating targeted actions to supporting practitioners in assessing and managing performance supported via the Professional Standards Framework, launched as a key priority in our Workforce Strategy Year 3 Action Plan for 2024/25. **(Plan)**

2.4.3 The Electronic patient records are in place and e-rostering is being rolled out across service to ensure that best use of technology is applied to create capacity for delivery of direct care and to ensure that staffing establishments meet need and is utilised on service wide basis. **(Plan)**

2.5 Workforce Retention / Attraction

2.5.1 Throughout 2025/26, our Year 3 workforce action plan has several priorities for social work, including introduction of protected learning days to support workforce learning and development. The introduction of a supervision framework and maximisation of staff opportunities for post graduate training in practice learning, adult support and protection and mental health officer certificates is made available. To improve workforce capacity, a review of the mental health officer (MHO) service agreement is underway to create a balanced workload for MHOs in our locality teams. Other recruitment and retention activity includes working towards the recommendations of Setting the Bar and Social Work Weekly newsletter to ensure people feel connected and up to date on events with a focus on workforce recognition. **(Employ)**

2.5.2 Engagement with Fife Schools to engage and attract young people to a career in health and social care continues to be a focus, aligning our workforce data to mitigate an aging workforce in partnership with Developing the Young Workforce (DYW) a range of career engagement events are scheduled from March 2025 to share information on the range of vacancies, what it's like to work here and the application process to follow. **(Attract)**

2.5.3 In our mental health and learning disability clinical settings, there is ongoing engagement with our staff groups to ensure individual support needs and professional development needs are being met. We are also engaging in plans that will provide pathways for role progression. Supervision and reflective practices within working roles are promoted across all clinical settings. We have a limited turnover rate, however most often staff have left for progression or for the ability to work closer to home. **(Nurture)**

3.0 Primary and Preventative Care

3.1 Hard to Fill posts

Recruitment to assorted disciplines remains challenging in part due to the lack of applicants via the higher education routes and the demand on international places being filled with graduates not remaining in the UK. Some examples of the impact of this are:

3.1.1 In Podiatry, the recruitment issue continues to be challenging, affecting 54 WTE of the workforce, with 9.97 WTE set to retire within the next five years. To mitigate for these recruitment challenges for band 5 posts, we developed the PREPARE earn-and-learn program with Glasgow Caledonian University to upskill to band 6 successfully recruiting two individuals with plans in scope to increase this by one more post. This approach is a long process and does not improve the short-term recruitment challenges we continue to face in the sector. **(Attract)**

3.1.2 At a national level the introduction of the General Dental reform in November 2024 continues to be assessed in terms of positive impact on NHS dental workforce. Hospital Orthodontic Service and Oral Maxillo-Facial Surgery are part of the wider dental and medical workforce and are managed under Acute Services. Primary care dentistry comprises of independent dental practices known as General Dental Services (GDS) and the Board Managed Public Dental Service (PDS), there continues to be challenges with the recruitment of GDS dentists and dental care professionals leading to the de-registration of NHS patients and added pressure to the PDS. There remain significant challenges to recruit with adverts achieving an average of 3 responses. Most applications are ineligible because of because of non-registration with the GDC and the backlogged Overseas Registration Examination. The continuing trend of limited numbers of UK dental students securing university places in Scotland, means most trainees return to country of origin. **(Attract)**

3.1.3 Our Dietetics and Nutrition services are currently undergoing a period of transformation and redesign to ensure that service remains resilient and sustainable for the future, and it continues to deliver high quality care with the resources available. This transformation is being delivered in partnership with staff side, trade unions and the workforce and is in year one of implementation. Highly specialist post continues to be challenging to recruit to because of the national shortage of Speech and Language Therapists. We have broadened the scope of the role by introducing increased flexibility in working hours and we are combining vacant part time posts to create WTE as they become available, and we are exploring fixed term contracts for people to build skills alongside specialist therapists for succession planning purposes. **(Attract)**

3.1.4 Recruiting trained roles continues to be challenging, with examples including qualified health visitors taking prominence now. Another area is recruitment of nursing provision to children's residential services. To improve activity, initiatives have been introduced including, recruitment of newly qualified nurses and trainee health visitors, promoting flexible working arrangements, training and development opportunities and dedicated mentorship / coaching and support. We plan to ensure there is prominent attendance at career events, using targeted national recruitment of health visitor posts, considering alternative posts to enhance current workforce and development pathways which consider rotational posts to improve job satisfaction. **(Employ)**

3.2 Vacancy management

3.2.1 We have actively worked to reduce the dependency on supplementary staffing and in line with our RTP ambitions, we are conducting a whole system review including our administrative process and procedures to improve synergy across the portfolio at all levels to deliver best value. **(Plan)**

3.2.2 There is high staff turnover which is monitored through the General Medical Services (GMS) implementation group and following a deep dive exercise, concluded this is primarily due to financial resource available which requires the staff to work off site because it offers increased flexibility as opposed to be in a fixed permanent base. This can lead to feelings of isolation and lack of team support, so we are working through an options appraisal to understand to improve the staff experience and deliver the high-quality services with the resource available to us. **(Nurture)**

3.3 Role Diversification and Reform
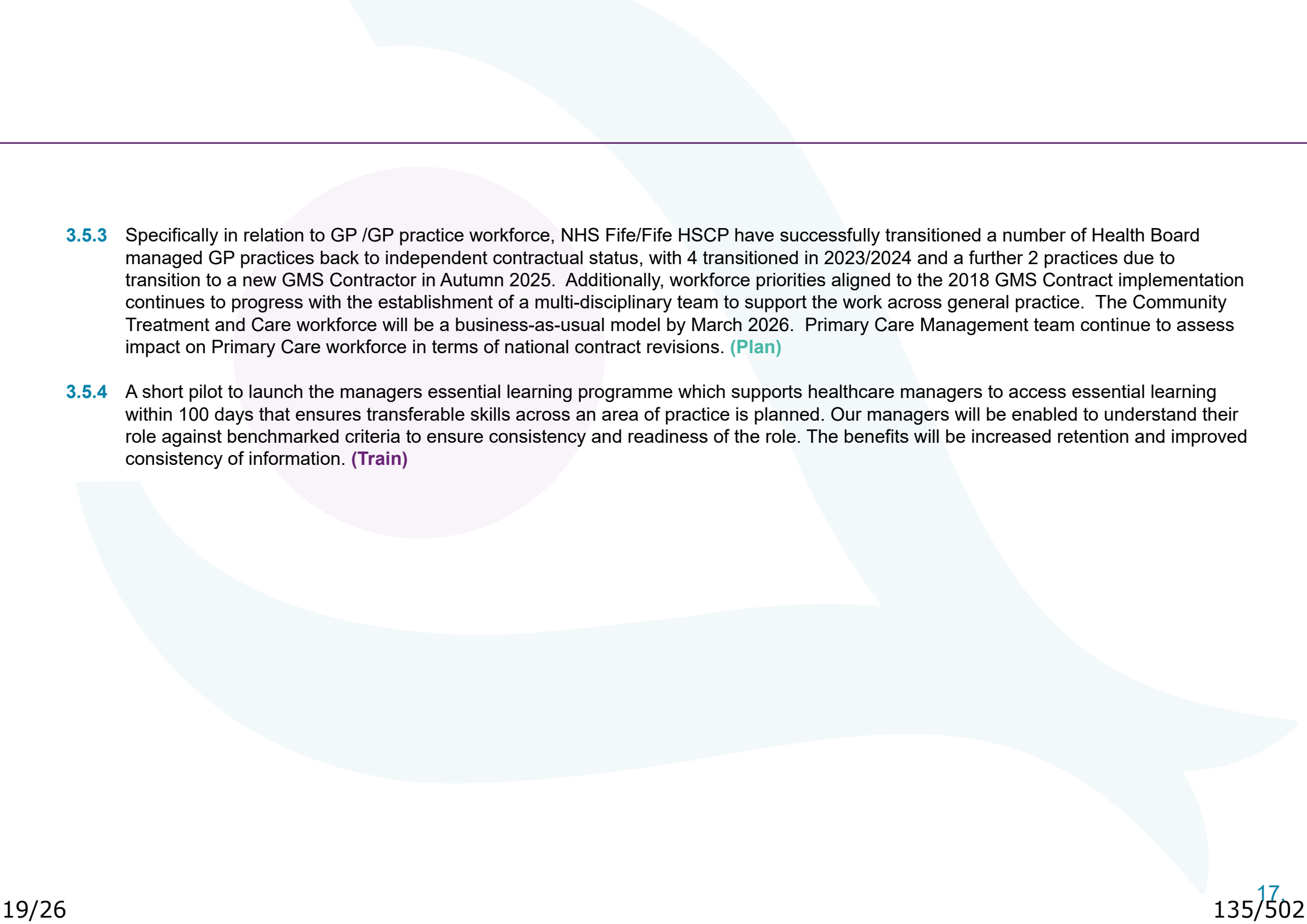
3.3.1 Exploratory discussions to develop a Podiatry surgery post with orthopaedics, mirroring similar initiatives in Lothian and Tayside boards with focus on minor procedures with success in reducing waiting times and offering career progression is being considered. **(Plan)**

3.3.2 Our Community Treatment and Care service (CTAC) are limited in the ability to skill mix as roles must be carried out by a Registered Nurse, so we have a 10/2 model with Band 3 staff from Immunisation which supports CTAC with long term screening of patients and Immunisations with the Winter Flu and Covid campaign. There has been innovation displayed in how we synergised our CTAC and immunisation healthcare support worker workforce in line with guidance from GMS contract implementation. **(Employ)**

3.4 Technology / IT innovation

3.4.1 Increased use of technological engagement for patients to access prioritised self-management information to supplement in person appointment has seen a marked increase in new patient appointment slots and reduced return appointments. In addition, there the upskilling of healthcare support workers to link to a qualified Podiatrist via MS teams whilst on home visit consultations, is reducing the travel, and increasing the workload capacity. Other innovations utilising Near Me video consultations are actively promoted, and staff can access digital learning to enhance their digital competence skills. **(Train)**

3.5 Workforce Retention / Attraction

3.5.1 In line with the principles of reform transform perform (RTP), the Primary and Preventative Care senior management team are actively working across all services to ensure we deliver services for the people of Fife within the resources available to us. This has included directly commissioned service reviews and redesign (e.g. as advised within 3.1.4) to ensure best value while maintaining delivery of high-quality care by the right person at the right time. Ensuring our workforce tools are deployed to advise us of any need for review and improvement while delivering efficient and effective services. This includes a review of our workforce roles and responsibilities, synergising workload across the management infrastructure and releasing time to care ensuring staff are working at the top of their skills, knowledge and experience. **(Plan)**

3.5.2 In Podiatry, we provided opportunities for those wishing to 'Return to Practice' to train with us. To date we have had one person successfully re-registering and employed by the service and we are seeking to build on this through 2025, additional, consideration is being given to develop band 4 posts as entry level for students which will improve career pathways, supporting opportunity. We directly engage with students on placement to have career discussions before they graduate, particularly Fife based students which informed our new Physiotherapy Education & Development manifesto to be implemented in 2025. In our Children's services, internal workforce mobilisation has enabled us to build resilience and capacity over whole system as opposed to single team or service. The creation of safe staffing huddle across all children's services has mitigated risk across the whole system, and enhanced relationships with leaders and increased leadership visibility. **(Employ)**

3.5.3 Specifically in relation to GP /GP practice workforce, NHS Fife/Fife HSCP have successfully transitioned a number of Health Board managed GP practices back to independent contractual status, with 4 transitioned in 2023/2024 and a further 2 practices due to transition to a new GMS Contractor in Autumn 2025. Additionally, workforce priorities aligned to the 2018 GMS Contract implementation continues to progress with the establishment of a multi-disciplinary team to support the work across general practice. The Community Treatment and Care workforce will be a business-as-usual model by March 2026. Primary Care Management team continue to assess impact on Primary Care workforce in terms of national contract revisions. **(Plan)**

3.5.4 A short pilot to launch the managers essential learning programme which supports healthcare managers to access essential learning within 100 days that ensures transferable skills across an area of practice is planned. Our managers will be enabled to understand their role against benchmarked criteria to ensure consistency and readiness of the role. The benefits will be increased retention and improved consistency of information. **(Train)**

4.0 Medical

4.1 Hard to Fill posts

4.1.1 We continue to experience challenges with recruitment and retention at all stages from medical student to consultant, additionally, there is a limited exposure to psychiatry at university and students encounter negative attitudes about psychiatry from other specialties. For consultant posts, we do have vacancy rates, and we recognise that job plans in Scotland are viewed as unattractive compared to England. We understand that more consultants seeking less than full time (LTFT), compressed/flexible working arrangements is the most attractive option. With 42% of consultants in Scotland over 50, and nearly half intend to retire before normal retirement age, i.e. over 55 cohort intimidating intention to retire within next 3 years, and others age 50-54 plan to retire at 60 the impact of them scaling down of work commitments prior to retiring leads to a lack of vacancy opportunities which presents challenges to recruit until the post is fully vacant.

4.1.2 Specialist neurorehab (SGSU) is a small specialism and as such hard to recruit despite trying to recruit domestically and internationally without success. We continue to rely on locum consultant cover whilst we consider a redesign and co- location of specialist neurorehab within our existing stroke rehabilitation services to increase joined up working, resilience and opportunities for recruitment. In our Rheumatology services, we continue to experience challenge to recruit due to loss of skilled staff. We are exploring Service Level Agreements (SLA) with other boards, in addition to developing specialty doctors to progress through the portfolio pathway as a career progression pathway. Combining the two options would maximise the design and deployment of the multidisciplinary teams.

4.1.3 In Fife, we have consultant vacancies for Forensic, Older Adult and GAP services, and our most recent calculation of % vacancies is 51% consultant sessions. Our specialty doctor vacancies are 42% and our resident doctor vacancies (as of Feb 2025) is 16% of posts and all are dependent on external allocation of placements. We recognise that recruitment to posts using the current configuration will remain challenging, for example we have had no applicants for posts for last several rounds of advertising for GAP and Older Adult services, compared to the Forensic post which is configured differently so we are committed to review this to improve the configuration.

4.2 Vacancy management

Reducing the reliance on locums is a key priority for 2025 and a range of measures are being introduced including:

4.2.1 We have commenced an extensive programme for the Certificate of Eligibility for Specialist Registration (CESR) for vacant consultant posts in our Mental Health and Learning Disability service and are recruiting Internationally to substantive posts for consultant and specialty doctor roles.

4.2.2 The international recruitment for Psychiatry and development of portfolio opportunities for General Practice is being developed to increase the retention of the GP workforce and decrease the use of locum contingency model. NHS Fife is heavily involved in training doctors, and we continue to advocate to increase the number of training practices in NHS Fife, making the case for Fife only rotations which encompass all Fife training practices, including those in Northeast Fife which is a location challenge.

4.2.3 We continue to develop our workforce mapping capacity to incorporate clarity on direct clinical care (DCC) and supporting professional activities (SPA) split, funding of clinical leadership posts with clinical leads, clinical service managers and finance business partners to understand the establishment numbers. This work aligns to the job planning exercise to be completed across the service.

4.3 Role Diversification and Reform

4.3.1 We have a Portfolio Pathway programme which uses vacant specialty doctor posts as a 'grow your own' model in Fife which offers a fixed term contract with support to attain competencies for specialist registration.

4.3.2 We are reviewing our future medical workforce requirements with our Mental Health Redesign Programme Board, and early ideas include consideration for wider use of new Specialist Doctor grade to improve attractiveness of posts.

4.4 Technology / IT innovation

4.4.1 The Fife Psychology Service Digital Therapies Team are increasing a range of digital psychological therapies and interventions and their access routes, including expansion of self-referral options to therapies which are less staff intensive, and promotes an evaluating innovative model of supporting people to utilise digital therapy options. Initial results indicate improved completion rates and patient satisfaction plus increased efficiency of staff resource. In addition, we are reviewing staff training needs so staff can utilise all available technological options to support their work.

4.5 Workforce Retention / Attraction

4.5.1 We are planning to increase the number of GP Clinical Fellows to provide newly qualified GPs with a diverse and supportive first step into their GP career, whereby Clinical Fellows work between In Hours and Out of Hours GP services, with dedicated time for research/ project work. We have a strong commitment to fostering the next generation of General Practitioners by supporting and expanding educational efforts that supports retention and makes Fife a place to train and work, where currently, 78% of practices in Fife are actively involved in some form of General Practice education and 23 practices are General Practitioner postgraduate training practices.

4.5.2 We have implemented a range of opportunity to support workforce retention and increase recruitment in our Research and Development roles include providing access to Principal and Associate Investigator schemes, delivering training and teaching and honorary appointments with the School of Medicine at University of St Andrews, in addition to the support for flexible working where appropriate. Turnover in R&D roles is approximately 10%, primarily staff leaving to retirement and more junior staff moving for promotion. Due to the low turnover of more senior staff, it can create a challenge to offer promotional opportunities which we continue to monitor.

5.0 Nursing

5.1 Hard to Fill posts

5.1.1 Recruiting Learning Disability nurses continues to be challenging, affecting 15 WTE in addition, we have 24.9 WTE and 2.2 WTE OA vacancies to our Mental Health registered nursing workforce, affecting our adult and older adult inpatient settings. We have ongoing engagement with Higher Education Institutes (HEI), and the national nursing forum. We plan to roll out a 'Earn as You Learn' initiative in our Learning Disability service.

5.2 Vacancy management

In line with the recommendations from the Ministerial Nursing and Midwifery Taskforce and will continue to work implement the recommendations for health and social care services as we strive to make Fife the best place for nursing staff to work. The Newly Qualified Practitioners recruitment for Adult Nursing, Mental Health (MH) and Learning Disabilities (LD) specialties, with capacity to interview 300 applicants is planned for Spring 2025.

The staff attending recruitment fairs includes Senior Nursing staff and Newly Qualified Practitioners who will promote the wide range of services available and the benefits of working in Fife (Attract). The three recruitment fairs are:

- Napier University (main recruitment for Learning Disabilities speciality),
- University of Dundee and Abertay University (main recruitment for Mental Health and Adult nursing)
- Stirling University (recruitment into Mental Health and Adult for Queen Margaret Hospital and West Fife).

We continue to provide ongoing review of clinical service models, bed numbers and alternatives to inpatient care to maximize our capacity to manage vacancies. **(Plan)**

5.3 Role Diversification and Reform

5.3.1 Our Reform, Transform and Perform (RTP) agenda to enable improved financial capacity in line with our medium-term financial planning involves workforce reviews to see current position, whilst increasing the recruitment of Band 4 Health Care Support Worker roles to mitigate the reduction in band 5 and above workforce following a gap analysis exercise and regular service reviews. We plan throughout 2025 to a review of whole workforce and interdependencies and continue service reviews at regular intervals. Our workforce strategy and action plan 2022/25 for year 3 includes specific priority SMART actions linked to the Five Pillars, they are:

5.3.2 Plans in scope include extending the Objective Structured Clinical Examination (OSCE) programme for nurses recruited internationally in Fife's independent nursing homes. **(Train)**

5.3.3 Implementation of a hybrid medical nursing model utilising Advanced Nurse Practitioners to fit the future of care delivery for elderly and frailty which will increase the skills and competency of the hybrid model and support retention, with support / oversight from the medical workforce. The benefits will see a reduction in the reliance of the medical model care delivery which is currently being supported by agency and gateway doctors. **(Employ)**

5.3.4 The mobilisation detailed work set out in our financial recovery plan is being carried out at pace to compile consistent, up to date information and data on rotas, rostering and ward establishments as well as having open lines of communication – through our Workforce Hub, weekly open professional forum for all staff and ward visits. The transformative arrangements will be reviewed, and some arrangements will be further adapted or adopted to improve financial capacity from April 2025. **(Plan)**

5.4 Technology / IT innovation

5.4.1 Work to scope and refocus on our digital approach is ongoing, although we continue to experience Issues with synergies of digital and IT with multi agency partners (national issue). We have instructed a short life working group to lead on progressing this work to optimise a digital first approach at local and national level. **(Plan)**

5.4.2 We continue to implement the national rostering and e-rostering guidance and training to ensure it promotes a culture of flexibility and shared decision making, including team-based rostering to improve the work life balance of nursing staff. **(Employ)**

5.5 Workforce Retention / Attraction

We continue to promote and monitor a range of staff wellbeing and retention initiatives with examples including flexible working arrangements and regular supportive supervision meetings with leads. Some initiatives we introduced as part of our key priorities set out in our Workforce Strategy 2022/25 Year 3 SMART action plan include:

5.5.1 Enhancing the visibility of leaders include regular drop-in session for staff which ensure managers are accessible to listen to staff and are engaged in the setting of staffing levels and skill mix to enable the consistent delivery of high-quality person-centred care in an environment that promotes the wellbeing of staff includes 'Releasing time to care', an example is the transformation of administration services programmes with a focus on reduction the duplication of paperwork and data entry required to support clinical care are time-consuming and affect the amount of time staff spend away from direct patient care. **(Nurture)**

5.5.2 We are updating the job pack for Newly Qualified Practitioners onboarding in 2025 to ensure currency of information and we have agreed an implementation arrangement with Abertay and the University of Dundee for our Adult and Mental Health Year 3 students to ensure the pace of sign off for placement allocations is aligned with workforce capacity. **(Employ)**

5.5.3 We are actively promoting alternative sustainable pre-registration degree education delivery and funding models that will lead to NMC approved programmes for nursing that are structured in a more contemporary and progressive way including advanced entry to year 2 to the Nursing degree for Band 4 staff, by mapping the Professional Development Award studied. **(Train)**

NHS Fife

Meeting:	**Fife NHS Board**
Meeting date:	**27 May 2025**
Title:	**Integrated Performance & Quality Report**
Responsible Executive:	**Carol Potter, Chief Executive**
Report Author:	**Ben Hannan, Director of Planning and Transformation**

Executive Summary

The Integrated Performance and Quality Report (IPQR) was scrutinised by each of the relevant standing committees in this cycle

Overall, the IPQR provides a moderate level of assurance regarding organisational performance; however, limited assurance is given for both the Finance and Workforce performance metrics.

Quality and Care:

- For all metrics utilising SPC methodology, 13 are 'within control limits'.

- SAER median days to report approval is high, but against no target. Major/Extreme adverse Events were at lowest level in 24-month reporting period.

- Inpatient Falls with Harm rate remains high but is within control limits.

- For Mental Health Quality Indicators, all rates were above target for Feb-25: the Self-Harm rate sits as an outlier outwith control limits.

- For Healthcare Associated Infections, targets were not achieved for Feb-25.

- Stage 2 Complaints are below local trajectory for Mar-25.

Operational Performance:

- VHK 4-hour performance in Mar-25 did not achieve trajectory/national target and has been below the 24-month mean for 5 months but is within control limits.

- End of year target for Delayed Discharges was not achieved in Mar-25 for Acute/ Community and with Mental Health just above target (though performance does remain within control limits for both).

- Local trajectories were not met for either Cancer 31-day DTT and 62-day RTT, therefore National Standards not met. 62-day RTT continue to be below the 24-month average.

- TTG waits >52 weeks are below trajectory for Feb-25. New Outpatient waits of >52 weeks are increasing but below trajectory. Diagnostic waits for >26 weeks continue to decrease towards target of zero.

Finance:

- Financial position continues to require focused attention. This is reported and scrutinised as part of the overall financial performance report.

Workforce:

- Sickness Absence in Feb-25 did not achieve reduced trajectory but did see a reduction to below the 24-month average.

- PDPR compliance is not achieving trajectory.

Public Health and Wellbeing:

- CAMHS has exceeded the national standard of 90% for the 7th consecutive month and is outwith control limits for the 3rd consecutive month, albeit in a positive direction.

- Psychological Therapies performance in Feb-25 achieved local trajectory but did not achieve national target and is within control limits.

- Bowel Screening - exceeded national desired threshold and is below desired threshold for SIMD, Fife in the low range for Scotland.

- AAA Screening – exceeded desired threshold and below desired threshold for SIMD, Fife in the mid range for Scotland.

- Child Immunisations (6-in-1 at 12 months of age) continues to see decreasing uptake.

1 Purpose

This is report is presented for:

- Assurance

This report relates to:

- Annual Delivery Plan

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

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

The period covered by the performance data is generally up to the end of Dec-24, although some are available up to the end of Jan-25. However, there are a number of

measures with a data time lag either due to their nature or when the information is published by Public Health Scotland: these are tabled in Appendix 1 – Table of Metrics and Data Lag

2.2 Background

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

The revised Emergency Access Standard (to include New Planned attendances) was implemented on 1 Dec-24 with first Public Health Scotland publication on revised standard released on 4 Feb. NHS Fife have had to change recording practices to comply with new standard therefore leading to discontinuity in the data. We will therefore continue to report on Unplanned performance only. Plans are in place to resolve issue with reporting on revised standard to be in place for 2025/26. The change in standard will increase performance by around 1% across all sites and 0.5% for Emergency Department Victoria Hospital.

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

- Breast Screening
- HSMR

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

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

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

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

2.3 Assessment

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

Comments from Committees
Public Health and Wellbeing Committee
Concerns were raised about the low uptake of the second MMR dose and whether specific socioeconomic or geographic factors are influencing this trend. It was stated that

misinformation – particularly lingering fears about a link between the MMR vaccine and autism – continues to affect public perception. It was explained that performance at MMR1 was essential to achieve MMR2 at 5 years.

There was a query regarding status of CAMHS and whether service will be de-escalated from government oversight due to strong recent performance. The team is actively seeking an update from the Scottish Government on this matter but have been advised that, in a change of practice, CAMHS will not be de-escalated until Psychological Therapies are also meeting targets.

Staff Governance Committee

Committee expressed appreciation for the ongoing work on Attendance Management, particularly the focus on early, compassionate support for staff and the development of training programs. There was a strong emphasis on using data effectively to inform action plans and ensure managers are equipped to respond consistently. Concerns were raised about Fife's higher short-term absence rates compared to national figures, suggesting this should be a focus for future planning. The discussion also highlighted the importance of aligning this work with broader organizational values, such as leadership, staff well-being, and cultural development.

Committee focused on reviewing progress in Personal Development and Performance Reviews (PDPR) and mandatory training compliance. While nursing staff have shown a notable improvement in training completion – reaching nearly 80% – overall staff compliance has remained stagnant at around 66%. This discrepancy raised questions about what enables nursing teams to succeed despite staffing pressures. It was agreed that PDPR and mandatory training serve different purposes and should be reported separately: PDPR as a measure of staff engagement and leadership, and mandatory training as a legal and safety requirement.

Clinical Governance Committee

A discussion took place around performance for Staphylococcus aureus bacteraemia (SABs), with a focus on distinguishing between hospital-acquired and community-associated cases. While NHS Fife is performing well and remains below the national average for hospital-acquired SABs, we are above the national average for community-associated cases, which are often linked to drug misuse. However, there is an ongoing effort to improve in areas such as vascular access and renal dialysis, where NHS Fife has been identified as an outlier.

Finance, Performance and Resource Committee

Concerns were raised about outdated targets, noting that some are no longer realistic – either too ambitious or too modest, such as diagnostics where performance has far exceeded the target. It was explained that trajectories for 2025/26 are tied to the approval of the Annual Delivery Plan (ADP), which is pending. Once approved, more accurate targets will be set and reported in the next financial year. Additional context was provided in relation to 2024/25 trajectory for diagnostics, explaining that initial targets were

conservative due to uncertainty about funding, but performance has since improved significantly, making NHS Fife a top performer in Scotland.

In relation to financial performance, there was reflection on the significant achievements made since January 2024, acknowledging the collective effort across the organisation in reaching their current financial position.

Highlights of March 2025 IPQR

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

meeting trajectory/target	(green)
within 5% of trajectory/target	(amber)
out with 5% of trajectory/target	(red)

Quality & Care	Current Position	Reporting Period	Planned Trajectory	Target
Adverse Events	22	Feb-25	-	-
SAER – Median days to Report Approved	342	QE Feb-25	-	-
HSMR	0.95	YE Sep-24	-	-
Stroke Care Bundle	70.3%	Feb-25	-	80%
Inpatient Falls	8.59	Feb-25	-	6.95
Inpatient Falls with Harm	1.88	Feb-25	-	1.44
Pressure Ulcers	1.31	Feb-25	-	0.89
Ligature Incidents (MH)	2.76	Feb-25	-	0.76
Incidents of Restraint (MH)	15.17	Feb-25	-	6.44
Incidents of Physical Violence (MH)	13.98	Feb-25	-	7.04
Incidents of Self Harm (MH)	3.74	Feb-25	-	0.78
SAB (HAI/HCAI)	21.7	Feb-25	-	18.8
C Diff (HAI/HCAI)	21.7	Feb-25	-	6.5
ECB (HAI/HCAI)	65.0	Feb-25	-	33.0
Complaints (S1)	66.7%	Mar-25	-	80%
Complaints (S2)	13.8%	Mar-25	30%	60%

Operational Performance	Current Position	Reporting Period	Planned Trajectory	Target
4-Hour Emergency Access (A&E)	71.2%	Mar-25	-	95%
4-Hour Emergency Access (ED)	61.4%	Mar-25	75%	75%
Delayed Discharges (Acute/Comm)	58.2	Mar-25	39	39
Delayed Discharges (MH/LD)	10.7	Mar-25	10	10
Antenatal Access	94.2%	Dec-24	-	80%
Cancer 31-Day DTT	92.9%	Feb-25	95%	95%
Cancer 62-Day RTT	68.9%	Feb-25	85%	95%
Patient TTG % <= 12 weeks	43.1%	Feb-25	44%	100%
Patient TTG waits > 52 weeks	648	Feb-25	669	0
New Outpatients % <= 12 weeks	37.6%	Feb-25	35%	95%
New Outpatients waits > 52 weeks	5320	Feb-25	6172	0
Diagnostics % <= 6 weeks	88.2%	Feb-25	30%	100%
Diagnostics > 26 weeks	29	Feb-25	0	0
FOI Requests	84.8%	Mar-25	-	90%

Workforce	Current Position	Reporting Period	Planned Trajectory	Target
Sickness Absence	6.84%	Feb-25	6.5%	6.5%
PDPR	44.6%	Mar-25	60.0%	60%
Vacancies (Medical & Dental)	5.2%	Dec-24	-	-
Vacancies (Nursing & Midwifery)	2.4%	Dec-24	-	-
Vacancies (AHPs)	2.6%	Dec-24	-	-

Public Health & Wellbeing	Current Position	Reporting Period	Planned Trajectory	Target
Smoking Cessation (2023/24)	217	Dec-24	354	473
Alcohol Brief Interventions (2024/25)	102.6%	QE Jun-24	-	80%
Drugs & Alcohol Waiting Times	92.3%	QE Sep-24	-	90%
CAMHS Waiting Times	100.0%	Feb-25	90.0%	90%
Psychological Therapies Waiting Times	78.0%	Feb-25	73.0%	90%
Mental Health Readmissions within 28 days	4.8%	QE Sep-24	-	-
Breast Screening	73.4%	3YTD Mar-23	-	80%
Bowel Screening	65.8%	2YTD Apr-24	-	60%
AAA Screening	86.6%	YTD Mar-24	-	85%
Infant Feeding	32.3%	Dec-24	-	-
Child Developmental Concerns	16.7%	QE Dec-24	-	-
Immunisation: 6-in-1 at Age 12 Months	93.5%	QE Dec-24	-	95%
Immunisation: MMR2 at 5 Years	86.8%	QE Dec-24	-	92%
Flu Vaccination (Winter, Age 75+)	81.2%	Mar-25	-	80%
COVID Vaccination (Winter, Age 75+)	77.8%	Mar-25	-	80%

This report provides the following Level of Assurance:

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

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

2.3.1 Quality, Patient and Value-based Health & Care

The Quality and Care section of the IPQR includes comprehensive reporting on quality measures to ensure continuous oversight and enhancement of patient care standards across NHS Fife. This section focuses on a broad range of indicators designed to monitor patient safety, clinical effectiveness, patient experience, and value-based care delivery. Regular assessment of these metrics facilitates timely identification of potential risks or variations in care quality, enabling proactive measures and improvement initiatives. By systematically evaluating these quality indicators, NHS Fife promotes optimal patient outcomes, improved care experiences, and effective utilisation of resources in line with national healthcare priorities.

2.3.2 Workforce

The Workforce section of the IPQR provides detailed reporting on workforce measures, ensuring robust oversight and management of staffing resources within NHS Fife. This section evaluates key indicators including staff sickness absence, vacancies, and Personal Development and Performance Review (PDPR) compliance. Monitoring these metrics enables identification of workforce pressures, informs targeted interventions, and

supports effective workforce planning and engagement strategies. Through continuous analysis of workforce data, NHS Fife aims to enhance staff wellbeing, optimise performance, and maintain sustainable staffing levels to deliver safe, high-quality patient care.

2.3.3 Financial

The Finance section of the IPQR summarises key financial performance measures, providing high-level assurance and highlighting areas that require ongoing attention. This section ensures the Board remains informed of overarching financial risks, trends, and pressures affecting NHS Fife. It should be noted that comprehensive financial reporting, including detailed analysis and performance evaluation, is presented separately to the Board in a dedicated Financial Performance Report. This separate report enables deeper scrutiny and detailed discussion on financial matters, supporting informed decision-making and effective financial governance.

2.3.4 Risk Assessment / Management

The IPQR includes a detailed mapping of key corporate risks aligned to performance measures, presented through the Risk Summary Table and supported by narrative within the Executive Summary of the IPQR. This structured approach enables NHS Fife to systematically identify, evaluate, and manage risks that may impact organisational objectives, patient care, operational delivery, and overall performance. Regular assessment ensures that risks are effectively monitored, mitigated, and escalated as appropriate, strengthening governance processes and supporting informed strategic decision-making.

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

The IPQR contributes to NHS Fife's commitment to addressing equality, human rights, children's rights, and reducing health inequalities. Through ongoing review and analysis of relevant performance metrics, NHS Fife identifies disparities in patient outcomes, and patient experience. This supports targeted improvement efforts aligned to statutory obligations and strategic ambitions as an Anchor Institution, promoting equitable healthcare delivery, enhancing community wellbeing, and fostering social value across the region.

2.3.6 Climate Emergency & Sustainability Impact

The IPQR will be enhanced to support NHS Fife's response to the climate emergency and sustainability commitments through targeted performance monitoring. By highlighting relevant measures, the report will enable assessment of progress toward reducing environmental impacts, such as carbon emissions and sustainable resource utilisation. This alignment encourages environmentally responsible healthcare practices, promoting sustainability objectives that contribute to NHS Scotland's wider climate ambitions and statutory responsibilities.

2.3.7 Communication, involvement, engagement and consultation

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

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

2.3.8 Route to the Meeting

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

- **Executive Directors Group**, 17 April 2025
- **Clinical Governance Committee**, 02 May 2025
- **Finance, Performance and Resource Committee**, 08 May 2025
- **Public Health and Wellbeing Committee**, 12 May 2025
- **Staff Governance Committee**, 13 May 2025

2.3.9 Issues for Escalation to the NHS Fife Board

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

2.4 Recommendation

This paper is provided to members for:

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

3 List of appendices

- IPQR Position at March 2025 v1.0
- Appendix 1 – Table of Metrics and Data Lag
- Appendix 2 – Trajectories to end of 2024/25

Report Contact

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Appendix 1 – Table of Metrics and Data Lag

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

Appendix 2 – Trajectories to end of 2024/25

Metric	To achieve by YE Mar-25	
SAER Median days to close	TBC	Median days from SAER commissioned to report approved
Inpatient Falls	6.95	Rate to reduce by 15% to compared to baseline (YE Sep-21) [rate: number of Inpatient Falls per 1,000 Occupied Bed Days]
Inpatient Falls with Harm	1.44	Rate to reduce by 10% compared to baseline (YE Sep-21) [rate: number of Inpatient Falls with Harm per 1,000 Occupied Bed Days]
Pressure Ulcers	0.89	Rate to reduce by 20% compared to baseline rate (FY 2022/23) [rate: number of pressure ulcers per 1,000 Occupied Bed Days]
Ligature Incidents (Mental Health)	0.76	Rate to reduce [rate: number of incidents per 1,000 Occupied Bed Days]
Incidents of Restraint (Mental Health)	6.44	Rate to reduce [rate: number of incidents per 1,000 Occupied Bed Days]
Incidents of Physical Violence (Mental Health)	7.04	Rate to reduce [rate: number of incidents per 1,000 Occupied Bed Days]
Incidents of Self Harm (Mental Health)	0.78	Rate to reduce [rate: number of incidents per 1,000 Occupied Bed Days]
Healthcare associated infection – C Diff	6.5	Rate to be achieved [rate: number of infections per 100,000 Total Occupied Bed Days]
Healthcare associated infection – ECB	33.0	Rate to be achieved [rate: number of infections per 100,000 Total Occupied Bed Days]
Healthcare associated infection – SAB	18.8	Rate to be achieved [rate: number of infections per 100,000 Total Occupied Bed Days]
S2 Complaints Closed in Month on Time	60%	Percentage of Stage 2 complaints to be completed within 20 working days
4-Hour Emergency Access (ED)	75%	Percentage of ED patients to wait less than 4 hours from arrival to admission, discharge or transfer
Delayed Discharges (Standard) Acute/Comm	39	Average number of Bed Days Lost per day due to people in delay (excluding Code 9) within Acute and Community settings to reduce
Delayed Discharges (Standard) MH/LD	10	Average number of Bed Days Lost per day due to people in delay (excluding Code 9) within Mental Health settings to reduce
Cancer 31-Day DTT	95%	Percentage of patients waiting no more than 31 days from decision to treat to first cancer treatment
Cancer 62-Day RTT	85.4%	Percentage of patients referred urgently with a suspicion of cancer to begin treatment within 62 days of receipt of referral (National Standard 95%)
Patient TTG % <= 12 Weeks	44%	Percentage of patients to be treated (inpatient or day case setting) within 12 weeks of decision to treat
Patient TTG waits > 52 weeks	669	Number of patients waiting 52 weeks or more for first outpatient appointment to reduce
New Outpatients % <= 12 Weeks	35%	Percentage of patients to wait no longer than 12 weeks from referral to a first outpatient appointment
New Outpatients waits > 52 Weeks	6334	Number of patients waiting 52 weeks or more for first outpatient appointment to reduce
Diagnostics % <= 6 Weeks	30%	Percentage of patients to wait no longer than 6 weeks from referral to key diagnostic test

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

Fife Integrated Performance & Quality Report (IPQR)

Position (where applicable) at March 2025
Produced in April 2025

Introduction

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

The IPQR comprises the following sections:

A. Corporate Risk Summary
Summarising key Corporate Risks and status.

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

C. Assessment & Performance Exception Reports
More detailed Indicator Summary for each area of Governance including (where appropriate) benchmarking, 'sparkline' trend, comparison with 'previous year' performance. There is also a column indicating performance 'special cause variation' based on SPC methodology. All charts with SPC applied will be formatted consistently based on the following;

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

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

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

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

Ben Hannan
Director of Planning & Transformation
14 April 2024

Prepared by:
SUSAN FRASER
Associate Director of Planning & Performance

A. Corporate Risk Summary

Strategic Priority	Total Risks	Current Strategic Risk Profile				Risk Movement	Risk Appetite
To improve health and wellbeing	5	3	2	-	-	◀▶	Hungry
To improve the quality of health and care services	7	5	2	-	-	◀▶	Open
To improve staff experience and wellbeing	2	2	-	-	-	◀▶	Open
To deliver value and sustainability	6	5	1	-	-	◀▶	Open
Total	20	15	5	0	0		

Risk Key

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

Movement Key

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

There are currently 20 risks on the Corporate Risk Register. This includes two new risks under consideration: **Drug Related Morbidity and Mortality** and **Hospital Acquired Harm**. These have been through the March Committees and will go through the Board in May before final adoption.

The current assessment indicates that delivery against 3 of the 4 strategic priorities continues to face a risk profile in excess of risk appetite.
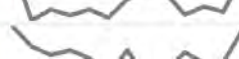
Risk Appetite	Hungry	Eager to be innovative and choose options offering potentially higher business rewards, despite greater inherent risk.
	Open	Willing to consider all potential delivery options and choose the one that is most likely to result in successful delivery while also providing an acceptable level of reward (and value for money etc).
	Cautious	Preference for safe delivery options that have a low degree of residual risk and may only have limited potential for reward.
	Averse	Avoidance of risk and uncertainty is a key organisational objective.

Quality & Care

		Current	Previous	Change			Current	Previous	Change		Current	Previous	Change
	SAER - Median Working Days to Report Approved	342	260	▼		HSMR	0.96	0.96	—	Stroke Care Bundle	70.3%	69.0%	◆
	Inpatient Falls	8.59	8.32	◆		Tissue Viability	1.31	1.38	◆	Ligature Incidents (Mental Health)	2.76	0.54	▼
	Incidents of Restraint (Mental Health)	15.17	9.95	▼		Incidents of Physical Violence (Mental Health)	13.98	14.12	◆	Incidents of Self Harm (Mental Health)	3.74	0.72	▼
	SAB HAI	21.7	6.4	▼		C Diff HAI	21.7	9.7	▼	ECB HAI	65.0	12.9	▼
	S1 Complaints Closed in Month on Time	66.7%	57.1%	▲		S2 Complaints Closed in Month on Time	13.8%	29.0%	▼				

Operational Performance

			Current	Previous	Change				Current	Previous	Change			Current	Previous	Change
	Emergency Access	A&E	71.2%	71.5%	◆		Delayed Discharges (Standard)	Acute/Comm	58.2	54.0	▼	Cancer	31-day DTT	92.9%	94.5%	▼
		ED	61.4%	61.5%	◆			MH/LD	10.7	17.0	▲		62-Day RTT	68.9%	67.1%	◆
	Patient TTG	% <=12weeks	43.1%	44.5%	▼		New Outpatients	% <=12weeks	37.6%	37.0%	▲	Diagnostics	% <=6weeks	88.2%	86.6%	◆
		>52 weeks	648	687	▲			>52 weeks	5320	5268	◆		>26 weeks	29	32	◆

Finance

		Current	Change			Current	Change
	Revenue Resource Limit Performance	Breakeven			Capital Resource Limit Performance	Breakeven	

Workforce

		Current	Previous	Change			Current	Previous	Change			Current	Previous	Change
	Sickness Absence	6.84%	7.99%	▲		Personal Development Plan & Review	44.6%	44.6%	◆	Vacancies	Medical & Dental	5.2%	3.3%	▼
											Nursing & Midwifery	2.4%	2.7%	◆
											AHPs	2.6%	4.0%	▲

Public Health & Wellbeing

			Current	Previous	Change			Current	Previous	Change			Current	Previous	Change
	Smoking Cessation	40% Most Deprived	217	195	—		Alcohol Brief Interventions	103%	96%	—	Drugs & Alcohol		92.3%	94.5%	▼
	CAMHS		100.0%	98.8%	◆		Psychological Therapies	78.0%	74.8%	▲	Mental Health Readmissions within 28 days		4.8%	5.6%	▲
	Breast Screening		73.4%		—		Bowel Screening	65.8%	66.2%	▼	AAA Screening		86.6%	87.3%	▼
	Infant Feeding		32.3%	32.0%	◆		Childhood Immunisation	6-in-1 @ 12 months	93.5%	94.0%	▼	Winter Vaccination	Influenza	40.6%		—
	Child Development		16.7%	17.1%	◆			MMR2 @ 5 years	86.8%	85.7%	▲		Covid	39.2%		—

Key

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

To improve the quality of health and care services

| 7 | 5 | 2 | - | - | ◀▶ | Open |

Indicator	Current Position	Reporting Period		Planned Trajectory	Target	SPC	Vs Previous	Vs Year Previous	Trend	Benchmarking	
Major/Extreme Adverse Events	22	Month	Feb-25			◯	◆	▲		●	
SAER - Median Working Days to Report Approved	342	Quarter	Feb-25			●	▼	—		●	
HSMR	0.95	Year to	Sep-24			◯	—	—		●	
Stroke Care Bundle	70.3%	Month	Feb-25		80%	●	◆	▲		●	
Inpatient Falls	8.59	Month	Feb-25		6.95	◯	◆	▼		●	
Inpatient Falls with Harm	1.88	Month	Feb-25		1.44	◯	▲	▼		●	
Tissue Viability (Pressure Ulcers)	1.31	Month	Feb-25		0.89	◯	◆	▲		●	
Ligature Incidents (Mental Health)	2.76	Month	Feb-25		0.76	◯	▼	▲		●	
Incidents of Restraint (Mental Health)	15.17	Month	Feb-25		6.44	◯	▼	◆		●	
Incidents of Physical Violence (Mental Health)	13.98	Month	Feb-25		7.04	◯	◆	▼		●	
Incidents of Self Harm (Mental Health)	3.74	Month	Feb-25		0.78	◯	▼	▼		●	
SAB - Healthcare associated infection	21.7	Month	Feb-25		18.8	◯	▼	▼		●	YE Sep-24
C Diff - Healthcare associated infection	21.7	Month	Feb-25		6.5	◯	▼	▼		●	YE Sep-24
ECB - Healthcare associated infection	65.0	Month	Feb-25		33.0	◯	▼	▼		●	YE Sep-24
S1 Complaints Closed in Month on Time	66.7%	Month	Mar-25		80%	◯	▲	▲		●	2023/24
S2 Complaints Closed in Month on Time	13.8%	Month	Mar-25	30%	60%	◯	▼	◆		●	2023/24

Performance Key

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

SPC Key

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

Change Key

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

Benchmarking Key

● Upper Quartile
● Mid Range
● Lower Quartile

SAERs

Reviewing, Learning and Improving from Adverse Events

Median working days from Commissioned Date to Report Approval

**Median
342 days**

C1. Quality & Care

Data Analysis

There were 22 **Major/Extreme adverse events** reported in Feb-25 out of a total of 1,383 incidents. 68% of all incidents were reported as 'No Harm'. For Year Ending (YE) Feb-25, 'Tissue Viability on ward' was the most reported Major/Extreme incident at 207 incidents compared with 202 reported incidents for YE Feb-24.

There were 7 **SAERs commissioned** in Feb-25 and 62 in total for YE Feb-24: an average of 5.2 per month. In comparison, there were 56 SAERs commissioned in YE Feb-24: average of 5.0 per month.

For the latest 3 months ending Feb-25, there were 7 reports approved with median days, from commissioned date, of 342 days: this is an increase of 31.8% on QE Jan-25 (median days 260) and a 48% increase since QE Sep-24 (17 SAER reports approved; median days 231).

In terms of **SAER review outcomes**, those reported as 'Significant care or service delivery issues identified' in the 12 months to Feb-25 accounted for 23% of total reviews; an increase from 20% in the 12 months to Jan-25.

Achievements & Challenges

The refresh of the Major/Extreme adverse events trigger list, launched in January 2025, is a decision-making guidance tool: increasing consistence in consideration of events that require a SAER or other review type. An aim of the trigger list is to reduce the number of SAERs commissioned, whilst maintaining a robust focus on events that have resulted in major/extreme harm through a process of event type specific cluster reviews. This approach aligned to the 'National Framework for Reviewing and Learning from Adverse events' creates greater opportunity to learn from thematics, allowing improvements to be organisationally focused and reviews completed timely.

The SAER Caseload Group has developed an improvement plan outlining improvement actions and corresponding targets which will be shared with the Executive Leadership Team in April. Greater understanding of our data around all steps in the SAER process, understanding delays and blockages and working collaboratively with senior leadership and clinical teams undertaking reviews has enabled steady progress towards reducing the median time to completion on SAER's.

HSMR
Hospital Standardised
Mortality Ratio

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

0.95

C1. Quality & Care
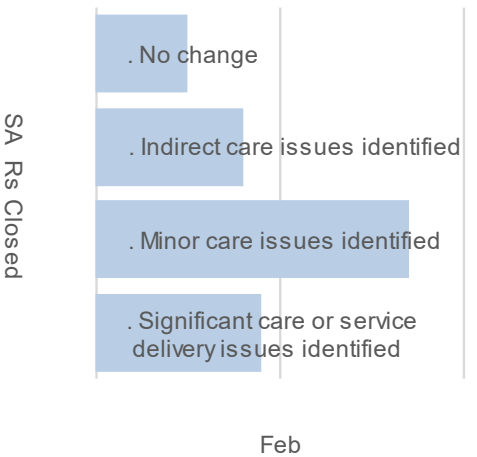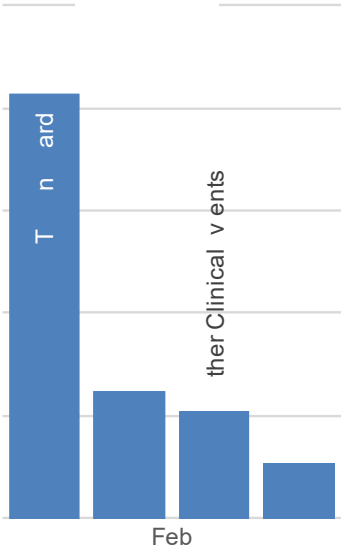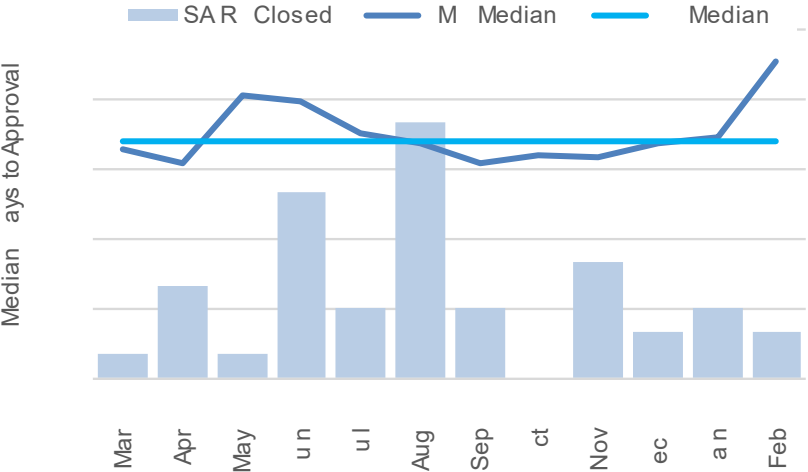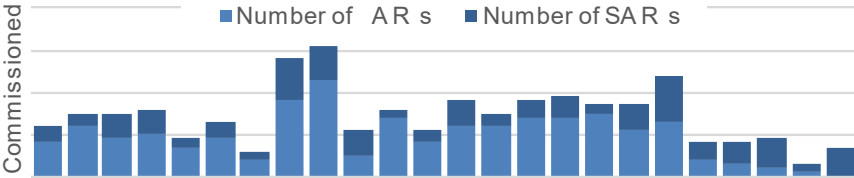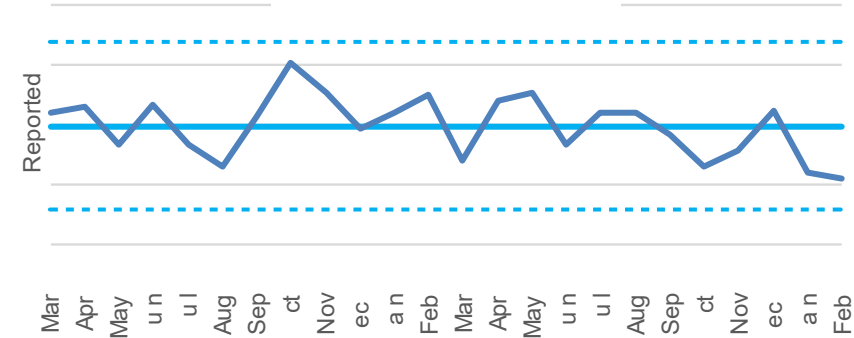
Data Analysis

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

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

For the Year Ending Sep-24 there were 1,902 predicted deaths with 1,826 observed deaths from 39,456 patients. This gives a crude rate of 4.6% and an HSMR of 0.95, which is within observed limits and below the rate of 1.00 for Scotland.

Looking at Quarterly crude mortality rates within 30 days of admission data Fife tends to be above the figure for Scotland.

The rate for the last quarter Jul – Sep-24 has increased to 3.5% from 3.3% (Apr – Jun-24).

Challenges & Achievements

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

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

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

HSMR for deaths within 30-days of admission
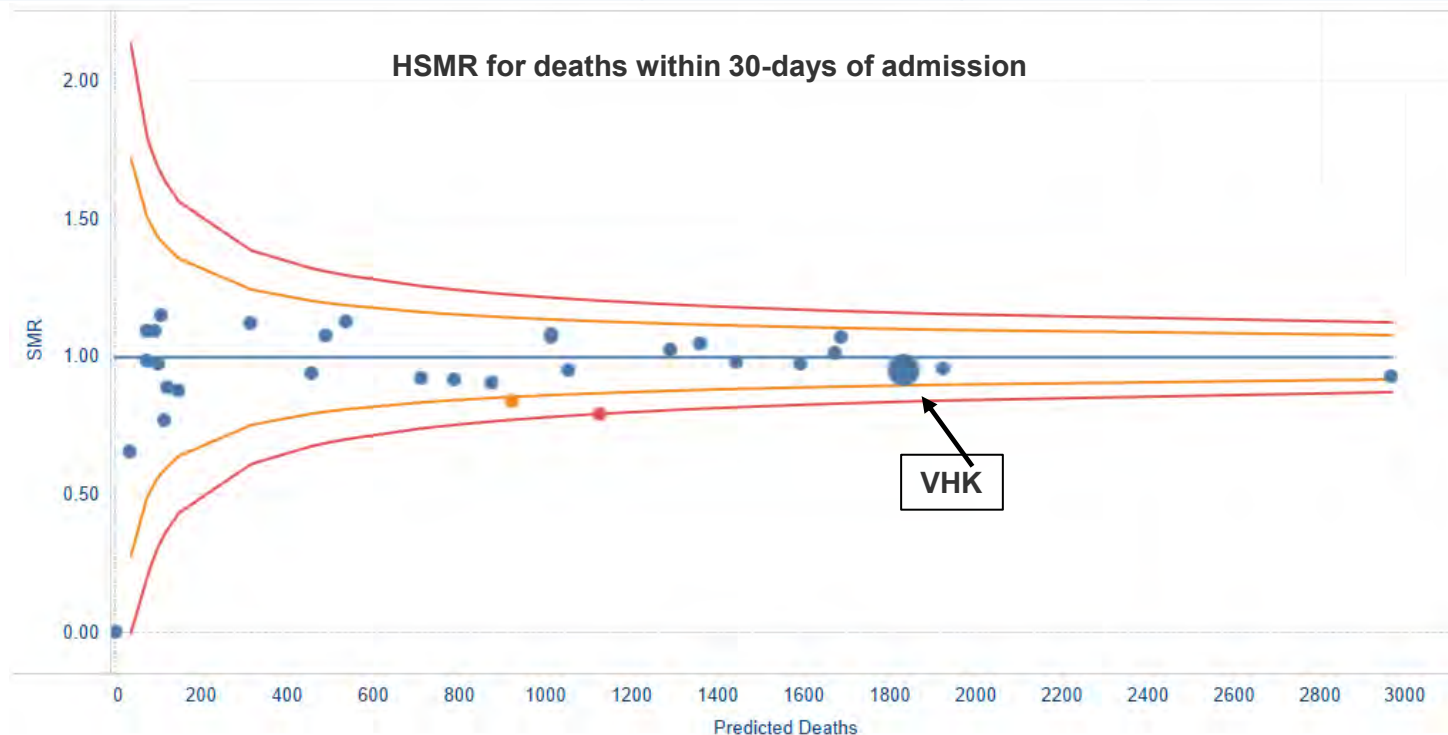
Quarterly crude mortality within 30-days of admission: NHS Fife
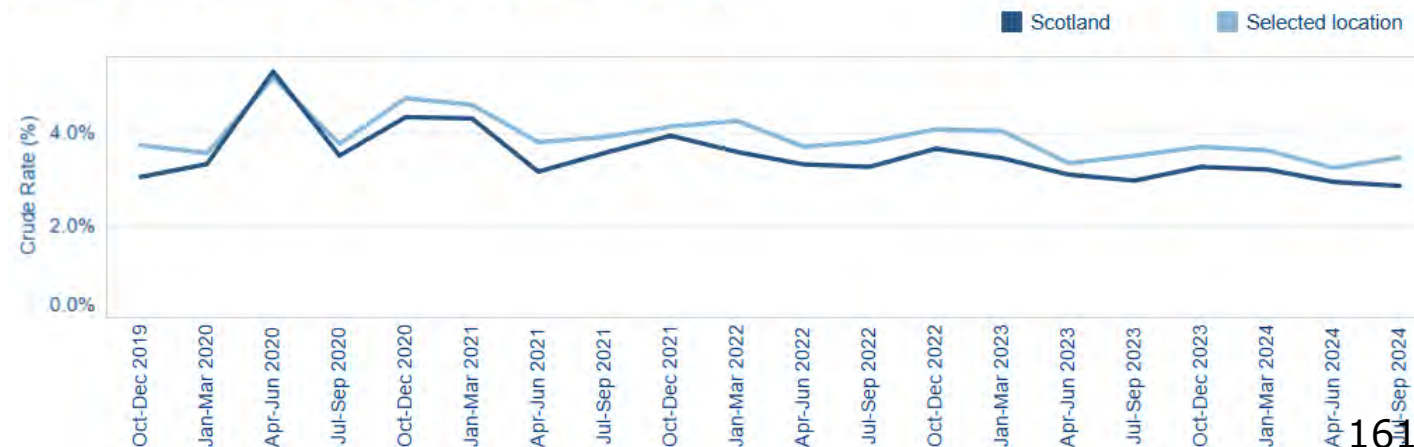
Stroke Bundle National Standard 80% of patients to receive appropriate Stroke Care Bundle **70.3%** 7 ⬆ patients to achieve target

C1. Quality & Care

Data Analysis

Care bundle performance increased from 69.0% in Jan-25 to 70.3% in Feb-25, this is higher than the same month in previous year (56.2%) but has remained below the 80% target for the last 4 months. Performance for QE Feb-25 was 69.3% down from 72.2% previous QE Dec-24.

Aspirin – 97.6% of patients met this standard, It has remained above the 95% standard for the last 10 months. Performance for QE Feb-25 was 97.5% up from 97.3% previous QE Dec-24.

Brain Imaging – 98.4% of patients met standard and has remained unchanged in last 3 months. It has remained above the 90% standard for the last 12 months. Performance for QE Feb-25 was 97.0% up from 94.5% previous QE Dec-24.

Swallow Screening – 78.1% of patients met standard the lowest level since Mar-24. It has not met the 100% standard for the last 12 months. Performance for QE Feb-25 was 80.2% down from 83.0% previous QE Dec-24.

Admitted to a stroke unit within 1 day of admission – 91.8% of patients met standard the highest level since Oct-24. It is above the 90% standard. Performance for QE Feb-25 was 86.3% down from 87.9% previous QE Dec-24.

Achievements & Challenges

Targets are being reviewed nationally with a move to RedCap for capturing data. Rehab and MT data to be collected with data linked to SAS to be captured. RAG chart for each NHS Board self-reporting against SIP.

There is a real concern amongst PT/OT about covering Wards 6 and 9 within Victoria Hospital and other areas. This is already impacting upon therapy time, but more likely to be captured under new audits. Similar concerns in community.

Similarly, SLT feel they don't have enough time to do communication work as the focus is dysphagia and this covers the whole of VHK.

compliance — Target

Aspirin Given ... day   ra in Imaging ... hrs

Appropriate bundle of care   Initial diagnosis of stroke

Swallow Screen ... hrs   Stroke ... nit ... day
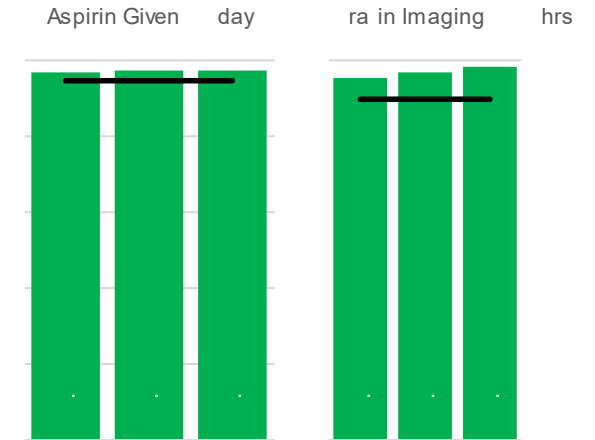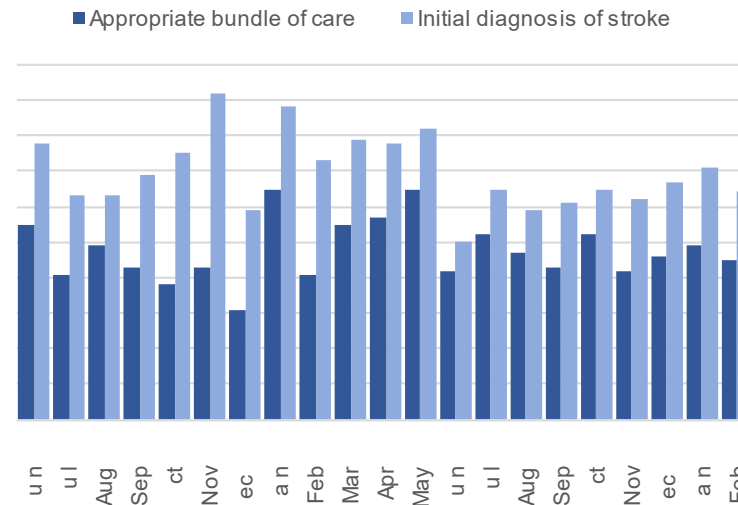
Inpatient Falls

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

8.59 | **44** ⬇ falls to achieve target

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

1.88 | **12** ⬇ falls to achieve target

C1. Quality & Care

Data Analysis

In Feb-25 there were 227 Inpatient Falls in total: an average of 8.1 falls per day (more than month previous; more than year previous). This equates to a rate of 8.59 falls per 1,000 Occupied Bed Days (OBD): an increase on the 8.32 seen the month previous. Performance has therefore not achieved the target of < 6.95; is above the 24M average; but is within control limits.

The number of Inpatient Falls 'with Harm' was 50 in Feb-25 (less than month previous; 24M average of 45). This equates to a rate of 1.88 falls per 1,000 OBD: a decrease on the 1.99 seen the month previous. Performance has therefore not achieved the target of < 1.44; is above the 24M average; but is within control limits.

Average total rate was 1.60 for YE Feb-25 compared to 1.54 for YE Feb-24.

HSCP saw a decrease in All Falls rate from a high of 10.13 in Dec-24 to 8.13 in Jan-25 followed by an increase to 8.97 in Feb-25 (12M average rate is 7.69).

For QE Feb-25, Falls classified as 'Major/ xtreme Harm' accounted for 3.1% of Falls with Harm, compared to 5.1% for QE Nov-24.

Achievements & Challenges

Falls Link Practitioner day was held on 17th March 2025, with 18 attendances from across Acute & HSCP. The event focussed on the risk of falls associated with Dementia & Delirium. There was also a session led by Therapy colleagues focussing on shared competencies and patient assessment all aimed at reducing falls.

The Acute Falls group have re-introduced monthly falls audits: data and reporting will be supported by Clinical Effectiveness colleagues for improvement and learning.

The increase in all falls in Acute has been attributed in part to a change in environment in Ward 43 and a SLWG has been convened to address the ward environment, safe staffing for both the medical and nursing cohorts. In response to an increase in Ward 54, Senior Nurses undertook a QI project looking in detail at location and time of falls again, for learning & improvement.

The new trigger list for Adverse Events including falls has been adopted with a focus on patient outcomes which may account for the reduction in Major/Extreme harm events. This will be monitored through the Safer Mobility & Falls Reduction Oversight Group.

Reduce Tissue Viability rate by 20% to 0.89 per 1,000 Occupied Bed Days, compared to baseline rate (FY 2022/23)

1.31

12 ⬇ Incidents to achieve target

C1. Quality & Care
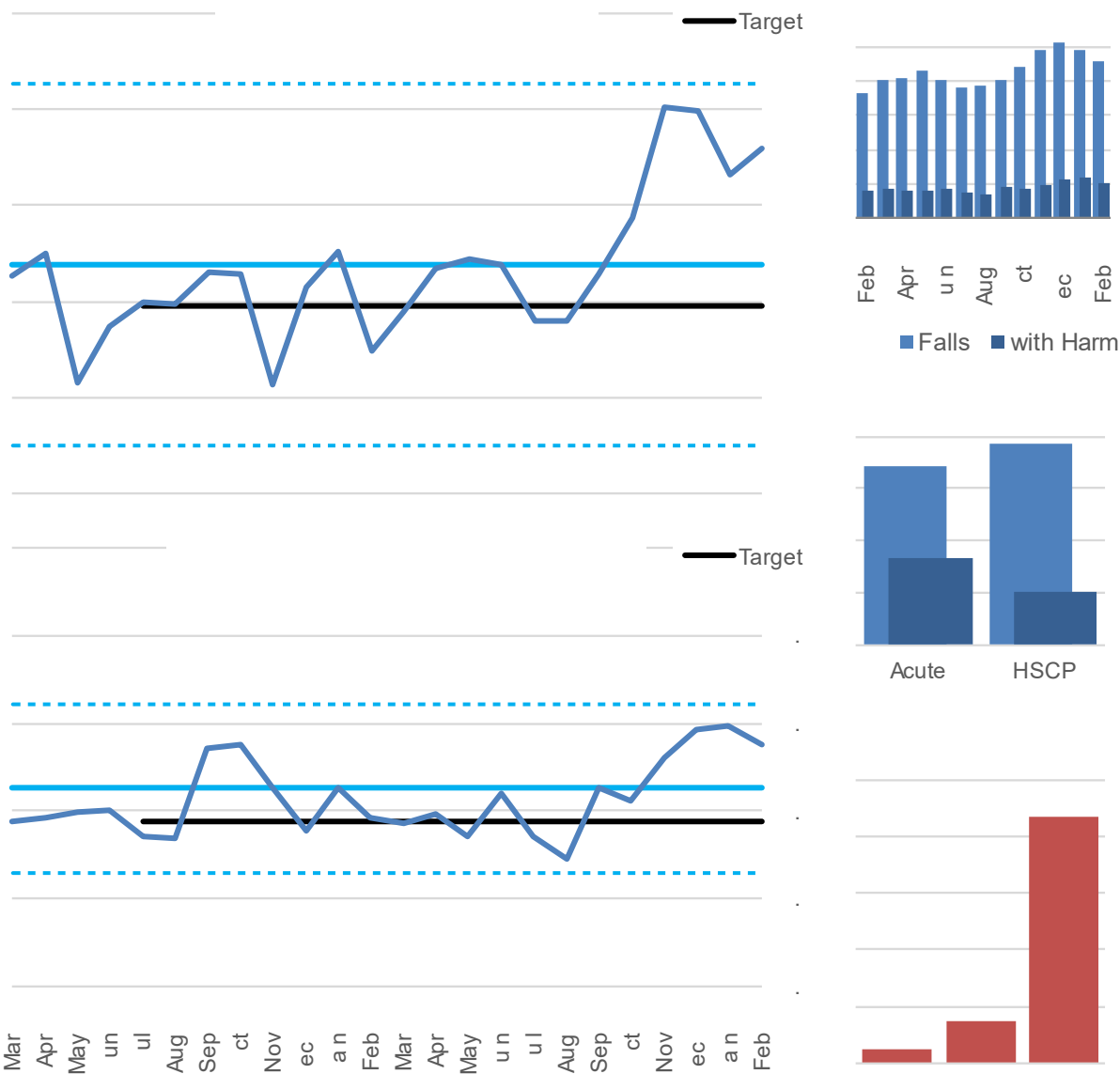
Data Analysis

The total number of Tissue Viability (TV) incidents in Feb-25 was 35, an improvement on the month previous (41). This equates to a rate of 1.31 per 1,000 Occupied Bed Days (OBD). 12 fewer incidents would have resulted in performance for Feb-25 having achieved the target of < 0.89 per OBD.

The number of TV incidents in Acute Services in Feb-25 was 30, 4 fewer than in Jan-25 (rate decreased from 2.32 to 2.30). For YE Feb-25, the average number of TV incidents was 28 (rate 2.06); whilst the average number in YE Feb-24 was 25 (rate 1.89).

Within HSCP the prevalence of TV incidence was 5 for February, a reduction of 2 since January 2025; 3 of these were grade 2 and the remaining 2 were SDTI. The average number of TV incidents in HSCP for YE Feb-25 was 7 (rate 0.47); the same as the average for YE Feb-24 (rate 0.43).

Most incidents of TV continue to be in Acute Services with 88 recorded in QE Feb-25; there were 14 recorded in HSCP in the same period. Of all TV incidents recorded in QE Feb-25, Grade 2 accounted for 42% of the total; with Grades 3 & 4 accounting for 8%.

Achievements & Challenges

Average year-end rates in 2025 so far, have been higher than equivalent year-end rates in 2024. To address these issues, each directorate in Acute Services is implementing a 10-point improvement plan, which includes audit and learning feedback. Investment in skin care education programmes, funded by the Acute TVN team, is being rolled out to enhance practitioner knowledge and improve skills. These initiatives are designed to reduce TV incidents by improving clinical practice across the board.. The focus on education and structured improvement plans aims to drive further reductions in TV incidents.

Within the HSCP we continue to focus on education delivery and our link nurses. We have noted a reduction in incidence of TV in areas where targeted training has occurred. We continue to work collaboratively with our acute colleagues and our Tissue Viability Improvement group now has mental health representation.

Legend: Acute Services — HSCP

Pie chart legend: Grade, Multiple, Suspected, TI, Grades, ngradeable
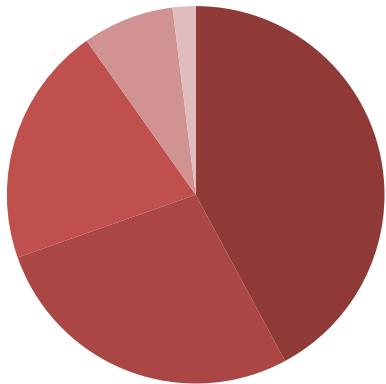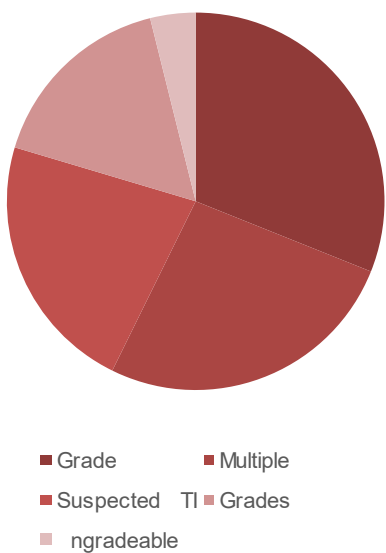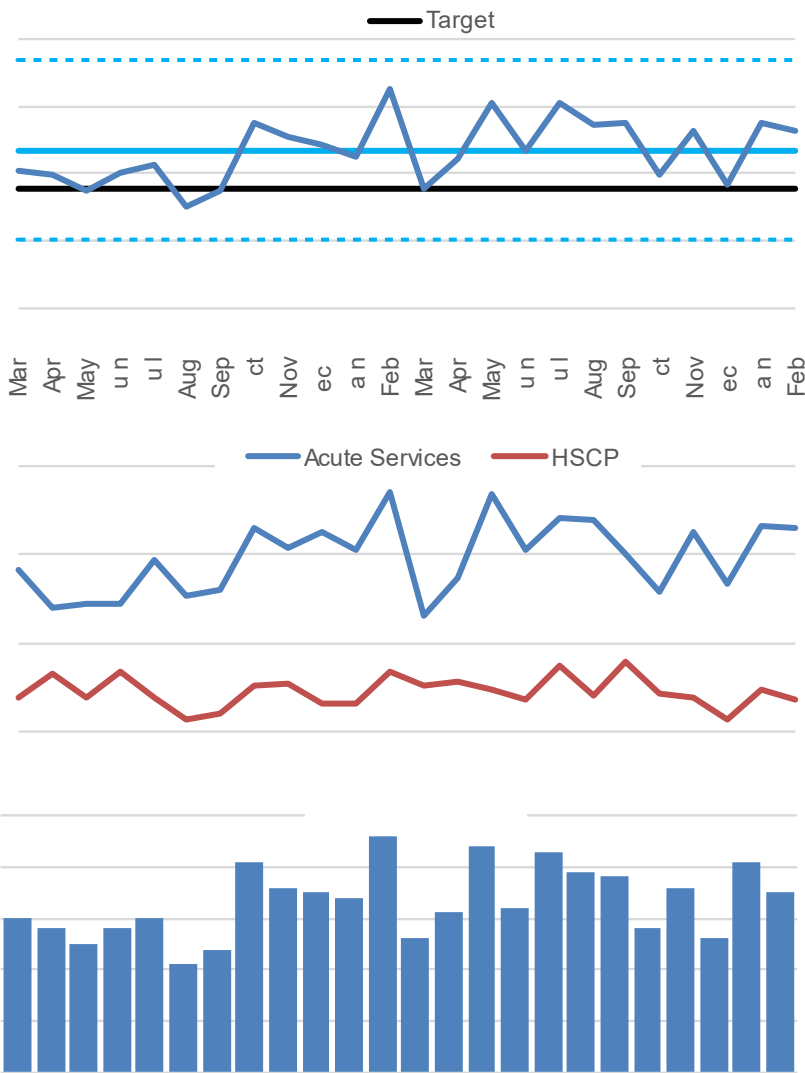
Mental Health Quality Indicators	Reduce **Ligature** Incidents (rate per 1,000 Occupied Bed Days) - 10% reduction by Mar-25	**2.76**	**11** ↓ incidents to achieve target
	Reduce incidents of **Self Harm** (rate per 1,000 Occupied Bed Days) - 10% reduction by Mar-25	**3.74**	**16** ↓ incidents to achieve target
	Reduce Incidents of **Restraint** (rate per 1,000 Occupied Bed Days) - 20% reduction by Mar-25	**15.17**	**45** ↓ incidents to achieve target
	Reduce Incidents of **Physical Violence** (rate per 1,000 Occupied Bed Days) – 20% reduction by Mar-25	**10.61**	**36** ↓ incidents to achieve target

C1. Quality & Care

Data Analysis

There were 298 incidents reported in relation to Mental Health wards in Feb-25, a decrease from 309 previous month and remains above 24-month average of 260 per month. There were 14 Ligature incidents reported in Feb-25, with rate above 24-month average. The number of incidents of self-harm was 19 in Jan-25 an increase from previous month, rate above 24-month.

Rate of Restraint has increased to 15.17 per 1,000 Occupied Bed Days in Feb-25 (9.95 previous month), above 24-month. 62 incidents of Physical Violence were reported in Feb-25, with an increase from month prior, equating to a rate of 9.61 per 1,000 Occupied Bed Days above the 24-month average.

Achievements & Challenges

Ligature: The Ward 3 QMH project is ongoing and remains on target. The development and decant of wards continue to provide an improved anti-ligature environment. The design of the ward is being developed with clinical input and reported to the ligature board. While this work is ongoing, all staff within inpatient areas remain vigilant for any ligature concerns, managing individual patients based on need and risk assessments.

The ligature operational group is actively meeting and reviewing ligature assessments, providing assurance to the ligature project board. The group is up to date with all Health & Safety Environmental Ligature Risk Assessments and mitigation plans, with appropriate escalations to the ligature board. The Ligature policy for NHS Fife and Fife HSCP has been completed and approved at the Fife Policy and Procedure group.

Self-Harm Incidents: Incidents of self-harm have risen recently: a group is being stood up to implement actions to support work/QI work to reduce self-harm with all key contributors. Data continues to be monitored real time and via HSCP assurance processes. The risk of self-harm continues to be managed with all staff being vigilant and aware of individual needs, risk, care planning and appropriate interventions.

Restraint, Violence and Aggression: The Reducing Restrictive Practice Group (RRPG) is being stepped down and reviewed, with the view to include wider work such as self-harm. The group has moved to a new focus around seclusion, the Scottish Patient Safety Programme, and observation and intervention. Subgroups for each of these areas have been developed and are looking to identify key strategies to progress these workstreams.
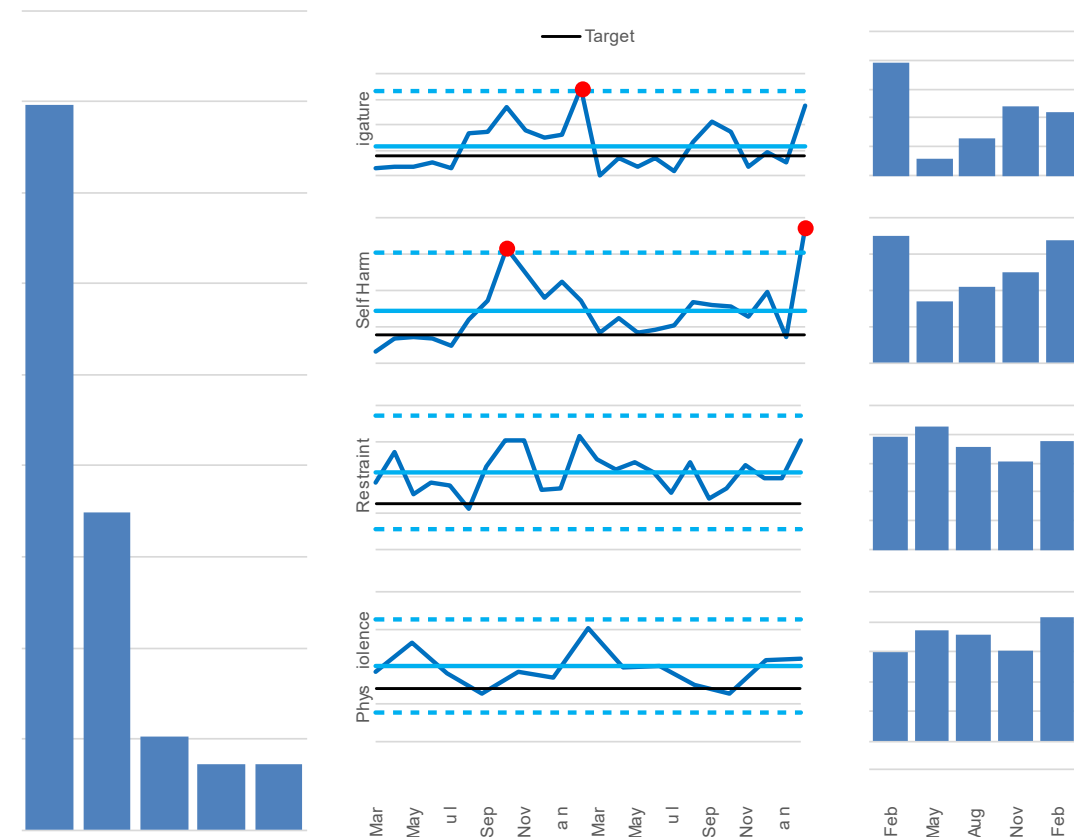
CDI: Achieve and maintain rate of 6.5 per 100,000 Total Occupied Bed Days — **21.7** — 5 ⬇ infection to achieve target

ECB: Achieve and maintain rate of 33.0 per 100,000 Total Occupied Bed Days — **65.0** — 9 ⬇ infection to achieve target

SAB: Achieve and maintain rate of 18.8 per 100,000 Total Occupied Bed Days — **21.7** — 1 ⬇ infection to achieve target

C1. Quality & Care

The **CDI HAI/HCAI** rate increased to 21.7 in Feb-25. The cumulative total of HCAI infections over the past 12 months (41) is significantly higher compared to the same period the previous year (28). Furthermore, the number of recurring infections has risen.

Quarterly comparison shows a decrease from 19 cases in QE Nov-24 to 14 in QE Feb-25.

The YE-Feb-25 highlighted a 55% increase in total cases compared to previous year.

The rise in cases over the past 12 months reflects national trends. Comprehensive reviews of cases have identified key risk factors: antibiotic usage within preceding 12 weeks (70% of cases) and PPI usage (51% of cases). Notably, 38% of patients had been exposed to both antibiotics and PPIs. This suggests a potential compounded risk in such cases. Two CDI triggers are currently under investigation by the IPC Team to determine root causes and possible links between cases. Moving forward, ongoing targeted interventions focusing on antibiotic stewardship and PPI prescribing practices are recommended to mitigate these risks.

The **ECB HAI/HCAI** rate rose to 65.0 in Feb-25, with healthcare-associated infections increasing from 4 in Jan-25 to 18 in Feb-25. The cumulative 12-month total (136) exceeded the figure for the same period the previous year (127).

Quarterly comparison shows a reduction form 76 cases in QE Nov-24 to 55 in QE Feb-25.

The YE Feb-25 revealed a 7% overall increase in ECB cases compared to previous year.

Fife observed a rise in total ECB infections over the last 12 months. The most frequent infection sources are renal tract (40%) and hepatobiliary-related (25%), which align with previous trends (YE Feb-24: 39% and 20% respectively). The majority of infections are community in origin. However, there has been a reduction in CAUTI-related infections (YE Feb-25: 18, compared to YE Feb-24: 31). This development may be linked to actionable insights from monthly CCR meetings & improvement initiatives led by UCIG group. Continued focus on these interventions is critical to sustaining reductions.

The **SAB HAI/HCAI** rate in Feb-25 was 21.7. Of the 53 HCAI cases reported in the last 12 months, the breakdown included 16 categorised as " a scular Access Devices (A)"   associated and 5 each under " th er/Not Known" and " ev ice Other Than A "   associated. The cumulative 12-month total of HCAI cases (53) exceeded the previous year (45).

Quarterly comparisons showed a decrease from 25 cases in QE Nov-24 to 22 in QE Feb-25.

The YE Feb-25 noted a 4% decrease in overall SAB cases compared to the prior year.

Despite a 4% reduction in total cases, the number of HCAI cases increased. Specifically, VAD associated infections. PVC-related cases rose from 2 (YE Feb-24) to 8 (YE Feb-25), each case is Datix`d and a CCR undertaken to identify learning opportunities. CVC/PICC line related cases have also risen in the past year (from 0 cases YE Feb-24 to 3 cases YE Feb-25). However, encouragingly the number of tunnelled dialysis line related cases have halved in number during this time period (YE Feb-24 6 cases, to YE Feb-25, 3). Strengthening compliance with VAD insertion and maintenance protocols, combined with training initiatives, will be vital to reversing these trends.
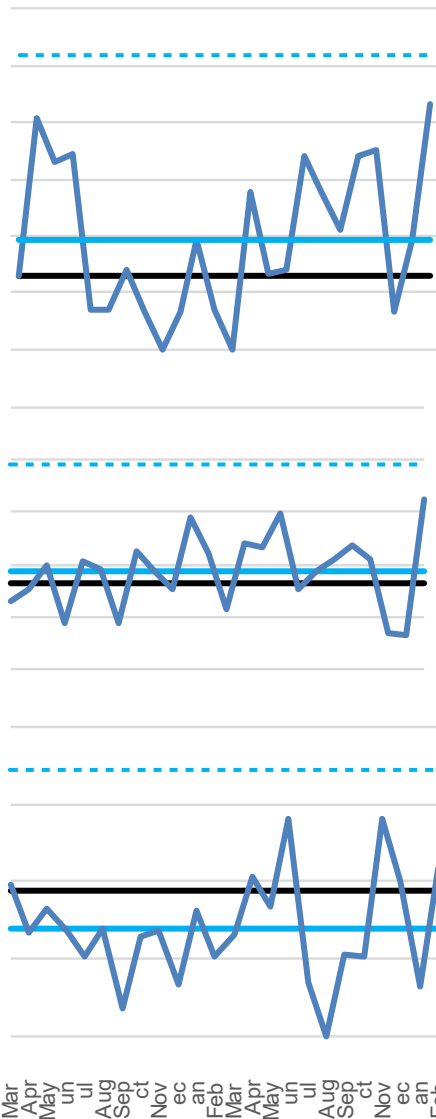
■ Healthcare ■ Community/NK
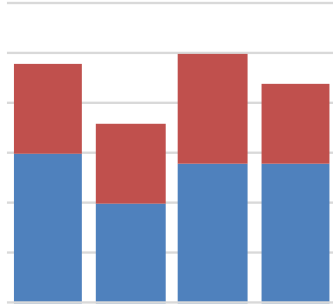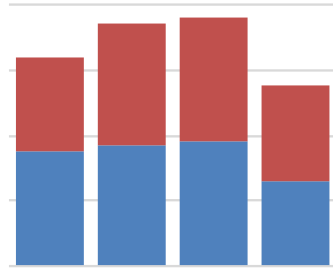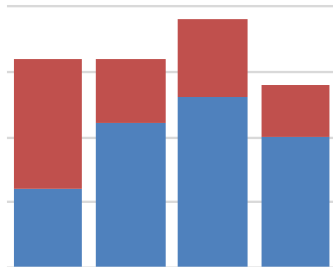
May   Aug   Nov   Feb
Quarter n ding

Scotland / Fife / Mainland NHS o ard

Sep
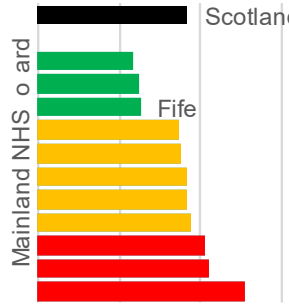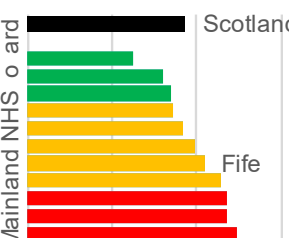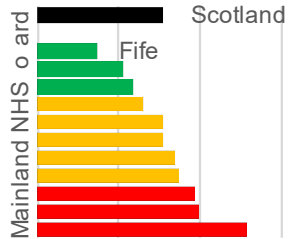
Complaints

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

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

61.9%   3 ↑ closed on time to achieve target

13.8%   5 ↑ closed on time to achieve target

C1. Quality & Care

Data Analysis

There were 29 Stage 1 complaints received in Mar-25, with 21 closed. Of those closed 14 (66.7%) were within timescales. 61.9% of 21 complaints that were due in the month, were closed on time.

There were 33 Stage 2 complaints received in Mar-25, 33 acknowledged within timescales, with 29 closed. 21.2% of 33 complaints that were due in the month, were closed on time. The performance for Stage 2 complaints fell below trajectory.

At the end of Mar-25, the average number of days to close a Stage 2 complaint was 58 days, the highest level in the last 12 months however lower than the same month last year.

There are currently 3 Stage 2 complaints over 100 days with 17 between 50 and 100 days. Most (32/42.1%) are awaiting action from the Service with 7 (9.2%) with PET ready for draft.

Achievements & Challenges

The target for 80% of Stage 1 complaints to be closed in time has not been met for the 5th month; this is due to various factors including staff absence, capacity and service pressures. However, there has been a noted improvement in Stage 1 complaint compliance and an increase in verbal resolution in recent months. Additionally, the introduction of standard letter templates for common complaint themes, e.g. car parking / wait times / immunisation clinic locations, has improved both the quality and speed of responses.

The target for 60% for Stage 2 complaints to be closed in time has not been met; this is due to various factors including staff absence, capacity and service pressures. However, there has been significant progress in the reduction of Stage 2 complaints over 100 days (currently 3), with prioritisation of Stage 2 drafting to prevent delays in the progression; all cases over 80 days are subsequently with the clinical services for approval. Additionally, we are working closely with Community Care Services to streamline their complaint handling process, as well as carrying out a review of our own internal admin processes to remove waste and improve workflow and response times.
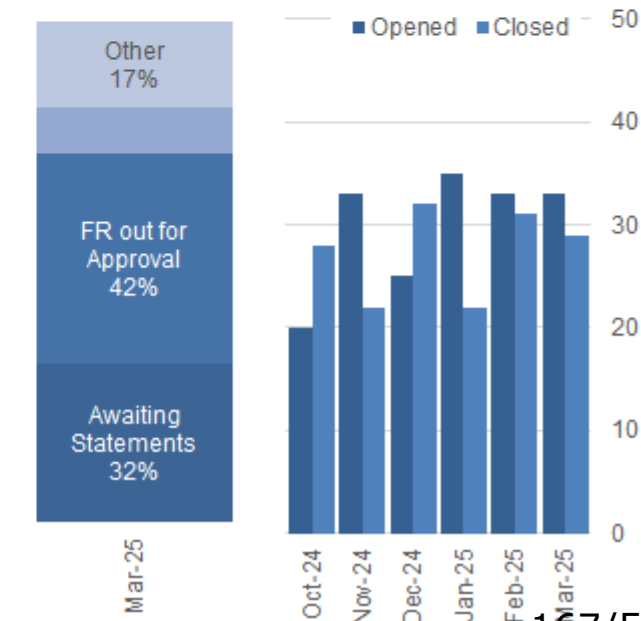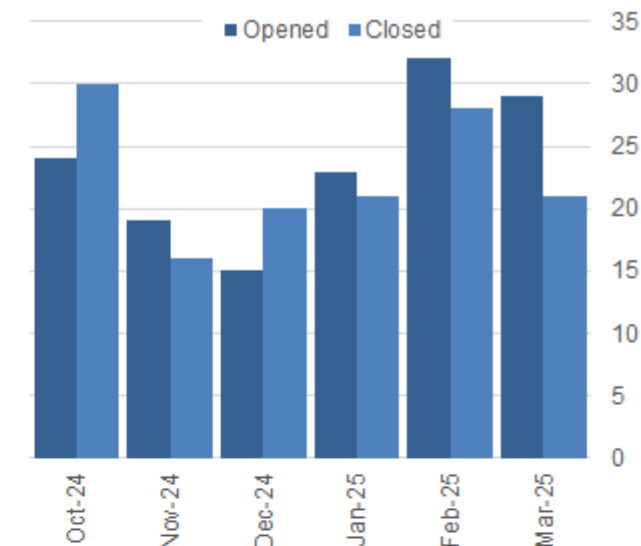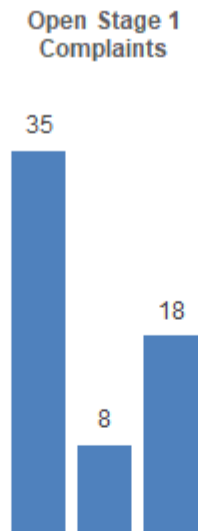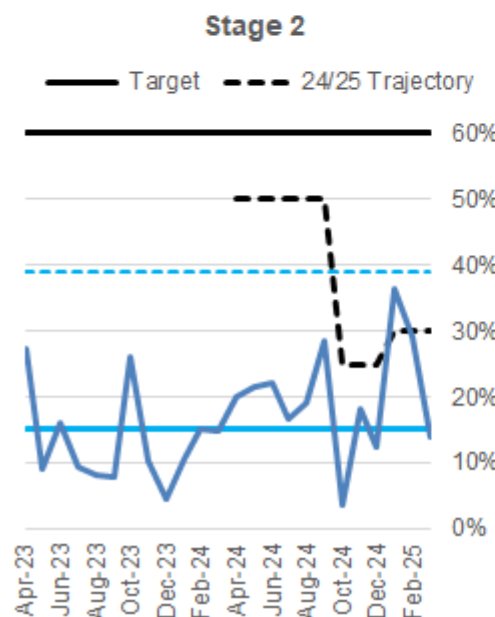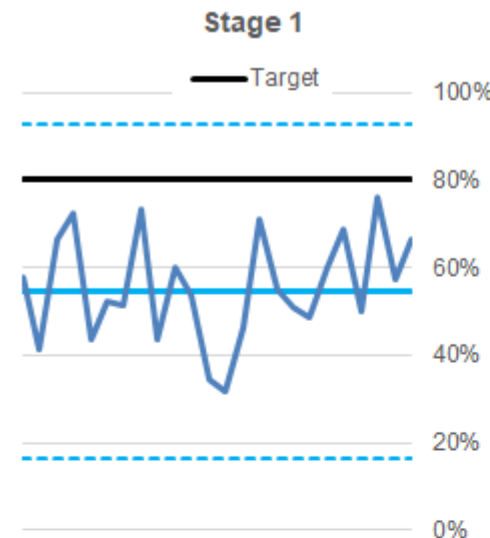
C2. Operational Performance

Indicator	Current Position	Reporting Period		Planned Trajectory	Target	SPC	Vs Previous	Vs Year Previous	Trend	Benchmarking	
4-Hour Emergency Access (A&E)	71.2%	Month	Mar-25		95%	◯	◆	▼		●	Feb-25
4-Hour Emergency Access (ED)	61.4%	Month	Mar-25	75%	75%	◯	◆	▼		●	Feb-25
Delayed Discharges (Standard) Acute/Comm	58.2	Month	Mar-25	39	39	◯	▼	▼		●	Feb-25
Delayed Discharges (Standard) MH/LD	10.7	Month	Mar-25	10	10	◯	▲	◆		●	Feb-25
Antenatal Access	94.2%	Quarter	Dec-24		80%	●	▲	▲		●	CY 2023
Cancer 31-Day DTT	92.9%	Month	Feb-25	95%	95%	◯	▼	▼		●	QE Dec-24
Cancer 62-Day RTT	68.9%	Month	Feb-25	85%	95%	◯	◆	▼		●	QE Dec-24
Patient TTG % <= 12 Weeks	43.1%	Month	Feb-25	44%	100%	●	▼	▼		●	QE Dec-24
Patient TTG waits > 52 weeks	648	Month	Feb-25	669	0	●	▲	▼		●	
New Outpatients % <= 12 Weeks	37.6%	Month	Feb-25	35%	95%	●	▲	◆		●	QE Dec-24
New Outpatients waits > 52 Weeks	5320	Month	Feb-25	6172	0	●	◆	▼		●	
Diagnostics % <= 6 Weeks	88.2%	Month	Feb-25	30%	100%	●	◆	▲		●	QE Dec-24
Diagnostics > 26 Weeks	29	Month	Feb-25	0	0	●	◆	▲		●	
Freedom of Information Requests	84.8%	Month	Mar-25		90%	●	▲	▲		●	

Finance

Indicator	Current Position	Reporting Period		SPC	Vs Previous	Vs Year Previous	Benchmarking
Revenue Resource Limit Performance	Breakeven	YE Mar-25		●	—	—	●
Capital Resource Limit Performance	Breakeven	YE Mar-25		●	—	—	●

Performance Key
meeting trajectory/target	(green)
within 5% of trajectory/target	(orange)
out with 5% of trajectory/target	(red)

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

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

Benchmarking Key
- ● Upper Quartile
- ● Mid Range
- ● Lower Quartile

Emergency Access

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

71.2%

1,869 ⬆ within 4 hours to achieve Standard

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

61.4%

794 ⬆ within 4 hours to achieve trajectory

C2. Operational Performance

Data Analysis

For A&E (ED and Minor Injury Units), performance in Mar-25 was 71.2%, below National Standard, a decrease from month prior and a decrease on year previous (72.5%). ED performance for Mar-25 was 61.4%: almost exactly the same as month prior, which is below the local trajectory of 72%.

There were 7,835 unplanned attendances in Mar-25, equivalent to 253 per day: the highest daily figure since Sep-24 with 637 8-hour breaches and 165 with a wait longer than 12 hours. This compares to 551 and 138 respectively in Feb-25. Breaches in Mar-25 are considerably higher than Mar-24. Breach reasons 'Wait for Bed' accounted for 37% of all breaches and 'Wait for 1st Assessment' accounted for 35% (both increases on month prior).

Nationally there have been revisions to the Emergency Access Standard: these have been incorporated into NHS Fife data reports and will be reflected in performance reporting in due course.

The most recent publication from Public Health Scotland, for Feb-25, shows that NHS Fife continues to be in the mid-range of all Mainland Health Boards: above Scottish average for A&E (+5.0%) and just below for ED (-0.9%).

Achievements & Challenges

Staffing models within ED continue with senior clinical decision maker presence: a dedicated ED CNM continues to ensure appropriate leadership and support. Continued focus on 'Right Care, Right Place' and we see an increased number of patients redirected to QMH MIU. Review of front-door assessment areas is ongoing, with a view to implementation of an SDEC model as part of the wider VHK reimagining work within RTP (test of change currently being undertaken). We are utilising CBC and have additional Consultant cover to support ANP decision making in FNC at times when GP demand is higher and to support flow. SDEC is now capturing the cohort of patients previously on an RTU referral pathway.
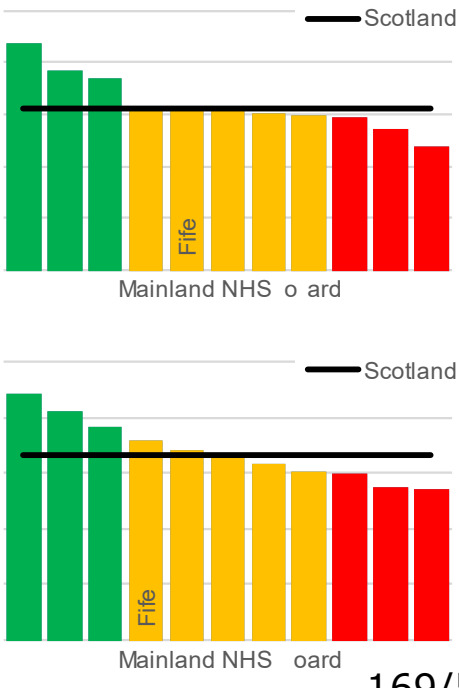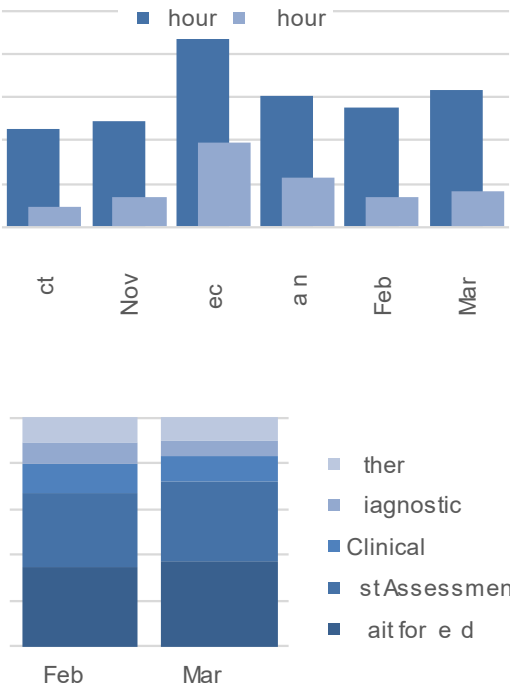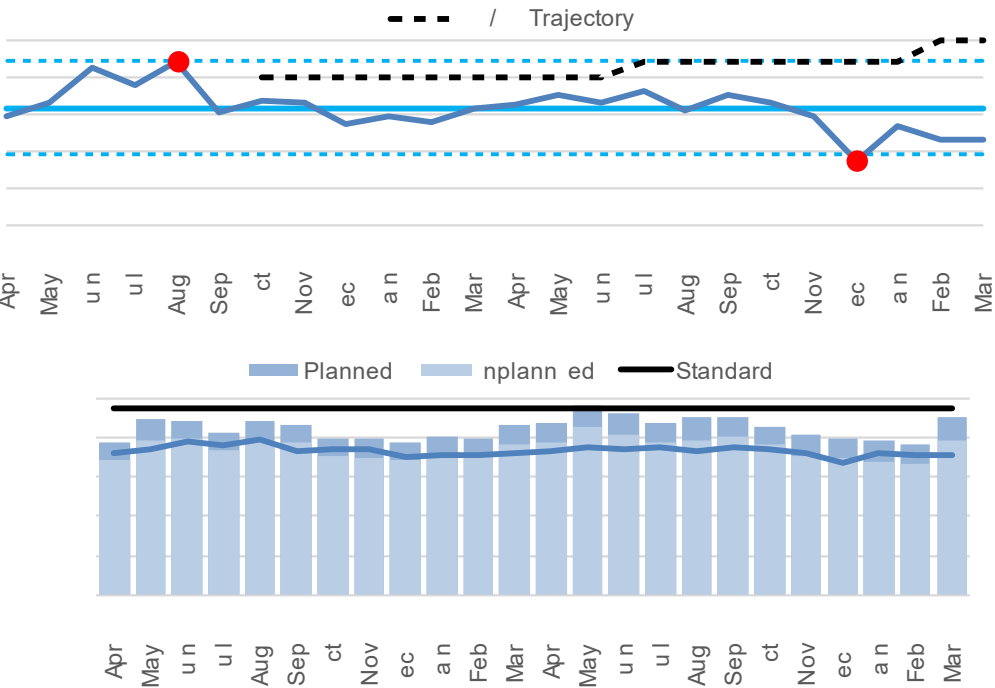
Reduce average number of Bed Days Lost (BDL) per day due to people in delay (excluding Code 9) within **Acute and Community** settings to 39 by March 2025

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

58.2

10.7

20 ⬇ beds occupied to achieve trajectory

1 ⬇ beds occupied to achieve trajectory

C2. Operational Performance
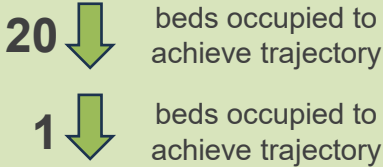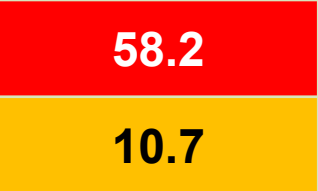
Data Analysis

Bed Days lost to **'Standard' delays:** in Acute & Community, the average daily number increased to 58.2 in Mar-25 (from 54.0 in Feb-25) with 97% of these delays being attributable to Community. This is above the Year End target of 39 and above the 24-month average. In MH/LD services, the average daily number decreased to 10.7 in Mar-25 (from 17.0 in Feb-25). This is just above the monthly target of 10 and equal to the 24-month average.

Bed Days lost to **'Code 9' delays:** in Acute & Community, the average daily number increased to 34.2 in Mar-25 (from 31.7 in Feb-25).

At Mar-25 Census, there were 86 patients in delay (53 Standard delays; 33 Code 9 delays), a decrease from the 94 seen the month previous. In MH/LD services, the average daily number decreased to 12.5 in Mar-25 (from 14.6 in Feb-25).

The most recent monthly publication from Public Health Scotland, for data up to end of Feb-25, shows that NHS Fife remains in the top 50% for All Standard Delays at Census by Local Authority of Residence (per 100,000 Population aged 18+) with 25 delays for Fife against a Scottish average of 32.

Achievements & Challenges

In our ongoing commitment to enhancing patient care and optimising the discharge process our TOC continues that allows individuals to return home with 24hr wrap-around support. In accordance with the 'Discharge Without Delay' Initiative, acute and partnership teams have conducted a joint needs assessment and developed a focused action plan to address key areas:

1. Frailty at the Front Door
2. Planned date of discharge and Integrated discharge teams
3. Discharge to assess and Home first
4. Community Hospital/ Step Down Rehabilitation Units

Subgroups are being pulled together to take forward this key work.

Challenges persist, particularly with frailty levels and extended rehabilitation needs impacting community hospital length of stay.

Work continues to source appropriate packages of care and environments to facilitate timely discharge across mental health and learning disabilities services, aligned to the available financial resources. The function of the discharge coordinator continues to be reviewed to ensure that processes have a dynamic approach to early identification of need and Planned Date of Discharge is in place to enable steady decrease in delays. Daily engagement is coordinated between the MH/LD Discharge Coordinator (DC) and senior ward staff. Weekly ward-based multi-disciplinary, solution focused, verification/flow meetings are in place to ensure any barriers to discharge are addressed. Monthly multi-agency review groups have been established to consider Complex delays, replicating the process adopted for DSR, for patients in delay within Rehabilitation services which will be extended to Forensic services. The Dynamic Support Register (DSR) Standard Operating Produce is currently under review with final draft completed.
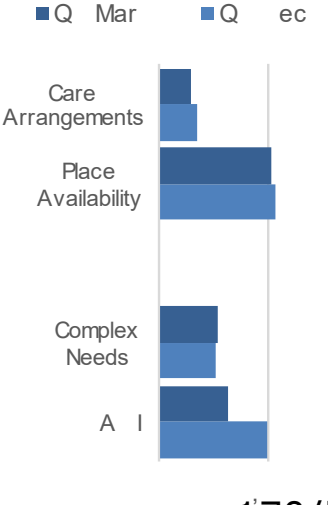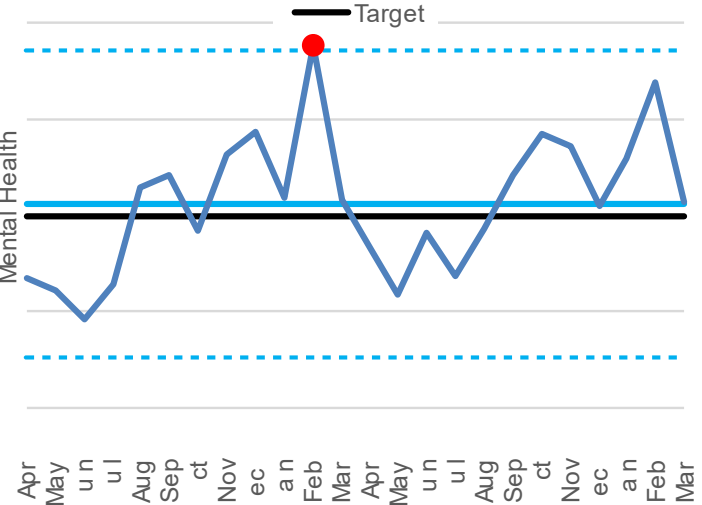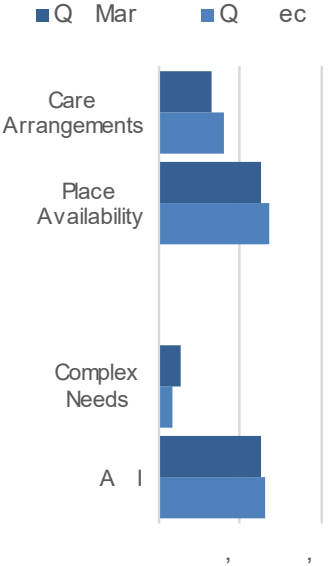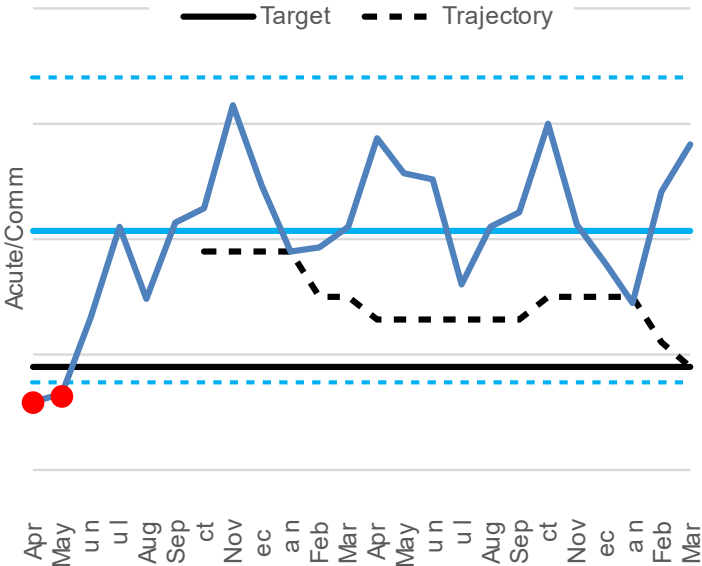
Cancer Waiting Times

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

92.9%

3 ⬆ Trajectory achieved as of Dec-24

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

70.5%

15 ⬆ Treated to meet Standard

Data Analysis

31 day - Monthly performance decreased from 94.5% in Jan-25 to 92.9% in Feb-25, falling below trajectory of 94.5%. Eligible referrals increased from 110 to 127. There were 9 breaches 8 within urology and 1 within breast.

Benchmarking QE Dec-24 showed that Fife was in the mid-range of all NHS Boards at 95.5% above Scotland rate of 94.7%.

62 day – Monthly performance decreased from 72.4% in Jan-25 to 68.9% in Feb-25 this remains below local trajectory of 85.0%. Eligible referrals increased from 79 to 90. There were 28 breaches 21 of which were within Urology (19 Prostate) the other breaches were, 2 breast, 2 head & neck, 2 lung and 1 colorectal.

Benchmarking QE Dec-24 showed that Fife was in the mid-range of all NHS Boards at 76.3% above Scotland rate of 73.5%.

Achievements & Challenges

31 day - All 9 breaches were surgical and dependant on theatre and surgeon capacity. Robotic surgery capacity remains challenging. Range for breaches 2 to 68 days with an average of 21 days (a decrease from 45 days in October).

62 day - Urgent suspected cancer referrals remain stubbornly high, particularly in breast, colorectal, Lung and urology. Urology remains our biggest performance challenge with 31 breaches (19 prostate). Lack of capacity for transperineal biopsy and post MDT appointments for both Urology and Oncology are causing significant delays throughout the pathway. Due to a single surgeon capacity, the number of robotic surgeries that can be performed is restricted.

Prostate breach range: 16 - 194 days, average 63 days (a significant increase from 24 days in December).

A further 7 breaches were seen; 2 Breast, 1 Colorectal, 2 H&N, 2 Lung. Lack of resources for surgery and radiotherapy attributed to breast and lung breaches, with delays to biopsy and outpatient appointments impacting on H&N and colorectal pathways.

Range for all breaches: 6 to 194 days, average of 54 days (an increased from 32 days in December). New channelled endoscopes plan to aid the H&N pathway and improve waits for cancer patients. Urology pathway reviews are underway to streamline processes and reduce delays between steps.

31-day DTT

— Standard   --- 24/25 Trajectory

■ Eligible Referrals

62-day RTT

— Standard   --- 24/25 Trajectory

■ Eligible Referrals

Breaches

Prostate — QE Feb-25

Benchmarking QE Dec-24

— Scotland

31 Day DTT — Mainland NHS Board (Fife)

— Scotland

62-day RTT — Mainland NHS Board (Fife)
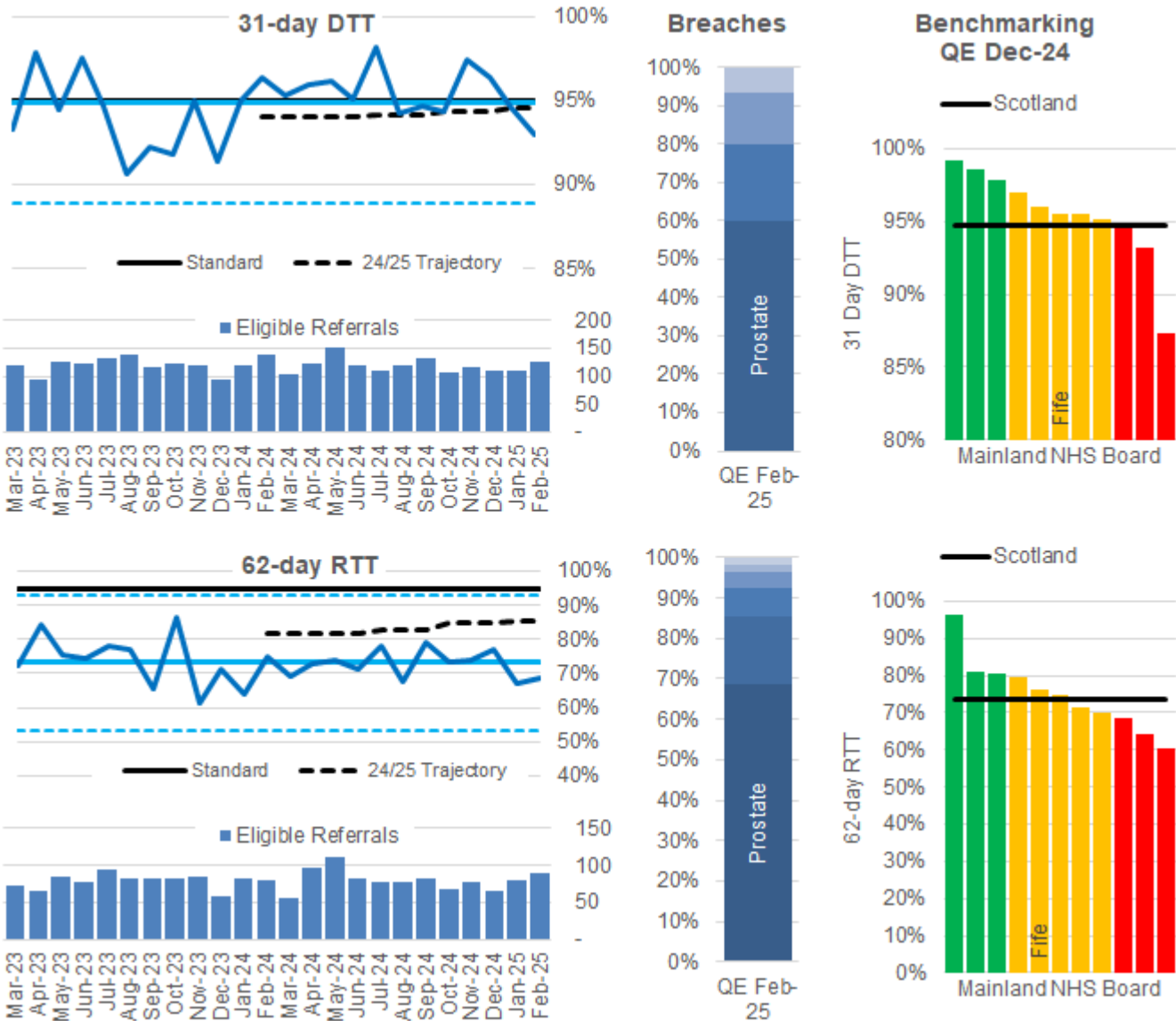
Treatment Time Guarantee

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

43.1%

12 ⬆

Waits to meet Standard

Reduce the number of patients waiting 52 weeks or more for treatment

648

Trajectory met as of Feb-25

Data Analysis

Performance decreased for the 3rd consecutive month to 43.1% in Feb-25, with 38.7% of ongoing waits within 12 weeks, a reduction from 40.5% in Dec-24. Waiting list numbers for waits of 'over 12 week' increased to 5231 in Feb-25. Waits 'over 26 weeks' increased to 2774, waits 'over 52 weeks' decreased to 648. The majority of over 52 weeks lie within Orthopaedics (254) and Ophthalmology (312) the latter having increased from 260 in Dec-24.

Waits 'over 104 weeks' decreased to 8 below projected figure (20), most are within Orthopaedic (7).

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

Achievements & Challenges

Against projections for 2024/25, in February we delivered 95.3% of projected capacity, however a gap remains between capacity and demand of approximately 185 procedures. In February, the specialties demonstrating the biggest gaps are ENT, General Surgery, Orthopaedics and Urology.

Overall waiting list size is ahead of trajectory as well as those patients waiting >104 weeks, >78 weeks and >52 weeks. The main specialities of concern in relation to long waiting patients, continue to be General Surgery, Gynaecology, Ophthalmology, Orthopaedics, Plastic Surgery and Urology. However, the focus continues to be on urgent and urgent suspicion of cancer patients with continued effort to reduce the number of long waiting patients using additional activity funded by Scottish Government.
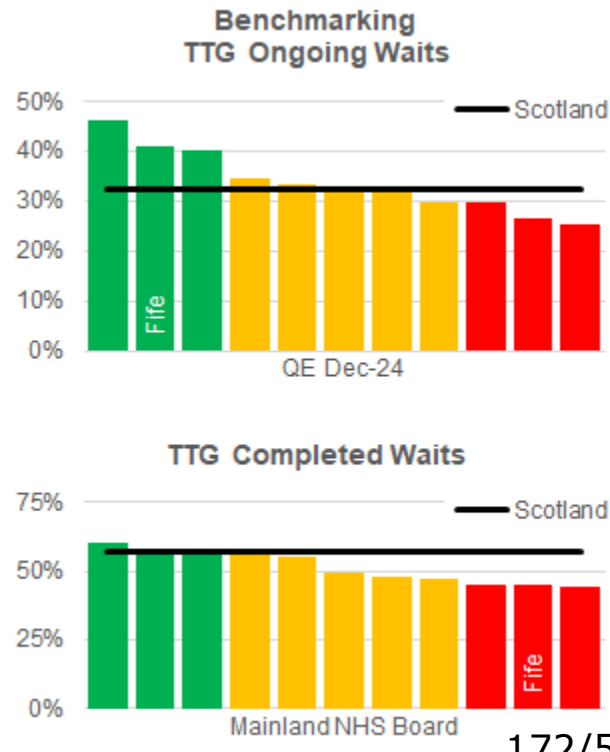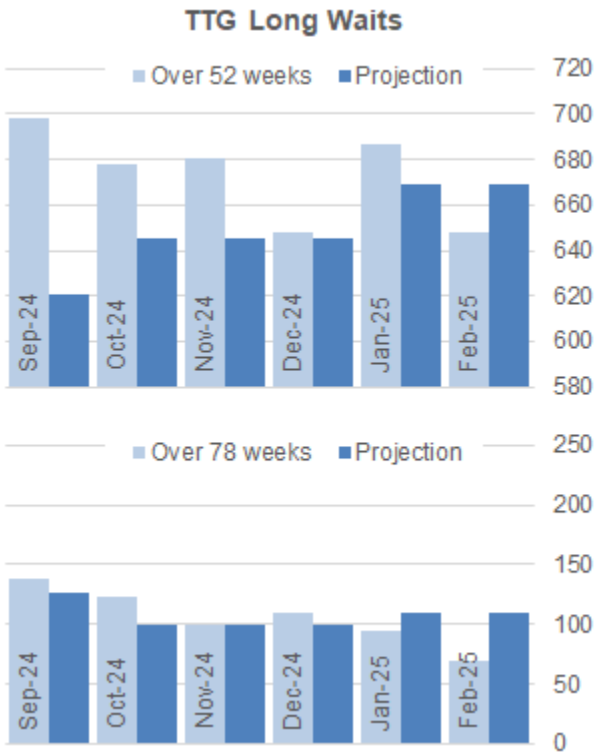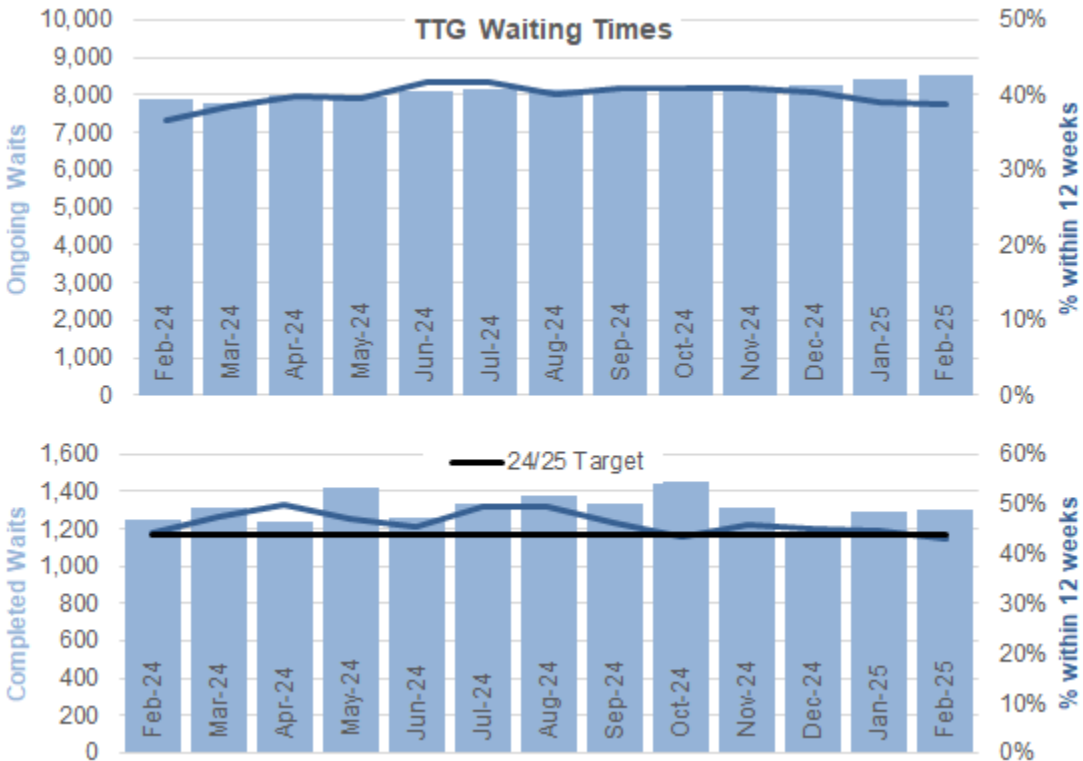
In 2024/25, 35% of patients to wait no longer than 12 weeks from referral to a first outpatient appointment (**National Standard** 95%)

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

37.6%

5320

Trajectory achieved as of Feb-25

Trajectory achieved as of Feb-25

Data Analysis

Monthly performance increased to 37.6% in Feb-25 and remains above local trajectory of 35%. Waits for over 12 weeks decreased to 18,989.

Waits for 26 weeks decreased to 11,667 with waits over 52 weeks increasing to 5,230, most are within ENT (1,586 and decreasing) and Urology (894 and increasing).

Waits for 78 weeks decreased to 1,555 which is above trajectory (1,210) with waits over 104 weeks increasing to 194, above trajectory of 31.

The overall waiting list decreased to 30,450 patients in Feb-25 from 31,113 previous month. Actual activity was 7,605 against a projection of 8,090.

Benchmarking for the QE Dec-24 shows NHS Fife to be mid-range of all mainland boards with a performance of 36.6%, below the Scotland average of 38.0%

Achievements & Challenges

Against the projections for 2024/25, in February we delivered 96.6% of projected capacity. Demand was slightly less than expected, and there remains a gap between capacity and demand of approximately 110 appointments. In February, the specialties demonstrating the biggest gaps are Breast, Orthopaedics and Urology. This is due to a combination of increased demand, difficulties in delivering additional activity and an increased proportion of urgent referrals.

Overall waiting list size is ahead of trajectory however 62% of patients are waiting over 12 weeks. The specialities showing the greatest and/or fastest increases in numbers of longer waiting patients (>52 weeks) are Cardiology, ENT, Gastroenterology, Gynaecology, Neurology, Urology and Vascular.

Waiting times are monitored weekly with continued focus on urgent suspicion of cancer, urgent and long waiting patients. A consistent process is in place for regular waiting list admin validation and engagement continues with National Elective Co-ordination Unit (NECU) and CfSD to implement any additional improvements to manage referrals/waiting lists.
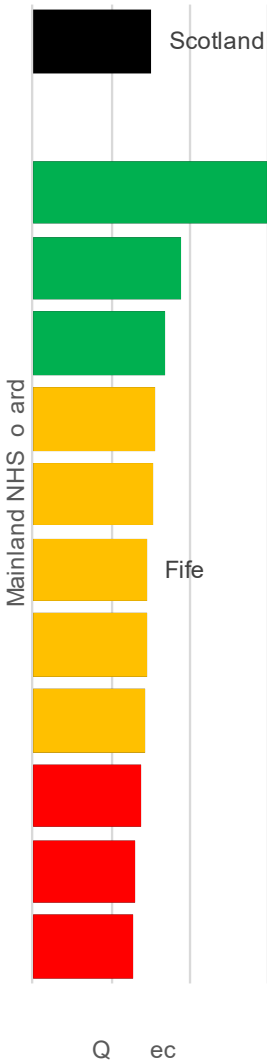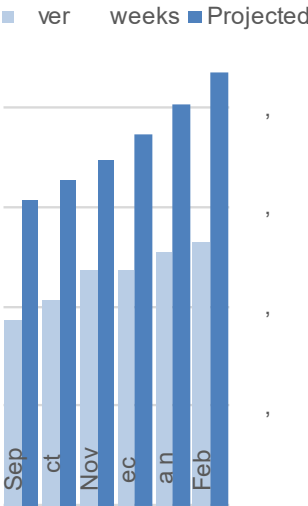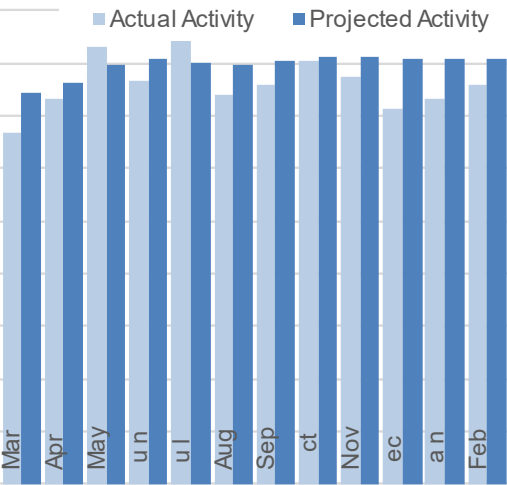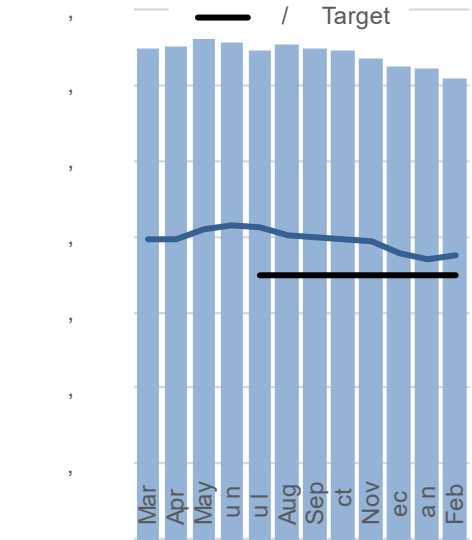
By Mar-25, 30% of patients to wait no longer than 6 weeks from referral to key diagnostic test (**National Standard** 100%)

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

87.2%

29

Trajectory achieved as of Feb-25

29 ⬇ Waiting over 26 weeks to achieve trajectory

C2. Operational Performance

Data Analysis

Monthly performance increased to 88.2% in Feb-25 from 86.6% in Jan-25, remaining well above local trajectory of 30%. In terms of waiting list numbers, this increased to 5,095 from 4,563 month prior.

Scope performance increased from 70.4% in Jan-25 to 76.8% in Feb-25 with list size increasing from 549 to 625.

Imaging list size increased to 4,470 with performance up to 89.7%.

The number of patients waiting over 6 weeks decreased to 601, above the projection of 164, with waits over 26 weeks decreasing to 29. There are no patients waiting over 52 weeks.

Benchmarking for the QE Dec-24 shows NHS Fife to be the best performing of all mainland boards with a performance of 87.1%, above the Scotland average of 53.1%.

Achievements & Challenges

Within Radiology, all modalities urgent and urgent suspicion of cancer requests continue to be prioritised and seen within two weeks.

- **CT** have continued to maintain on target performance by making efficient use of Scottish Government waiting times (SG WT) funding. The team are managing the impact of SDEC implementation within Scheduled care service.
- **MR**I also have maintained on target performance. Deep Resolve impact is being assessed, and initial findings are positive, and mobile requirement should be significantly reduced next year.
- **US** waiting lists reduced significantly (from 26 weeks to 10 weeks) in Q1 and Q2 using SG WT funding. Following the withdrawal of funding, activity has reduced and numbers waiting have started to rise as a reflection of this.

For Endoscopy, the service continues to prioritise urgent suspicion of cancer, urgent, BCSP and high-risk surveillance. Re-triaging of long waiting routine patients continues, with upgrading or removing where appropriate. Pre assessment continues to be successful in managing the DNA and CNA rate. Overall positive position leading into the new financial year.

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

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

| **Breakeven** | at YE Mar-25 |
| **Breakeven** | at YE Mar-25 |
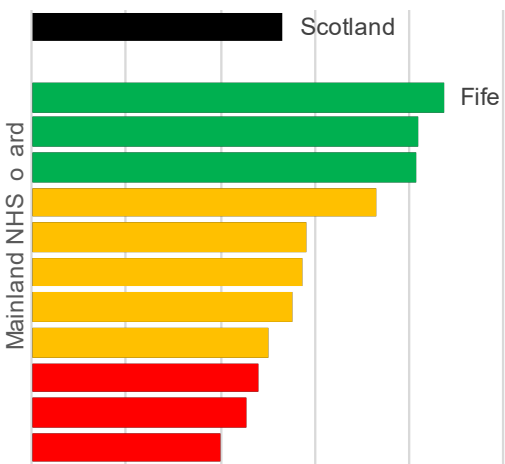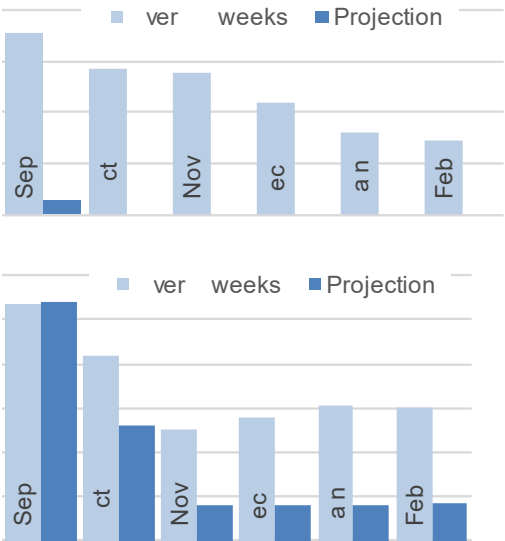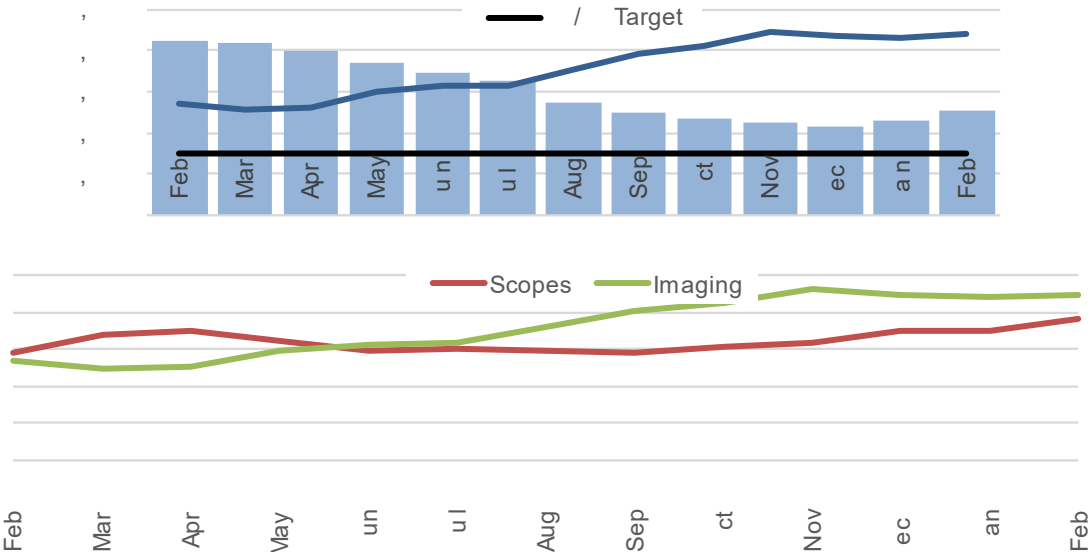
Finance

Budget Area	Annual Budget £'000	YTD Budget £'000	YTD Spend £'000	YTD Variance £'000
NHS Services (incl Set Aside)				
Clinical Services				
Acute Services	324,991	324,991	337,903	-12,912
IJB Non-Delegated	10,590	10,590	10,102	488
Non-Fife & Other Healthcare Providers	105,505	105,505	112,626	-7,121
Non Clinical Services				
Estates & Facilities	99,196	99,196	99,145	51
Board Admin & Other Services	111,635	111,635	110,684	951
Other				
Financial Flexibility	16,184	16,184	-1,979	18,163
Income	-45,155	-45,155	-45,915	760
TOTAL HEALTH BOARD RETAINED SERVICES	**622,946**	**622,946**	**622,566**	**380**
Health & Social Care Partnership				
Fife H & SCP	449,022	449,022	465,187	-16,165
Risk Share from Fife Council			4,728	-4,728
TOTAL HEALTH DELEGATED SERVICES	**449,022**	**449,022**	**469,915**	**-20,893**
Repayable Scottish Government Brokerage	**20,513**	**20,513**		**20,513**
TOTAL NHS FIFE	**1,092,481**	**1,092,481**	**1,092,481**	**0**

Capital Programme 2024/25	Initial CRL Funding £'000	Additional CRL Funding £'000	CRL Funding £'000	Expenditure Total £'000	Variance £'000
Statutory Compliance	2,500	689	3,189	3,207	-18
RTP/Clinical Prioritisation Contingency	750	-459	291	290	1
Capital Equipment	1,074	4,999	6,073	6,030	43
Digital & Information	1,898	875	2,773	2,671	102
Mental Health Estate	1,000	1,487	2,487	2,473	14
Capital Staffing Costs	342	-340	2		2
Capital Repayment	200	-200		149	-149
Medical Education		921	921	1,010	-89
NES Resuscitation Equipment		93	93		93
Total	**7,764**	**8,066**	**15,830**	**15,831**	**-1**

Review of Financial Performance & Reporting

Revenue Budget
The overall opening financial gap reduced from £54.750m to £51.350m in July 2024 as a consequence of allocation increases notified since the financial plan was approved by the NHS Fife Board in March 2024.
On receipt of repayable financial brokerage from Scottish Government of £20.513m we will achieve a financial breakeven position for 2024/25.
We have achieved both the Cash Requirement and Capital Resource Limit financial targets.
We have delivered £26.592m savings in year against a planned 3% target of £25m, of which £18.405m is on a recurring basis.
The overspend for the Health Board delegated budget to the end of March of £20.893m includes an overspend on health delegated services of £16.165m and risk transfer from Fife Council of £4.728m.

Capital Budget
Our initial CRL received for the 2024/25 financial year was £7.764m. We made additional funding bids during the year and were successful in securing an additional £8.066m budget informing a total capital budget of £15.830m.

Within capital equipment expenditure three image intensifiers were received, evaluated and rejected as they were not fit for purpose. These items remain a priority, and we have signposted this with the National Equipment Lead, National Infrastructure Board, Scottish Government who has acknowledged this is a priority for 2025/26 for NHS.

Included in our total capital expenditure of £15.830m, was £2.473m spent on upgrading our Mental Health estate and £2.671m on Digital equipment and upgrades. Just over £3.2m was incurred on statutory compliance and backlog maintenance including Ward 6 at VHK, the QMH Gynaecology unit reconfiguration, Roads & Car parks, LED lighting alongside numerous other smaller schemes. Expenditure on capital equipment totalled just over £6m which included significant expenditure on radiology equipment.

The Financial Performance Report to end of March 2025 sets out the financial position in more detail and is considered separately by the ELT, Finance, Performance & Resources Committee and the NHS Fife Board.

C3. Workforce

Indicator	Current Position	Reporting Period		Planned Trajectory	Target	SPC	Vs Previous	Vs Year Previous	Trend	Benchmarking	
Sickness Absence	6.84%	Month	Feb-25	6.5%	6.5%	○	▲	▲		●	YE Jan-25
Personal Development Plan & Review (PDPR)	44.6%	Month	Mar-25	60.0%	60%	●	◆	▲		●	
Vacancies (Medical & Dental)	5.2%	Quarter	Dec-24			●	▼	▲		●	
Vacancies (Nursing & Midwifery)	2.4%	Quarter	Dec-24			●	◆	▲		●	
Vacancies (AHPs)	2.6%	Quarter	Dec-24			●	▲	▲		●	

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

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

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

Benchmarking Key
- ● Upper Quartile
- ● Mid Range
- ● Lower Quartile
- ● Not Available

Sickness Absence

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

6.84%

4,117 ⬇ Hours to achieve trajectory

Data Analysis

Sickness absence decreased from 7.99% in Jan-25 to 6.84% in Feb-25. Short-term absence decreased from 3.75% in Jan-25 to 3.30% in Feb-25, with a decrease in long term absence from 4.24% to 3.53%.

Most sickness absence episodes and hours lost continue to relate to mental health related reasons for absence (amounting to 28.8% of all absences).The number of hours lost dropped from 108,451 in Jan-25 to 83,818 in Feb-25.

Within HSCP, Community Care the sickness absence rate dropped below 10%, Complex & Critical Care is below 8%. Within Acute Services, the Medical Directorate is above 8%.

The latest benchmarking for Jan-25 shows NHS Fife to be in the low-range of all the territorial NHS Boards.

Achievements

Completion of a multifactorial review within H&SCP and development of an implementation plan based on recommendations.

Continue to highlight the importance of recording sickness absence data accurately.

Future/Ongoing

- Attendance management training is being updated to take account of reviewed OfS implementation and to incorporate NHS Fife's Leadership Framework.
- Continue to identify areas of good practice to develop shared learning. Continue to identify priority areas and carry out a deep dive with a solutions-based focus.
- Directly engage with teams / services where absence figures are higher than 10% and support managers to develop recovery plans.

Challenges

Pressures associated with reduced working week / Ageing workforce with complex health needs.
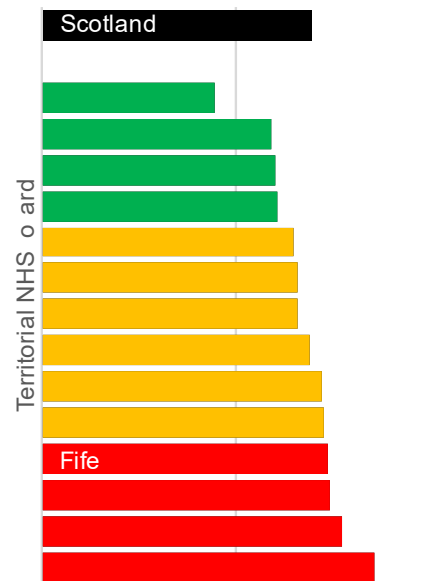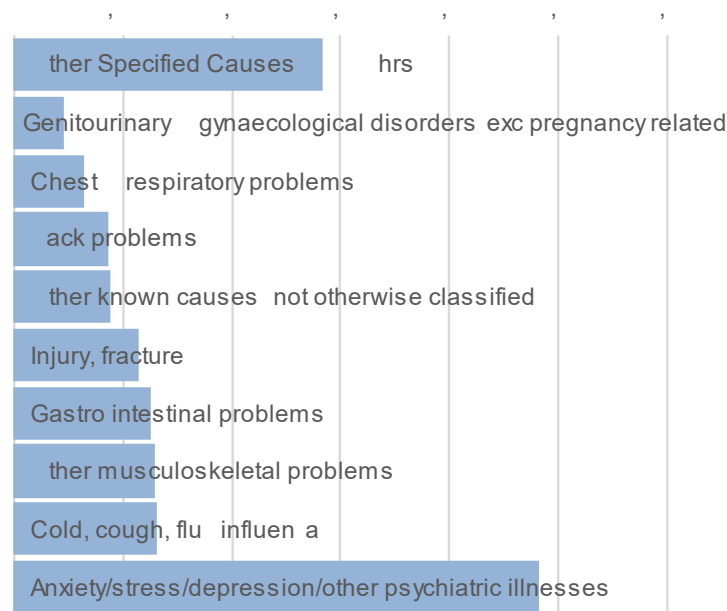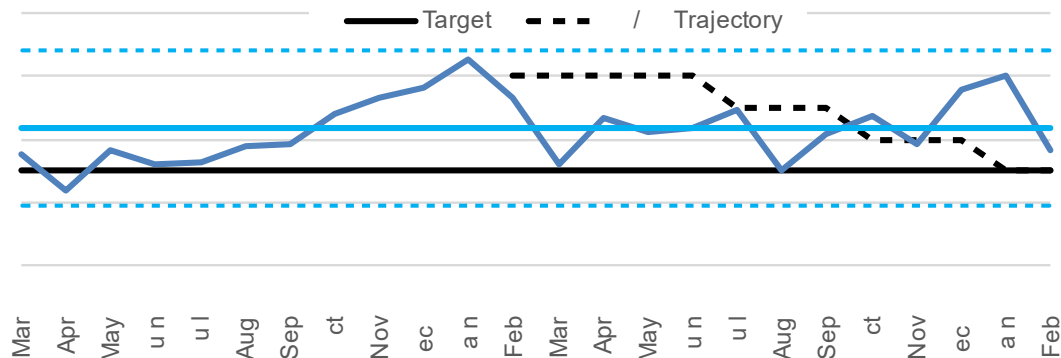
C3. Workforce

Data Analysis

Compliance was 44.6% in Mar-25, unchanged from the previous month, but an increase of 3.7% on the same month in 2024. This is below the locally agreed trajectory of 60.0%.

The number of reviews held in Mar-25 increased by 15.8% to 440 from month prior. In 2024/25 there have been a total of 3,919 reviews held compared to 3,701 in 2023/24.

Compliance was highest in HSCP at 45.6% with Primary & Preventative Care the highest with 50.6% and Complex & Critical Care the lowest at 39.4%; the latter decreased by 2.9% on the previous month.

Corporate Services compliance is 44.1%, an increase of 1.1% from the previous month and 10.4% higher than the previous year.

Acute Services compliance is 43.0%., both the WCCS and Surgical Directorates have increased compliance to 56.5% and 57.0% respectively, the Medical Directorate is at 20.2% compliance its 2nd lowest level in financial year 2024/25.

Achievements & Challenges

Actions identified as part of the PDPR recovery plan initiated in December 2024 are progressing. All managers in the Corporate Directorates and in HSCP have been provided with PDPR status reports. Acute Services managers are receiving these reports currently.

All NHS Fife and HSCP managers have received a reminder of their responsibilities in this process and relevant guidance has been provided to support this. Additional TURAS Appraisal training sessions are being provided to accommodate anticipated increases in demand. Follow up actions to reduce our numbers of partially signed off appraisals and data reconciliation work to reduce the number of standalone TURAS accounts have been progressed. All paper-based appraisals to date are accounted for at this time.

An engagement session with the HSCP SLT has taken place, securing their commitment to drive up completion rates sustainably going forward. A session with the Acute Services SLT will take place in April 2025.

PDPR Compliance
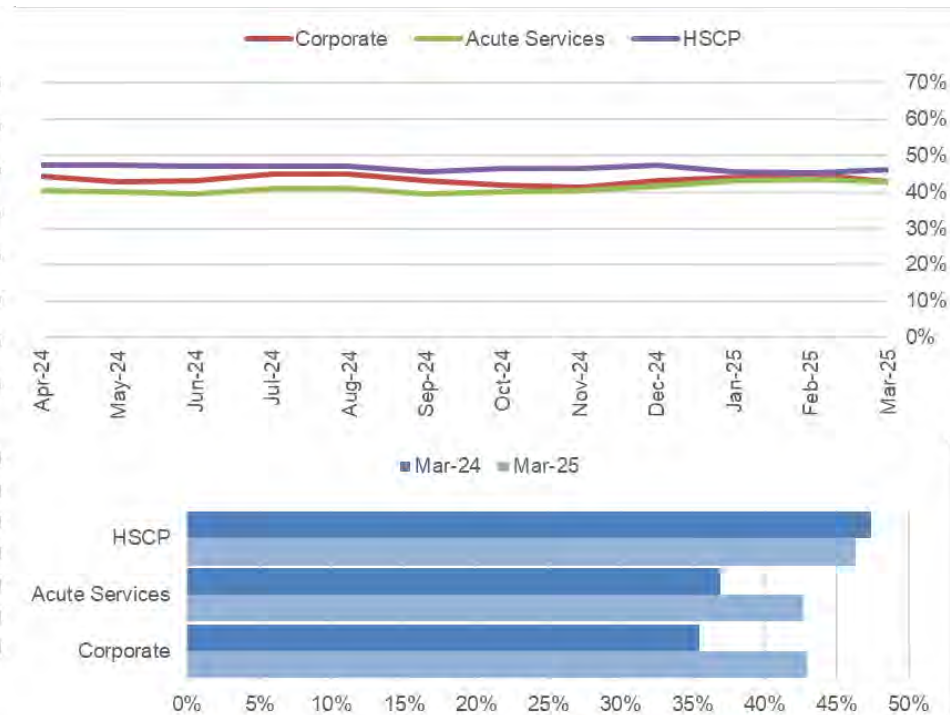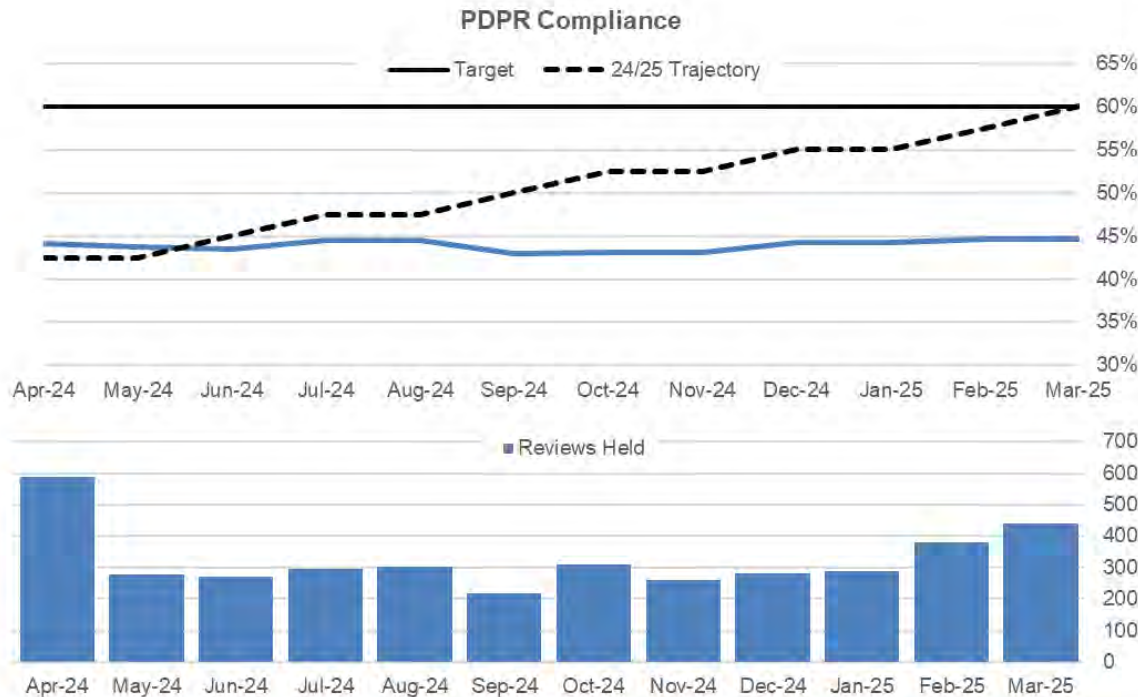
Vacancies

Reduce the number of vacancies in the following professions:

Medical & Dental (M&D)	**5.2%**
Nursing & Midwifery (N&M)	**2.4%**
Allied Health Professionals (AHPs)	**2.6%**

C3. Workforce

Medical & Dental

WTE vacancies saw increase from the Sep-24 figure to 16.3 in Dec-24. Elements of the increased recruitment activity is focused on those specialisms incurring supplementary spend (e.g. Psychiatry). The vacancies are spread evenly amongst Anaesthetics, Urology, Paediatrics, Intensive Care, Histopathology, Geriatric Medicine, Forensic Psychiatry.

Nursing & Midwifery

WTE vacancies has seen a decrease for this reporting quarter dropping from 116.9 WTE to 103.2 WTE. 74.5% of vacancies are for qualified staff Bands 5 to Band 7+.

This reduction is related to the intake of newly qualified registrants during the autumn of 2024.

AHP

WTE vacancies have fallen to 18.9 WTE. The largest number of vacancies lie within Occupational Therapy and Physiotherapy and this amounts to 68.3% of all vacancies.

This reduction is related to the intake of newly qualified registrants during the autumn of 2024.

	To improve health and wellbeing	5	3	2	-	-	◄►	Hungry

Indicator	Current Position	Reporting Period		Planned Trajectory	Target	SPC	Vs Previous	Vs Year Previous	Trend	Benchmarking	
Smoking Cessation (2024/25)	217	YTD	Dec-24	354	473	⚫	—	—		🟡	QE Sep-24
Alcohol Brief Interventions (2024/25)	103%	YTD	Jun-24		80%	⚫	—	—		⚪	
Drugs & Alcohol Waiting Times	92.3%	Quarter	Sep-24		90%	⚫	▼	▲		🟡	QE Sep-24
CAMHS Waiting Times	100.0%	Month	Feb-25	90.0%	90%	○	◆	▲		🟡	QE Dec-24
Psychological Therapies Waiting Times	78.0%	Month	Feb-25	73.0%	90%	○	▲	▲		🟡	QE Dec-24
Mental Health Readmissions within 28 days	4.8%	Quarter	Sep-24			⚫	▲	▼		🟢	YE Sep-24
Breast Screening	73.4%	3-YTD	Mar-23		80%	⚫	—	—		🔴	2021-23
Bowel Screening	65.8%	2-YTD	Apr-24		60%	⚫	—	▼		🔴	2023/24
AAA Screening	86.6%	YTD	Mar-24		85%	⚫	—	▼		🟡	2023/24
Infant Feeding	32.3%	Month	Dec-24			○	◆	▲		🟡	QE Dec-24
Child Developmental Concerns	16.7%	Quarter	Dec-24			○	◆	▼		🟡	QE Dec-24
Immunisation: 6-in-1 at Age 12 Months	93.5%	Quarter	Dec-24		95%	○	▼	▼		🔴	QE Dec-24
Immunisation: MMR2 at 5 Years	86.8%	Quarter	Dec-24		92%	○	▲	▼		🔴	QE Dec-24
Flu Vaccination (Winter, Age 75+)	81.2%	Week to	30-Mar		80%	⚫	—	—		🟡	ME Mar-25
COVID Vaccination (Winter, Age 75+)	77.8%	Week to	30-Mar		80%	⚫	—	—		🟡	ME Mar-25

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

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

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

Benchmarking Key
- 🟢 Upper Quartile
- 🟡 Mid Range
- 🔴 Lower Quartile
- ⚫ Not Available

Smoking Cessation

Sustain and embed successful smoking quits at 12 weeks post quit in the 40% most deprived SIMD areas (473 in 2024/25)

217 quits 61.3% (to Dec-24)

137 ↑ successful quits were required to achieve Trajectory for Dec-24

Data Analysis

There were 22 successful quits for the 40% most deprived SIMD areas in Dec-24 (34 successful quits in total); which is 18 short of the monthly target. Achievement against trajectory is 61.3% for Apr-Dec 2024 (compared to 56.2% for Apr-Dec 2023).

For all quit attempts, the quit success rate in 'Maternity' services is higher than for other services: and total quit success rate for Apr-Dec 2024 was 23%.

The most recent quarterly publication from Public Health Scotland, covering the quarter ending Sep-24 (Q2), showed that NHS Fife was in the mid-range of all Mainland NHS Boards, with a rate of 61.8% against a Scottish average of 74.4%.

Achievements & Challenges

Training has been delivered to maternity service staff in QMH. Positive impact of this workforce development is continued early referrals, coupled with the 1-1 support from the specialist service the quit success rate for pregnant smokers is the highest across the services at 57%. We aim to maintain this in the coming months by delivering a training event for the maternity services team at VHK.

Targeted outreach and promotional events in some of the lowest SIMD areas across Fife using the mobile unit has been reflected by increase in referrals from our priority groups.

In February 2025, the specialist service moved swiftly to re-introduce the treatment pathway for the return of Varenicline. Since 14 February there have been 107 patients successfully on the pathway, this is combined treatment of GP prescribing and specialist service behavioural change support.

No Smoking Day in March provided an opportunity to link in with a variety of other services and professionals across Fife. It continues to be a valuable awareness raising campaign and results in increased enquiries and referrals.

The specialist service offered 685 appointments across Fife in Q3, there was an increase in DNA and cancellations. In response to this, we have implemented a follow up process to re-engage with patients, this has seen a positive impact in supporting people with new quit attempts.

There has been no national update to the LDP Standard of 473 for NHS Fife of 40% most deprived SIMD areas or the reporting format. The challenge remains that it is not currently possible to report on 2 out of the 4 priority groups: 'People with mental health condition' and 'People with physical health conditions attributed to smoking'.

Sourcing suitable venues and potential access to a clinic room at VHK remains a challenge, the mobile unit has been utilised to provide clinic solutions at various sites. Ongoing team capacity in deficit due to absence and vacancy. These are being managed.
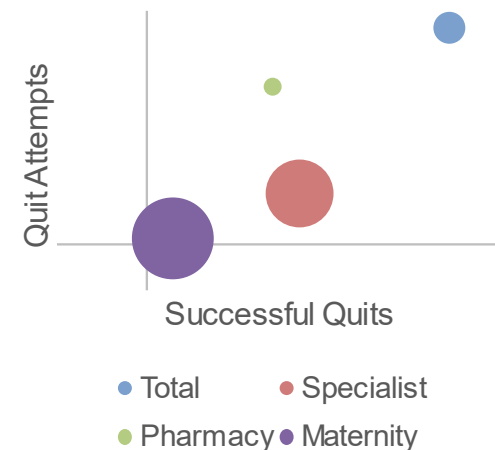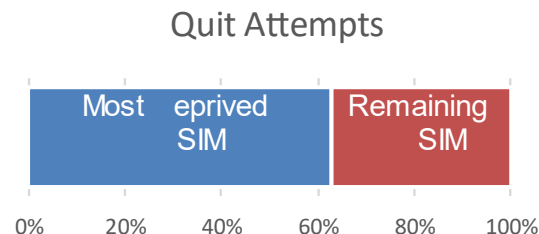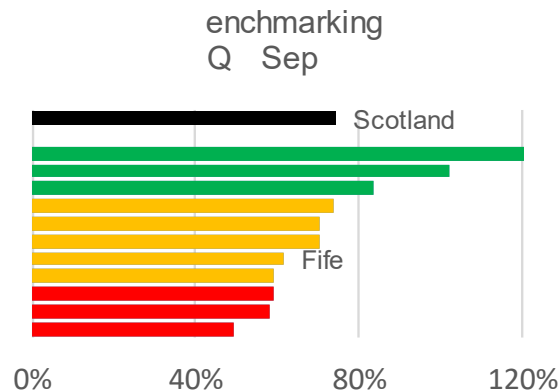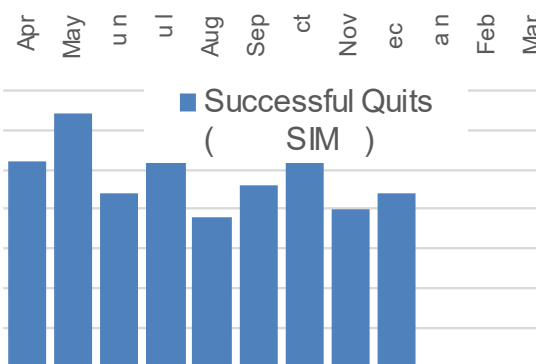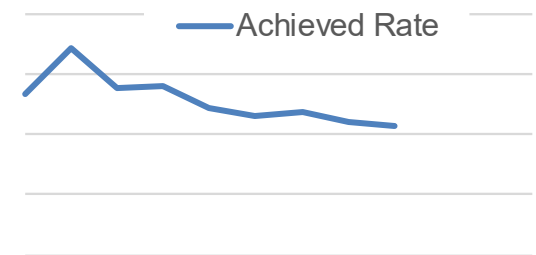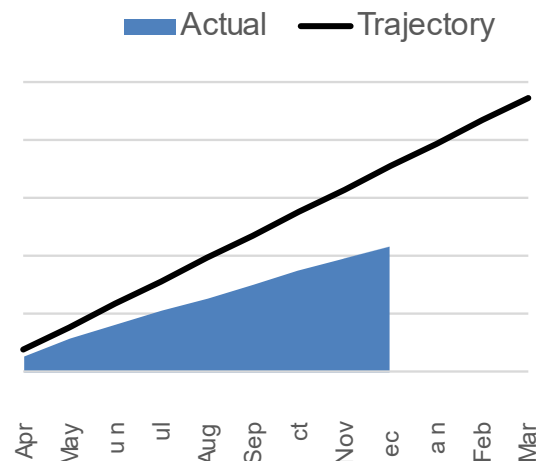
Drug & Alcohol Waiting Times

90% of people referred for help with problematic drug or alcohol use will wait no longer than three weeks for specialist treatment that supports their recovery

92.3%

Target achieved
Sep-24

C4. Population Health & Wellbeing

Data Analysis

Completed waits for QE Sep-24 was 92.3% a decrease from QE Jun-24 (94.5%) however performance still above the National Standard of 90.0%. Standard has been achieved the last 3 quarters.

Referrals have decreased to 873 the lowest figure since Mar-23, the average over 2024 so far is 913 per quarter. The number of ongoing waits has increased to 220 (192 at end of Jun-24) with 179 waiting less than 3 weeks.

Benchmarking for the QE Sep-24 shows NHS Fife to be in the mid-range of all mainland boards for completed waits, just above lower quartile performance and below Scotland average of 93.6%.

Data for QE Dec-24 has been published, however only 6 of 7 services are included therefore data has not been updated.
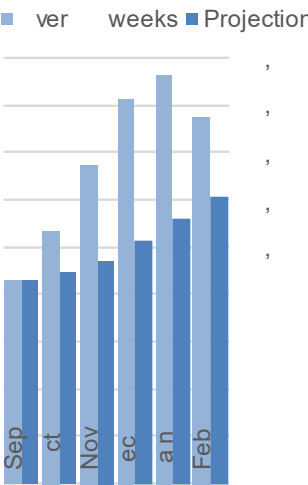
Achievements & Challenges

Fife has met the target for both quarter 1 with 94.5% and quarter 2 with 92.3% for 2024/25. These quarters were not met the previous year and indicates an improvement in performance and compliance.

Quarter 3 was published on 25/03/2025 and this has also been met. NHS Fife Addiction Services was excluded from Q3 due to anomalies in the extract report. Public Health Scotland extract the service for all the quarters in the published report, but this will be rectified in Q4 publication in June 2025.

Local NHS database systems assure that the service was compliant with inputting of data locally and their referrals had met the target for Q3. However further investigations post publication indicated that reporting into DAISy was not aligned with local database systems. The ADP and Service are now monitoring weekly, and resolutions have been identified and executed and include additional training, information flow management and additional staff trained. This will ensure that local database is aligned more fully to the national database for Quarter 4.

Standard

ec Mar un Sep ec Mar un Sep ec Mar un Sep

Accepted Referrals   Treated

Sep ec Mar un Sep

Scotland

Fife

CAMHS

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

100%

Trajectory achieved
As of Feb-25

C4. Public Health & Wellbeing
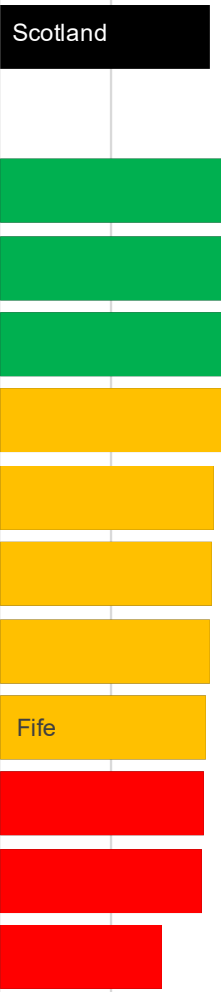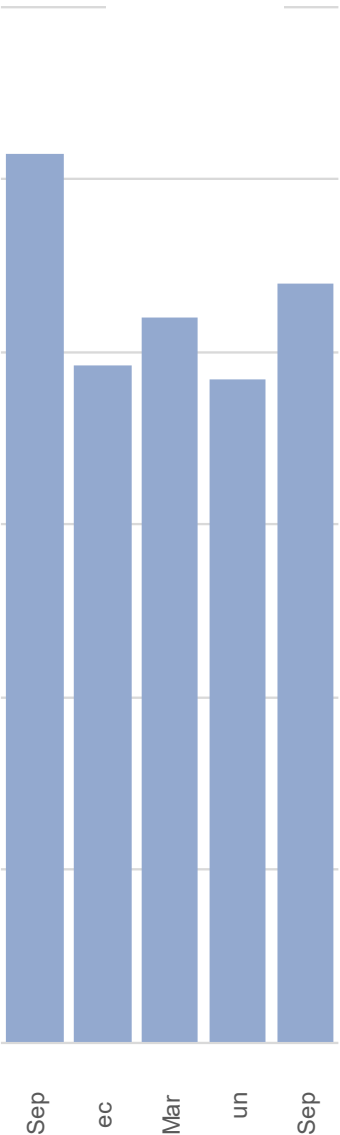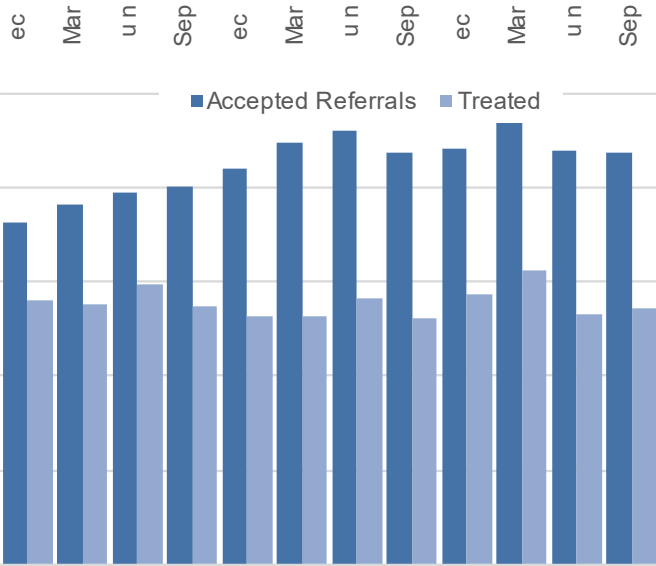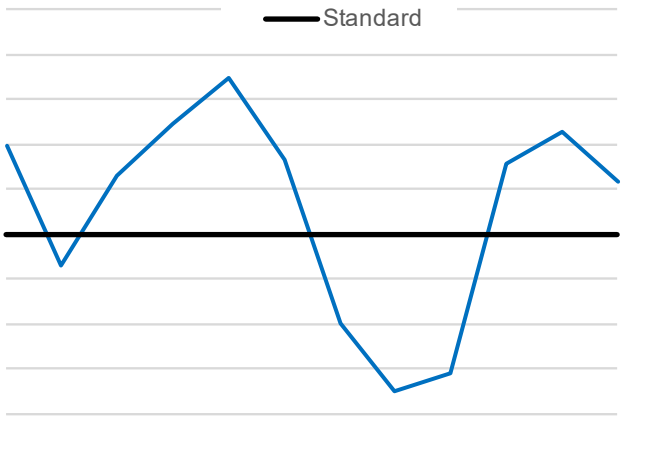
Data Analysis

Monthly performance increased from 98.8% in Jan-25 to 100% in Feb-25 which remains above national standard. In Feb-25 no patient was waiting more than 19 weeks for treatment.

The number of referrals received in Feb-25 was 233, an increase from Jan-25 and lower than same month in 2023. The overall waiting list increased to 71.

Referrals including Self-Harm as an element for the QE Feb-25 were responsible for 29% of total referrals this is lower than previous QE Nov-24 at 30%.

Benchmarking for the quarter ending Dec-24 shows NHS Fife lie in the mid-range of all mainland boards, 96.2% against Scotland average of 90.6%.

Achievements & Challenges

90% RTT achieved for seven consecutive months, August 2024 to February 2025.

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

Referrals decreased compared to February 2024 and there continues to be a declining trend in referrals overall.

Overall, demand, capacity, activity and queue look balanced highlighting the success of the positive strategies implemented throughout the service.

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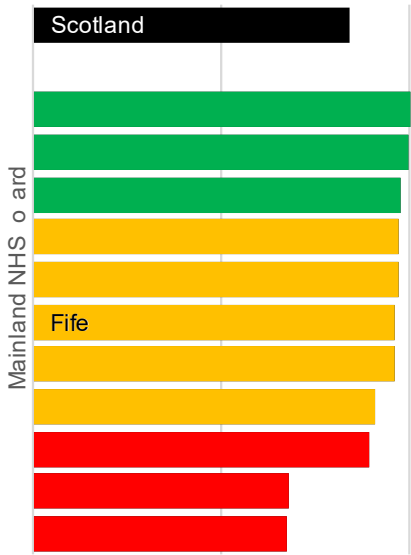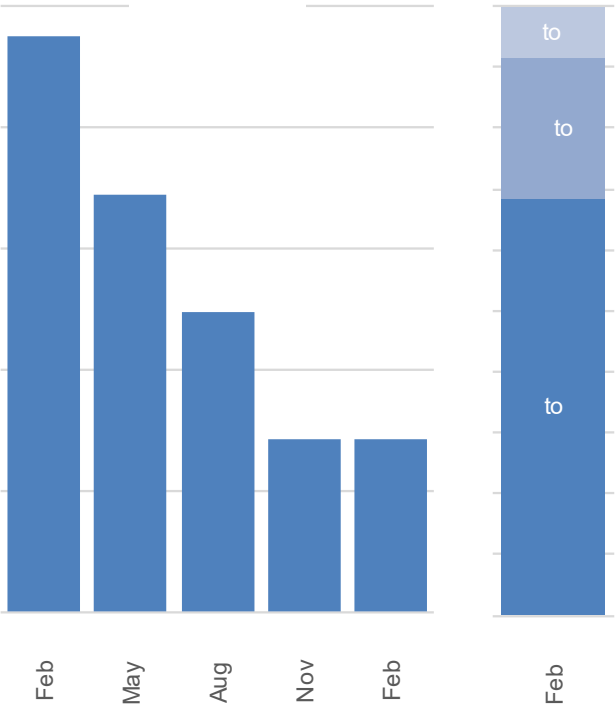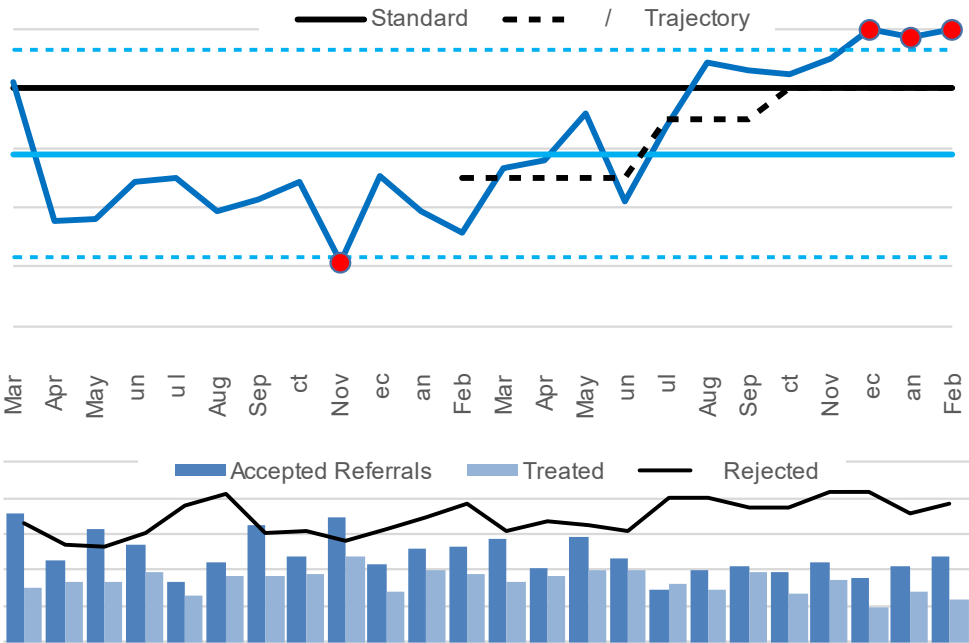
Psychological Therapies

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

78.0%

Trajectory achieved
Feb-25

C4. Population Health & Wellbeing

Data Analysis

In Feb-25, 572 patients started therapy, less than the 624 in Jan-25, but in line with usual fluctuations associated with clinicians' caseloads.

Patient seen within 18 weeks decreased to 446 compared to Jan-25 (467) but the ratio between this figure and the total seen means that the percentage of patients seen within 18 weeks was higher than the previous month, at 78.0%, which is above local target for 2024/25.

The overall waiting list has increased to 2,352 from 2314 in previous month, with the number waiting over 18 weeks decreasing to 998 and the number over 52 weeks increasing to 200.

Referrals for all ages increased by 42 (937) from month prior.

The % of referrals that were rejected in Feb-25 was 13.6%.

NHS Fife position improved in QE Dec-24 compared to QE Sep-24: however, it remains in the low-range and was comparable to the Scottish average (80.3% compared to 80.4%).

Achievements & Challenges

Performance on the waiting times target has been above the local trajectory for the past six months. February's RTT performance is due in part to the reduced treatment starts for people waiting over 18 weeks, although the overall improvement trajectory suggests service improvement actions around lower intensity PTs are having a positive impact. The referral rate for adults with complex problems remains higher than capacity for provision of highly specialist PTs and the number of patients waiting over 52 weeks has increased over the past six months. The Psychology Service continues to work closely with colleagues from the Scottish Government's PT implementation support team, focusing on improving accuracy of trajectory modelling, including more detailed assessments of service capacity. The go live date of TrakCare has been delayed, which will delay access to improved reporting, however mitigations are in place to ensure this does not affect service delivery. The Psychology Service also continues to audit performance against the SG Psychological Therapies and Interventions specification and develop improvement actions. The challenges associated with staff absence and vacancy for both clinical and clinical support admin staff remain and the service is working to mitigate as far as possible the impact on staff health and well-being and service quality of these pressures.
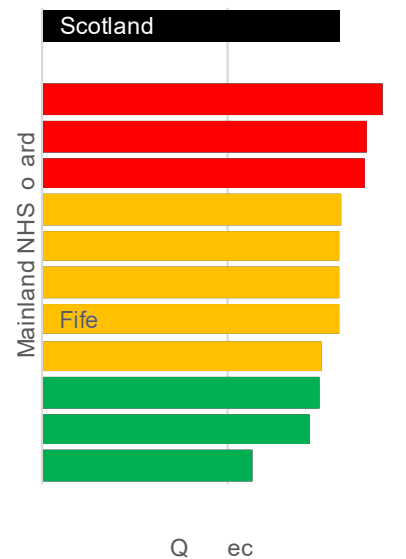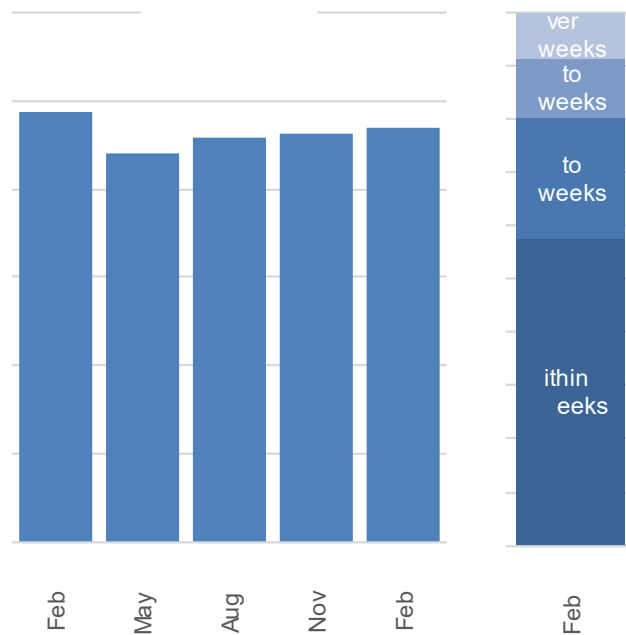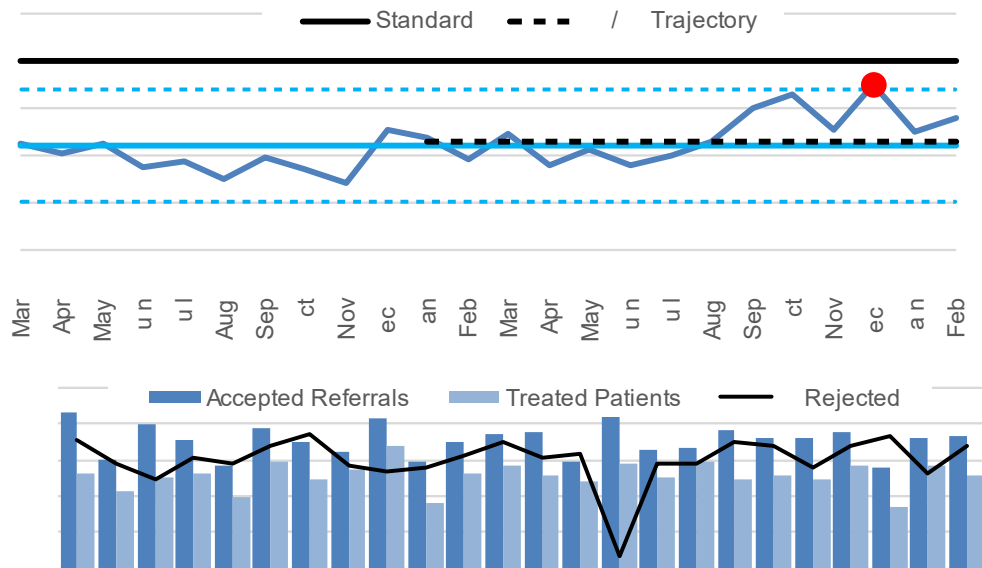
Reduce readmission rate for Mental Health Specialties within 28 days of discharge

4.8%

Below Scottish Average (Aiming to decrease)

C4. Public Health & Wellbeing

Data Analysis

Mental Health readmissions within 28 days in for the quarter ending (QE) Sep-24 was 4.8%, decreasing from 5.8% in QE Jun-24. The average number of readmissions each month in 2023/24 was 3.1 with 4.0 per month for the first half of 2024/25. An increasing trend for Average length of is evident from QE Nov-23 but has decreased to 79.5 days during QE Sep-24.

In comparison to other mainland NHS Boards, NHS Fife is in the lower quartile for readmission rate within 28 days and above Scottish average for Average Length of Stay (aiming to decrease).

On average, to year ending (YE) Jun-24, there was 10.8 readmissions per month within 133 days. Rate for QE Jun-24 was 15.7% with 35 readmissions. For readmissions within 365 days, on average, to YE Dec-23, there was 16 readmissions per month. Rate for QE Dec-23 was 18.0% with 46 readmissions.

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

Achievements & Challenges

Processes remain in place that promote effective discharge planning and a reduction in readmission . These include Multi-disciplinary clinical reviews which aim to address barriers to discharge and identify supports that will minimise future readmission and follow up by Community Mental Health Teams within 7 days of discharge. Promotion of statutory and third sector resources within the community such as The Wells, Link Life Fife and Primary Care Mental Health service within GP practices is utilised to maintain home based support. Intervention from Urgent Care Assessment team and the provision of DBI for individuals presenting in crisis also promotes management within the community and avoids readmission to hospital . Developments within the Mental Health service include a review of the processes for facilitating discharges in order to avoiding delays so that services have adequate admitting capacity and ensuring that admissions or readmissions are for the shortest period possible and lead to effective discharge. Options appraisal has been completed for the redesign of MH urgent care which includes 'Alternatives to Admissions' proposals that are central to the model.
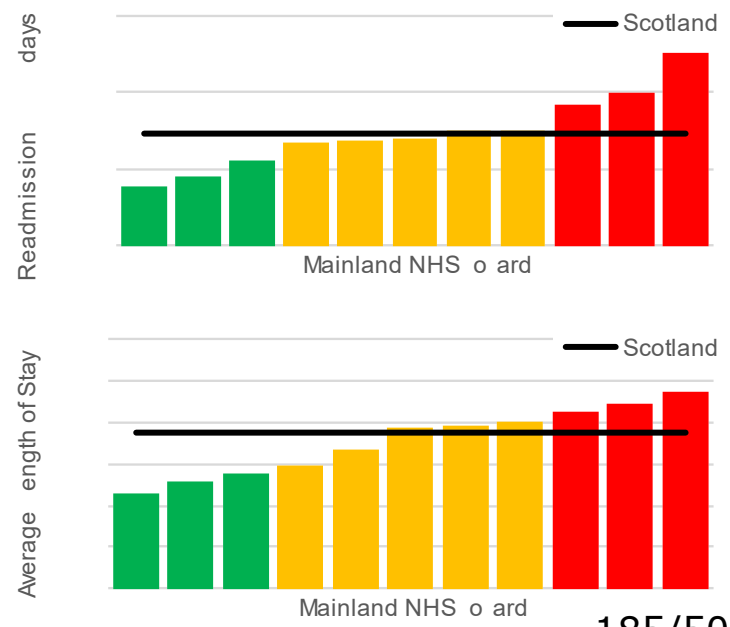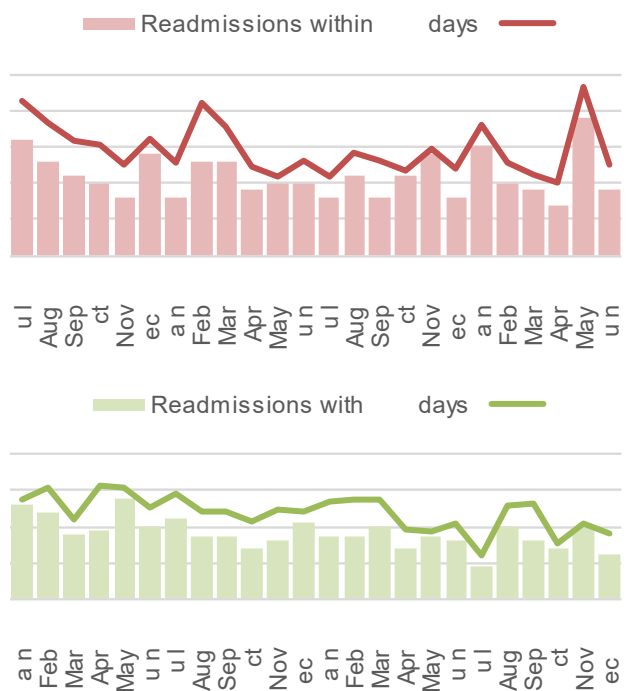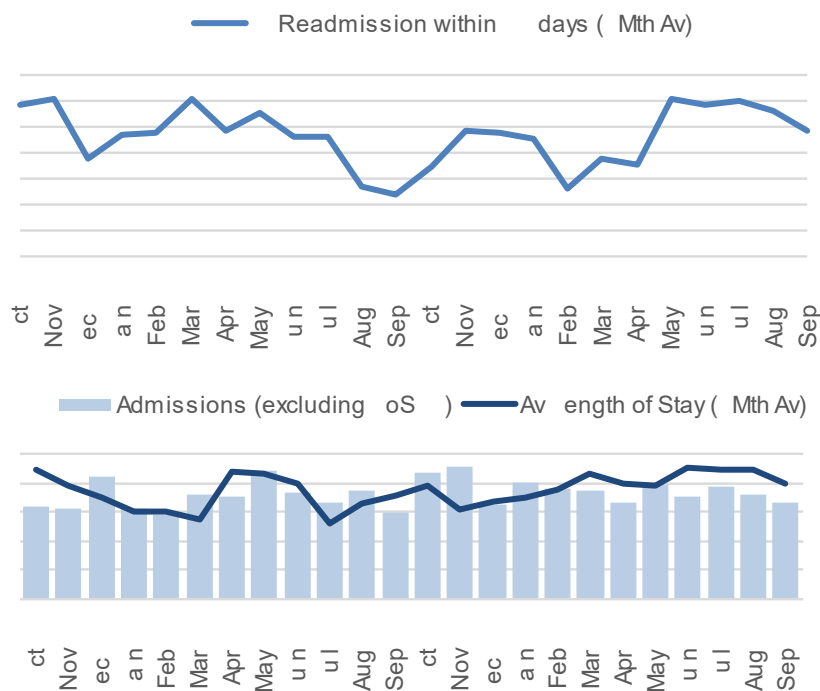
Breast Screening

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

73.4% **6.6%** ⬆ To achieve target

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

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

Data Analysis

Uptake for the latest period 2020/23 is the highest level achieved since 2011 at 73.4% with Minimum Standard of 70% has been achieved since 2015/18. The inequality gap in 2020/23 is 18.6% ranging from 63.2% in most deprived quintile to 81.7% in the least deprived. Target of 80% achieved in least deprived quintile with Minimum Standard not achieved in 40% most deprived areas.

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

Achievements:

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

Challenges:

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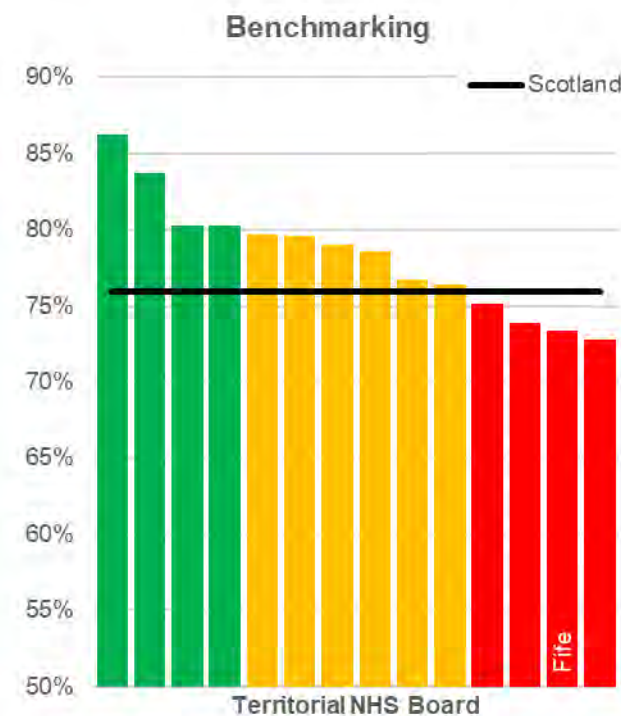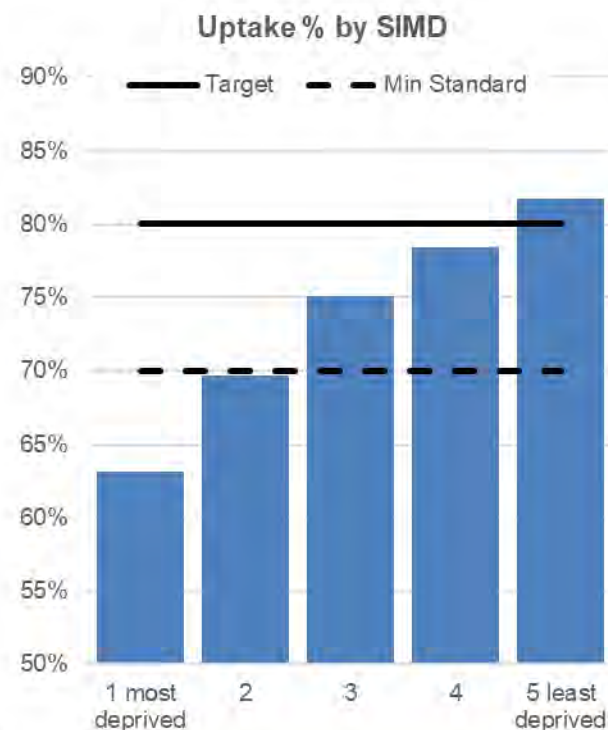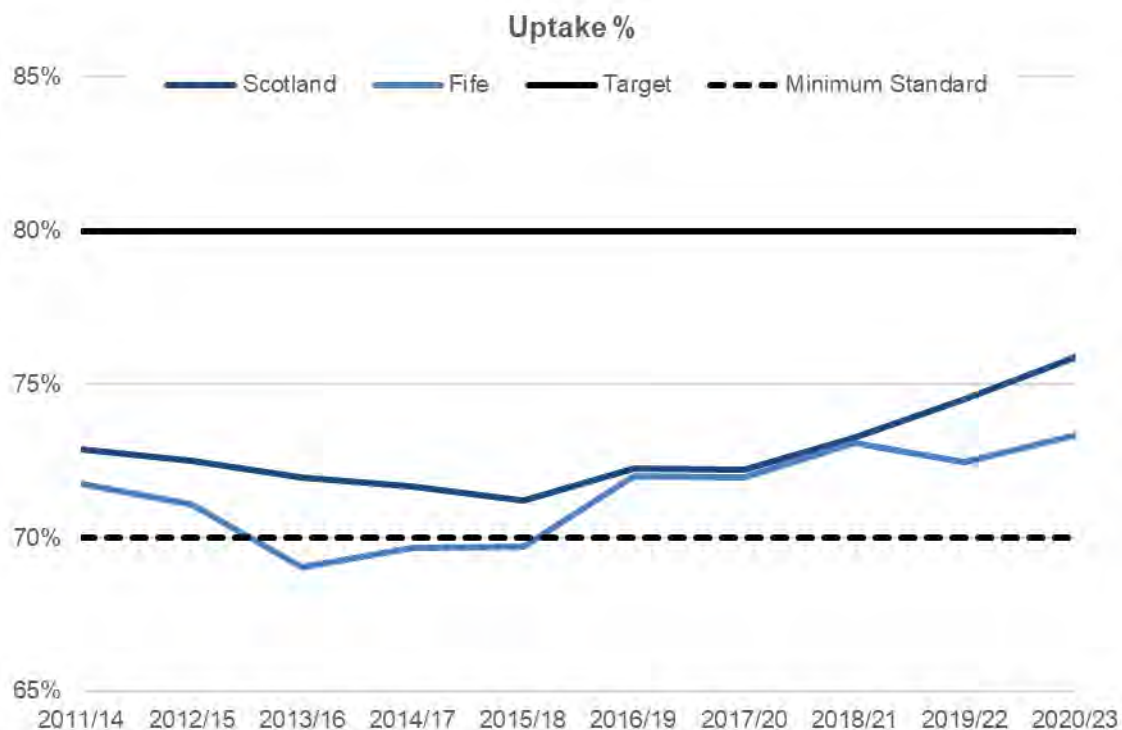
Bowel Screening

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

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

65.8%

54.8% most deprived
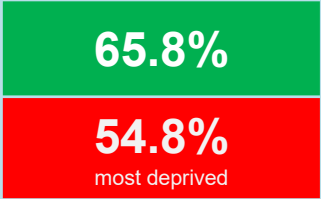
Target achieved for May-22 to Apr-24

5.2% ⬆ to achieve target for all persons

Data Analysis

For the period May-22 to Apr-24, Fife exceeded the 60% uptake target for males, females and all persons, achieving 65.8% down on the previous reporting period, 66.2%. Uptake for males, females and all persons exceed Scottish average whilst female uptake is 0.4% lower.

Uptake exceeds 60% for all persons in each SIMD quintile apart from the most deprived. To meet the target for most deprived, an improvement of 5.2% would be required for all persons.

The inequality gap is 18.5% for males, 20.4% for females and 19.5% for all persons. The gap in uptake between males and females was highest in the least deprived quintile (5.1%) and lowest in most deprived (3.2%).

Benchmarking (all persons) shows Fife to be in the lower quartile at 65.8% uptake, the Scotland average is 65.7% and 0.4% below mid-range of all NHS Boards. Upper quartile uptake is 69.8%.

Achievements & Challenges

Achievements:

The implementation of the Screening Inequalities Action Plan has gone well since we began in December 2024. For example, staff at "ell Services" across Fife have now been trained so that they can promote screening uptake among their clients and refer them to screening services where required. There is also ongoing engagement with the East Fife Football Club involving management and the supporters' club to specifically promote AAA, Bowel and DES. NHS Fife continues to perform significantly better than the Scottish average in the Time from referral for Colonoscopy following a positive bowel screening test to the date the Colonoscopy is performed. In the current reporting period, 68.7% of all patients referred for Colonoscopy within NHS Fife had a completed Colonoscopy within 0-4 weeks of referral compared with 28.8% in Scotland.

Challenges: The lower uptake of Bowel Screening in our most deprived communities which would be addressed as part of our work on inequalities.

Uptake % — Fife: 21-23 66.2%, 22-24 65.8%

Uptake % (Males, Females, All persons, Target) — Fife: 63.6%, 67.8%, 65.8%; Scotland: 63.1%, 68.2%, 65.7%

Uptake % by SIMD — 1 most deprived to 5 least deprived

Benchmarking — Mainland NHS Board, Scotland line, Fife
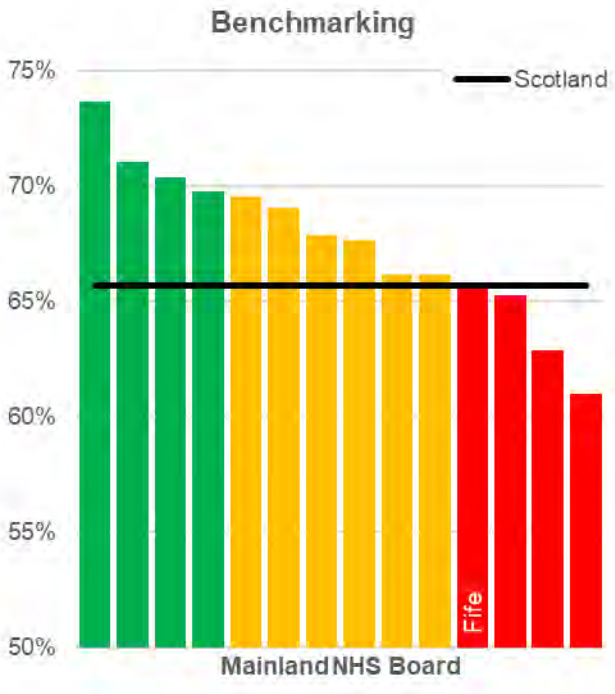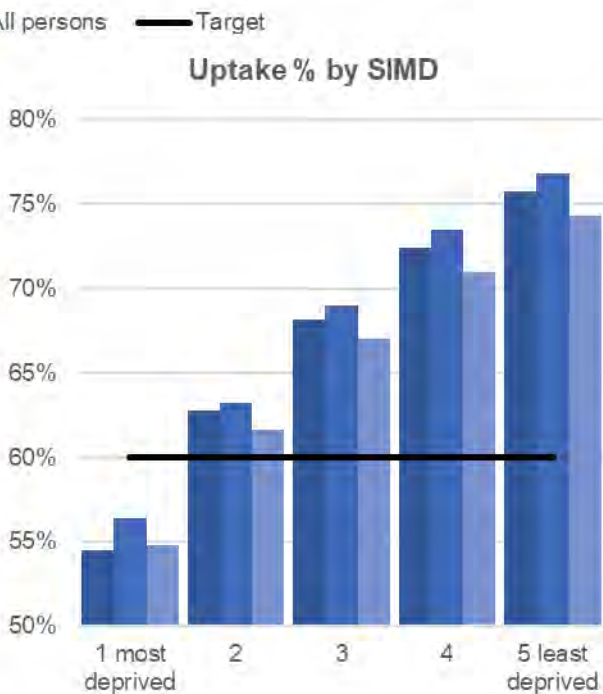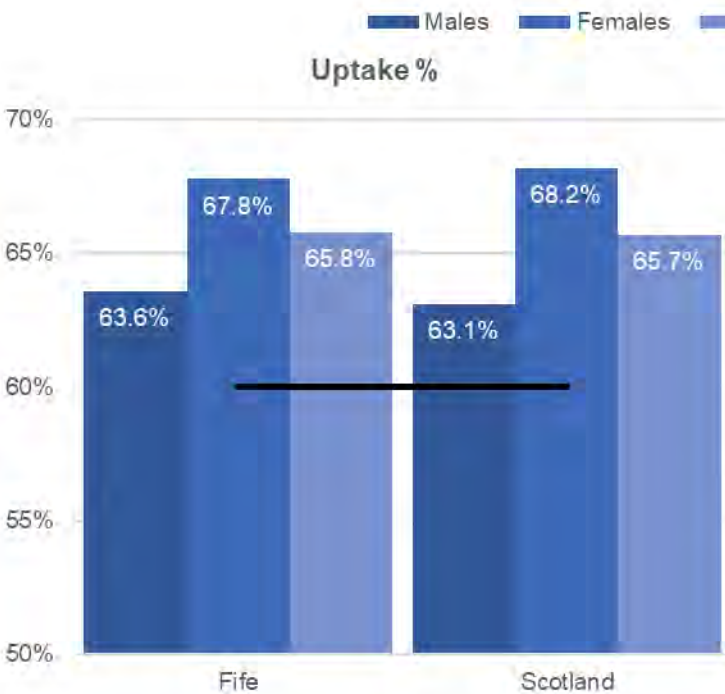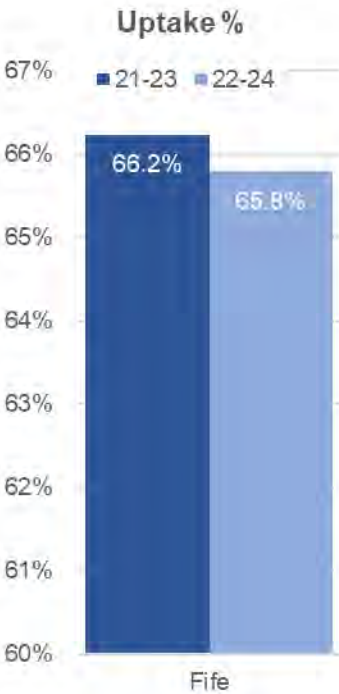
AAA Screening

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

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

86.6%

79.8%
most deprived

Desirable Threshold achieved for 2023/24

5.2% ⬆ to achieve Desirable Threshold

C4. Public Health & Wellbeing

Data Analysis

86.6% of eligible men were screened for AAA in 2023/24. The Desirable Threshold has been achieved in each of the last 4 years with a decrease in uptake of 0.7% from previous year.

Uptake in each SIMD quintile was achieved Essential Threshold of 75% with quintiles 1 and 2 not achieving Desirable Threshold. The inequality gap was 11.5% between most and least deprived quintiles, a 2.0% increase from previous year.

NHS Fife was in mid quartile compared all NHS Boards in 2023/24, 9.3% higher than Scottish Average.

Achievements & Challenges

Achievements:
The implementation of the Screening Inequalities Action Plan has gone well since we began in December 2024. For example, staff at " ell Services" across Fife have now been trained so that they can promote screening uptake among their clients and refer them to screening services where required. There is also ongoing engagement with the East Fife Football Club involving management and the supporters' club to specifically promote AAA, Bowel and DES.

Challenges:
The main challenge is to reduce the inequality gap in the uptake of AAA screening across Fife. This is part of our Screening Inequalities work.

Uptake %

Fife — Essential — Desirable

- 2020/21: 86.2%
- 2021/22: 86.8%
- 2022/23: 87.3%
- 2023/24: 86.6%

Uptake % by SIMD

Essential — Desirable

- 1 most deprived: 79.8%
- 2: 83.8%
- 3: 88.3%
- 4: 90.0%
- 5 least deprived: 91.3%

Benchmarking

— Scotland

Territorial NHS Board
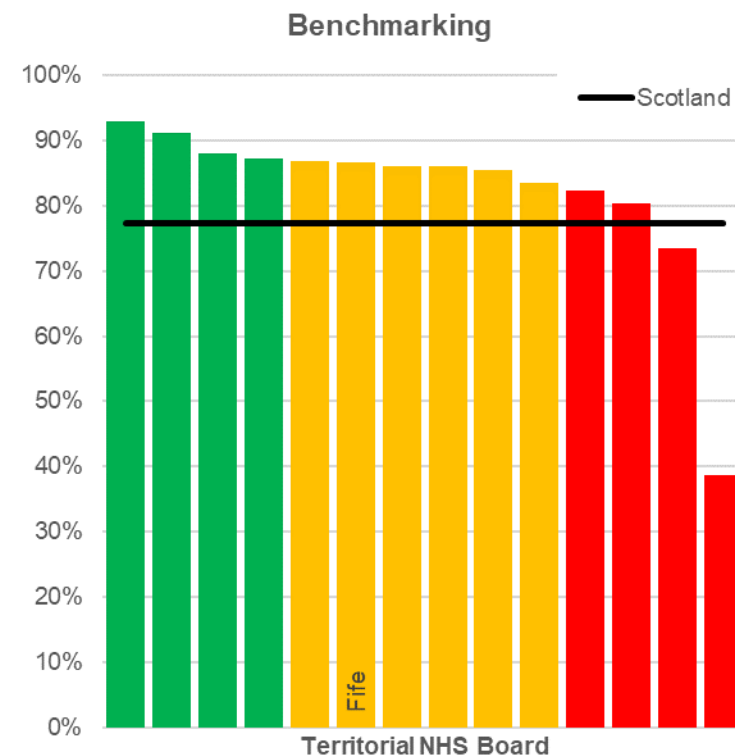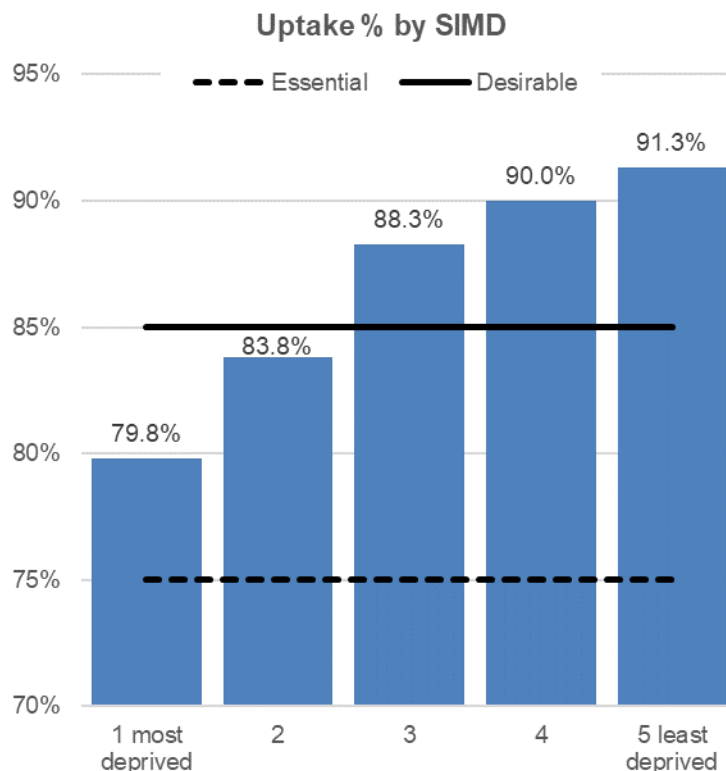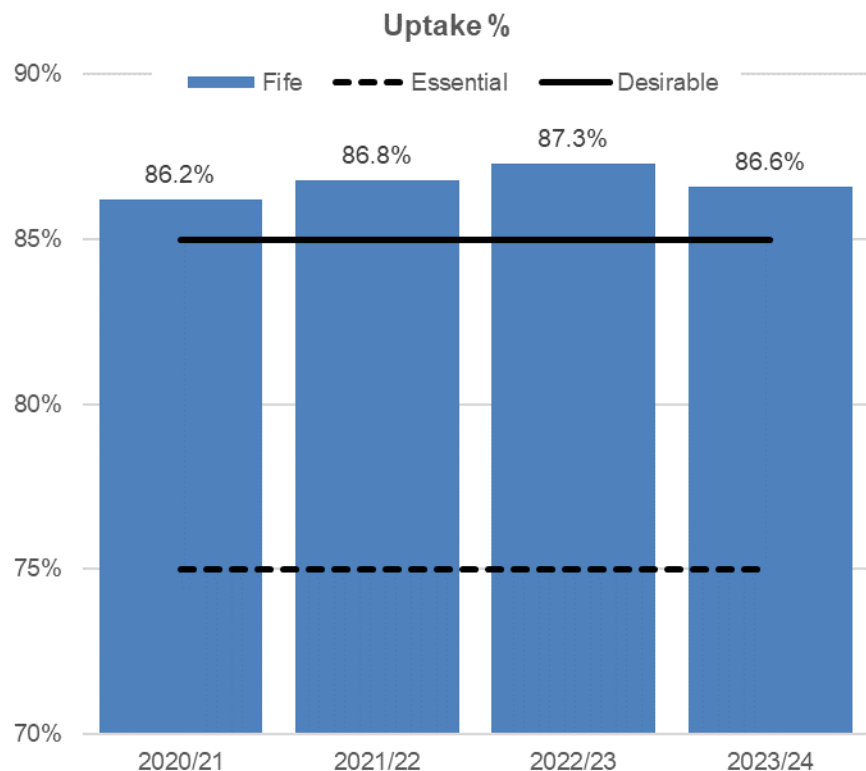
Infant Feeding

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

32.3%

Below Scottish Average
(aiming to increase)

C4. Public Health & Wellbeing

Data Analysis

The % of infants Exclusively Breastfed at 6-8 Weeks in Dec-24 was 32.3%, similar to month prior (32.0%) and an increase on year prior (30.2%). The % that had Ever Breastfed decreased from 68.0% in Nov-24 to 65.9% in Dec-24.

Exclusively Breastfed at First Visit decreased from high of 47.2% in Nov-24 to 40.8% in Dec-24. Ever Breastfed increased from 68.5% in Nov-24 to 71.6% in Dec-24 (highest since Jul-22).

Comparing Year Ending (YE) Dec-23 to YE Dec-24, there were increases in Exclusively Breastfed & Overall Breastfed for both First Visit and 6-8 Week Reviews but decreases in Ever Breastfed. NHS Fife remains in the Upper-range compared to mainland NHS Boards in Dec-24 for % Exclusively Breastfed for First Visit (NHS Fife 40.8%; highest 45.8%) and Mid-range for 6-8 Week Review (NHS Fife 32.3%; highest 46.3%).

Achievements

Increase in Exclusive Breastfeeding at 6-8 Weeks: A percentage rise from 30.2% in Dec-23 to 32.3% in Dec-24.

Ever Breastfed at First Visit: There was a notable increase from 68.5% in Nov-24 to 71.6% in Dec-24, the highest since July 2022.

Yearly Comparison shows an increase in both 'Exclusively Breastfed' and 'Overall Breastfed' rates for First Visit and 6-8 Week Reviews.

One to one individualised support offered to Breastfeeding mums by either HV or breastfeeding support worker as required. Health Promotion key messages on Breast feeding shared across social media platforms. Communications strategy in place.

UNICEF Baby Friendly Gold Award for Community services – plaque to be displayed in Breastfeeding room at QMH.

Challenges:

Decrease in Ever Breastfed: The percentage dropped from 68.0% in Nov-24 to 65.9% in Dec-24.

Exclusive Breastfeeding at First Visit: There was a significant decrease from 47.2% in Nov-24 to 40.8% in Dec-24.

Next Steps:

Recruitment to Breastfeeding support service to fill vacancy to support service delivery

Breastfeeding Support Service commencing a Breastfeeding support group in NEF. NEF currently has no local such group.

Application to SG for funding to support TOC for a Band 3 BFS worker to work between acute and community (focusing on SIMD 1&2 or vulnerable mums)
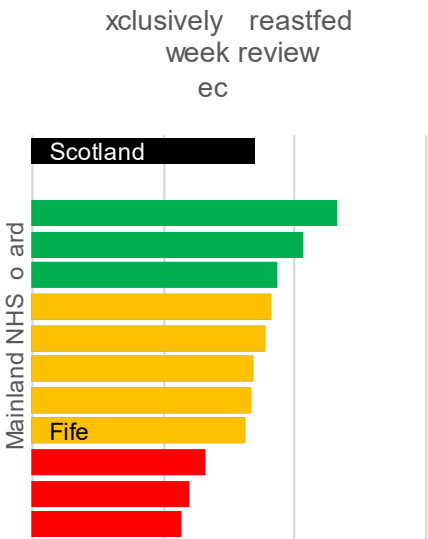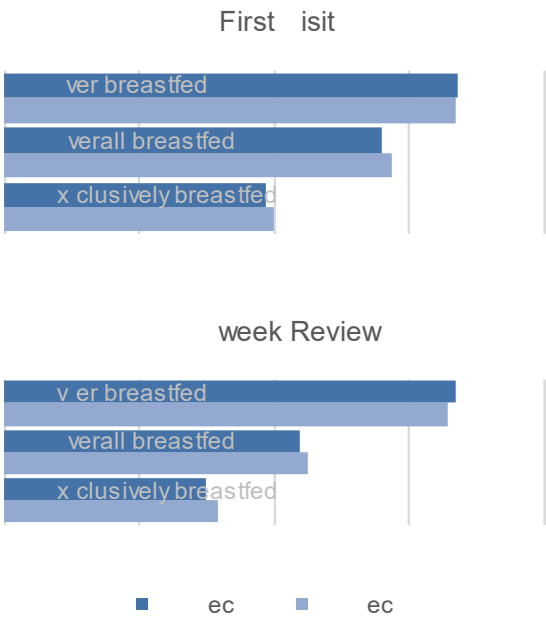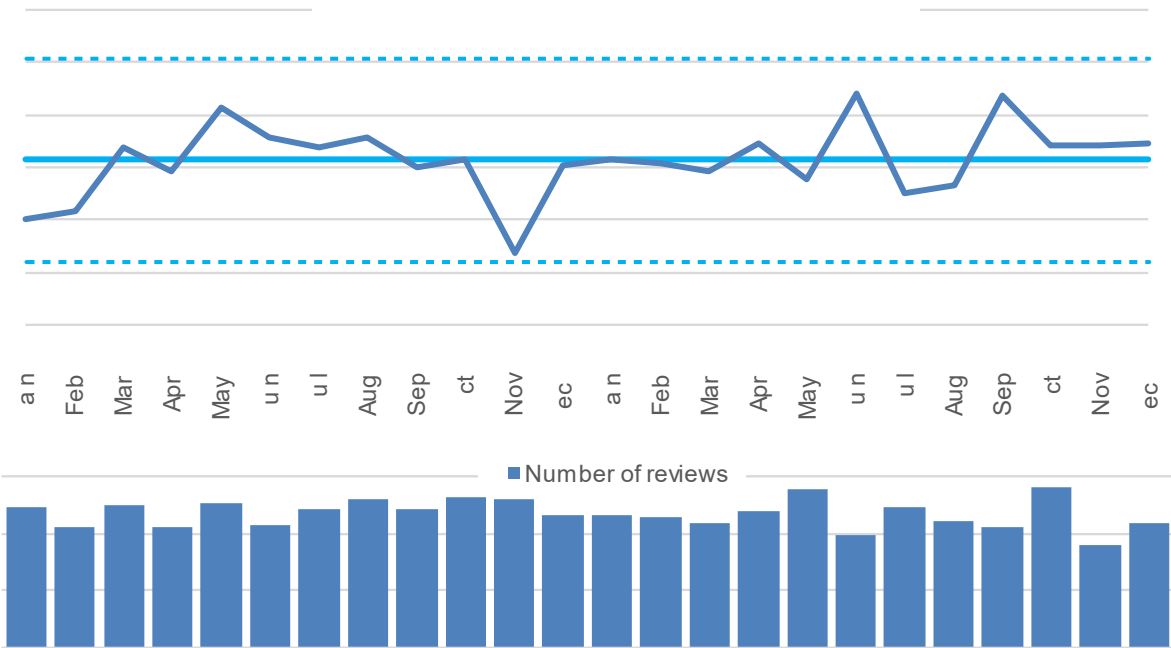
C4. Public Health & Wellbeing

Data Analysis

In quarter ending (QE) Dec-24, from 629 reviews carried out, 16.7% of children had one or more development concerns at 27-30 months: this was a decrease from the 17.1% in QE Sep-24, and higher than the same period the year prior (QE Dec-23; 15.4%). Year Ending (YE) Dec-24 at 18.0%, was higher than YE Dec-23 at 16.8%.

NHS Fife is in the mid-range of all Mainland NHS Boards (best performing was 12.7%) and is just above the Scottish average of 16.4%.

From 628 reviews carried out at 13-15 months, 15.4% of children had one or more development concerns. This was less than QE Sep-24 and lower than year prior (18.4%). From 455 reviews carried out at 4-5 years, 17.8% of children had one or more development concerns. This is higher than both QE Sep-24 (14.2%) and year prior (15.0%).

Achievements:

- **Reduction in developmental concerns-** Notable decrease in developmental concerns among children aged 27-30 months, from 17.1% in the previous quarter (QE Sep-24) to 16.7% in QE Dec-24. Improvement at 13-15 months, with concerns dropping to 15.4% compared to 18.4% the previous year.
- **Comparative Performance**: - NHS Fife maintains a position in the mid-range of all Mainland NHS Boards regarding developmental concerns, with a rate of 16.7% at 27-30 months that is just above the Scottish average (16.4%) but below top performers (12.7%).
- **Focus on Data-Driven Action -** Commitment to ongoing analysis and evaluation of developmental concerns to identify trends and guide future interventions within the service.
- **Community Engagement -** Continued collaboration and engagement with healthcare professionals and community stakeholders to create initiatives focused on improving child developmental health outcomes.

Limitations and Actionable Insights:

Fluctuating Trends: While some age groups show improvement, others demonstrate a worrying increase in developmental concerns. This inconsistency needs further investigation to identify underlying causes.

Target Goals: Given the Scottish average and top-performing benchmarks, our ultimate target is to lower the percentage of developmental concerns across all age groups to align with the best-performing NHS Boards. A specific target we might aim for could be to reduce the percentage of concerns for 27–30-month-old to below 15% over the next year.

One or More Developmental Concerns (27 to 30 month review)
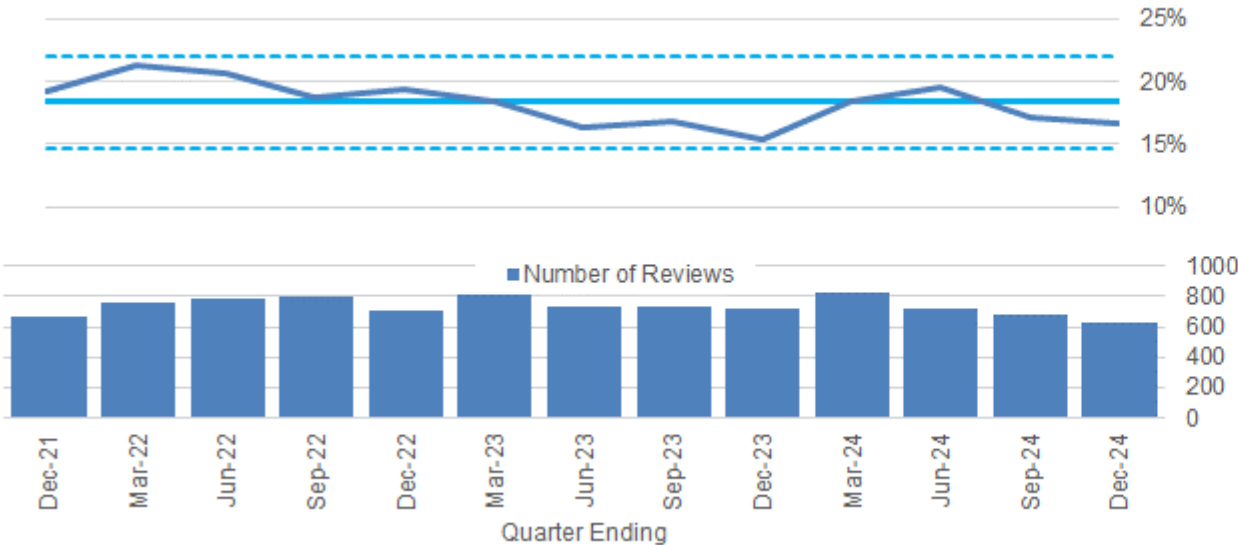
% Developmental Concerns

Benchmarking — 27-30 month review; QE Dec-24
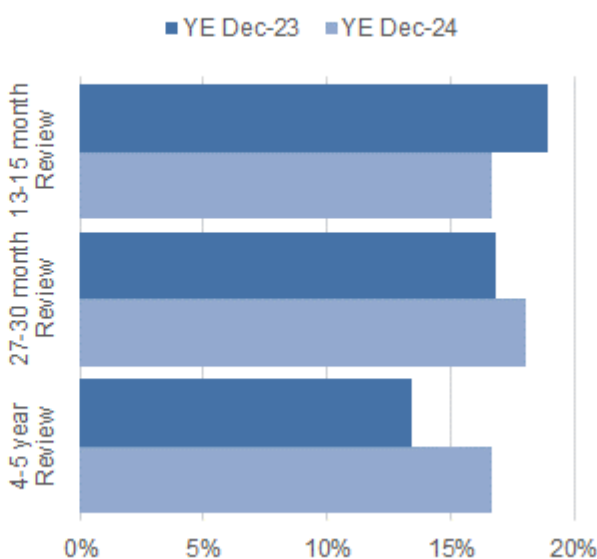
C4. Public Health & Wellbeing
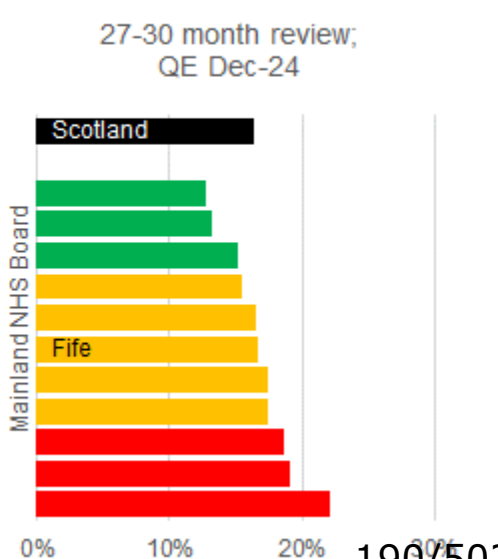
Childhood Immunisations

95% of children will receive their 6-in-1 vaccinations by 12 months of age — **93.5%** — **12** ↑ to achieve target

92% of children will receive their MMR2 vaccination by the age of 5 — **86.8%** — **46** ↑ to achieve target
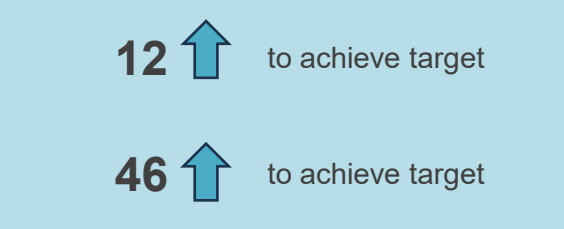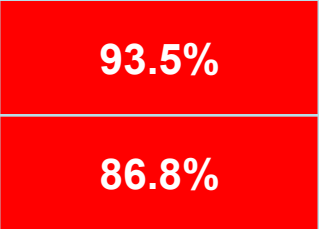
Data Analysis

6-in-1 at 12 months of age: The latest published data shows that NHS Fife uptake decreased slightly from 94.0% in the last quarter to 93.5% in QE Dec-24; which is below target and is the third successive quarter to show a reduction. PCV & Rotavirus also saw decreases on previous quarter. MenB showed a slight increase on previous quarter. NHS Fife was in the lower-range of all mainland NHS Boards for uptake at 12 months for 6-in-1, with highest uptake being 95.8%.

MMR2 at 5 years of age: The latest published data shows that NHS Fife uptake increased from the 85.7% seen in the previous three quarters to 86.8% for QE Dec-24. This continues to be below target and below the average of 88.3% (over 18 quarters). Hib/MenC & MMR1 both saw small decreases in uptake compared to the previous quarter; 4-in-1 saw almost no change. NHS Fife remains in the lower-range of all mainland NHS Boards for uptake at 5 years for MMR2, with highest uptake being 94.5%.

Achievements & Challenges

Whilst disappointing to see a decline in uptake , several actions have been undertaken to look at improvement

Letters sent to all parents whose child vaccination record was incomplete. This letter advised them to call us to arrange an appointment, details of open access evening and weekend clinics over March 2025. These clinics were very well attended ,

Nurture centres were accessed unfortunately uptake was not as expected for various reasons. Evaluation of all of above will be undertaken.
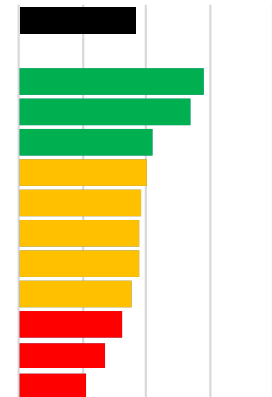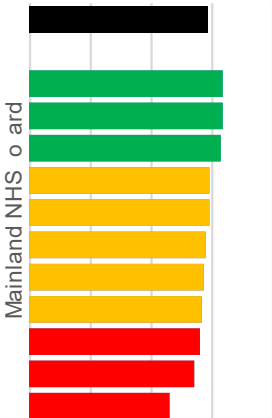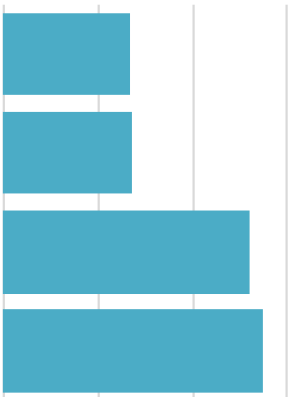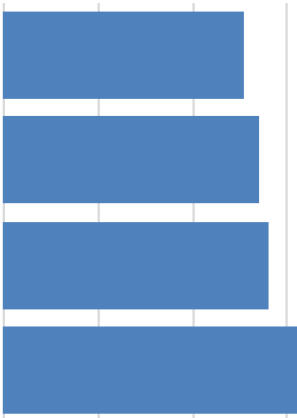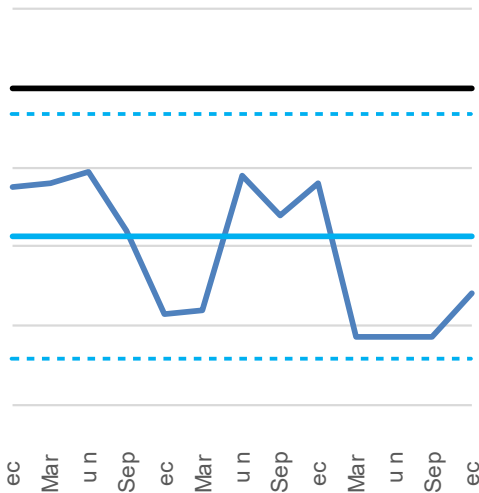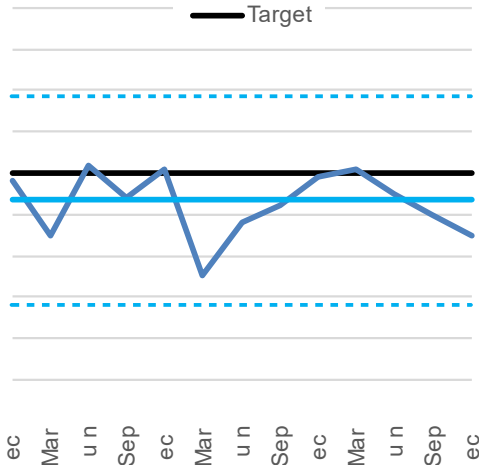
Uptake of the **Influenza** vaccination for eligible population of Fife (75+) to reach 80% by end of December 2024

81.2%

Above Scottish Average (aiming to increase)

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

77.8%

Above Scottish Average (aiming to increase)

C4. Public Health & Wellbeing

Data Analysis

Influenza: As of 30 Mar-25, uptake for Influenza vaccination in Fife for ages 75+ was 81.2%, the same as in Feb-25: Fife had achieved the target of 80% uptake by the end of Dec-24. Care Home residents were the priority group with the highest uptake at 81.9%. Uptake for all Health Care Workers was 33.3% (Scottish average 35.9%). Fife is in the mid-range of all Scottish boards for overall uptake at 53.5% (Scottish average 53.2%).

Uptake for Children overall was 51.0% with the highest uptake being the Primary cohort at 65.0%.

Covid: Uptake for Covid-19 vaccination in Fife for ages 75+ was 77.8% (Scottish average 76.6%). Similar to Influenza vaccination, the priority group with the highest uptake was Care Home residents at 81.1%. Uptake for Frontline Health Care Workers was 18.9% (Scottish average 23.5%). Fife is in the mid-range of all Scottish boards for overall uptake at 48.4% (Scottish average 47.4%).

Achievements & Challenges

The Winter programme 2024/25 is now complete , with Fife performing well to ensure all eligible citizens are afforded the offer of a vaccination.

Work continued in areas of deprivation and hard to reach areas with our SAS colleagues with positive results.

A further SLWG will be convened in June 2025 chaired by the Clinical Services Manager in relation to peer vaccination, in order to continue to achieve improved targets in Winter 2025/26

Community Pharmacy afforded the service good support in flu vaccinations.

Influenza

% Uptake by Priority Group as of 30-Mar

Covid-19

% Uptake by Priority Group as of 30-Mar

NHS Fife
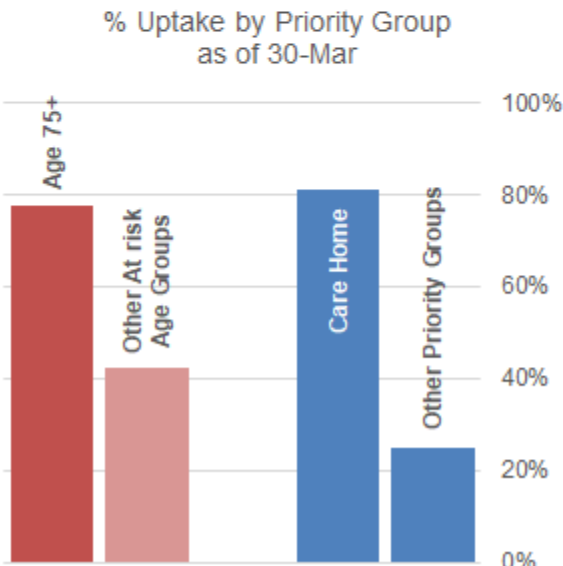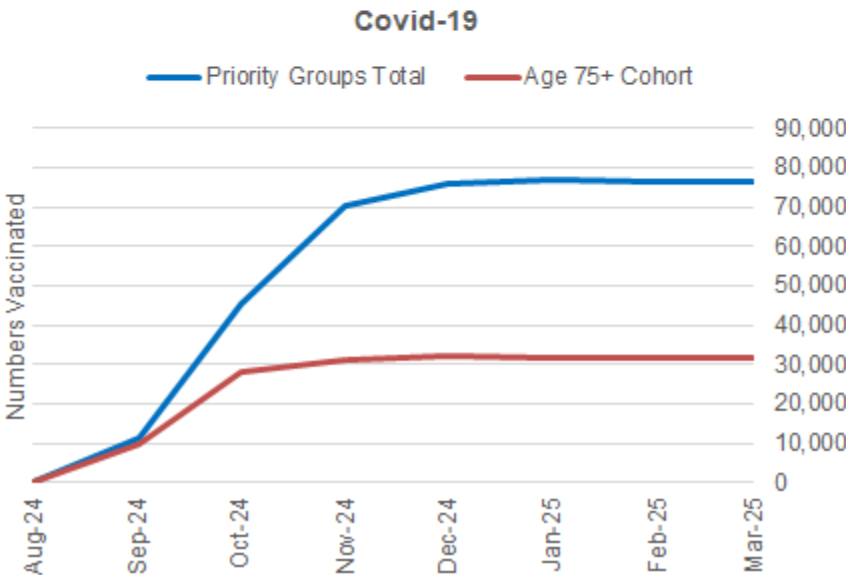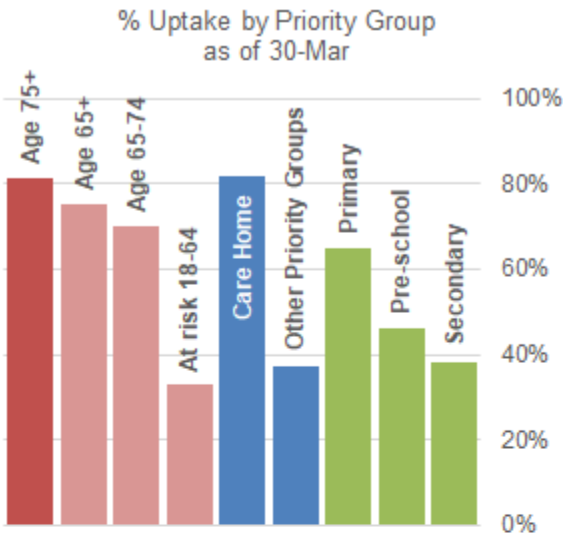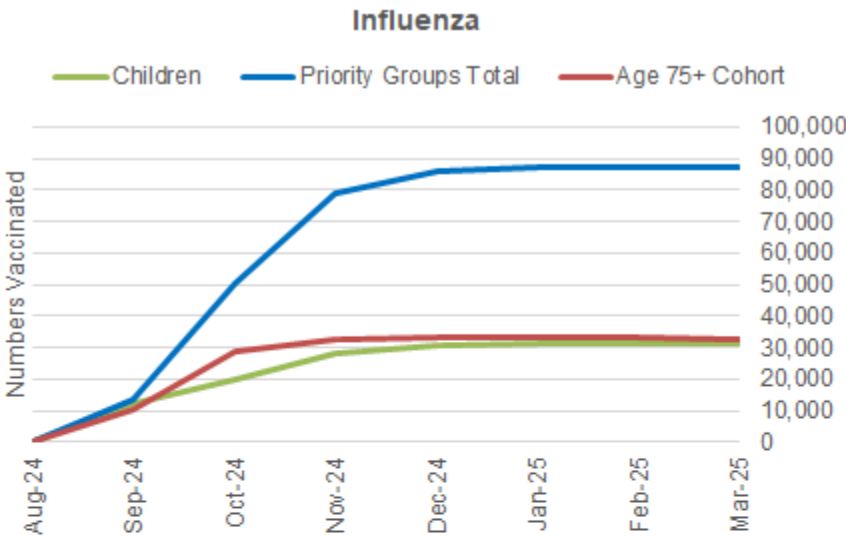
Meeting:	**Fife NHS Board**
Meeting date:	**27 May 2025**
Title:	**Re-form, Transform, Perform Q4 Performance Report**
Responsible Executive:	**Ben Hannan, Director of Re-form and Transformation**
Report Author:	**Fiona McLaren, Head of Corporate PMO**

Executive Summary:

- This paper provides an update covering performance for the financial year 2024/2025 for the 13 complimentary schemes of work which have been put in place to produce the required improvement in performance.

- At the end of March 2025, the schemes have delivered a total saving of £26,592,860 which has exceeded the target by £1,592,860. Additionally, £18,405,866 is recurrent savings.

- The 3% scheme reporting is now complete.

1   Purpose

This report is presented for:

- Assurance

This report relates to:

- NHS Board Strategic Priorities

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

- Safe
- Effective
- Person Centred

2   Report summary

2.1   Situation

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

This paper provides an update covering performance of the 13 complimentary schemes to end of the financial year 2024/2025.

2.2 Background

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

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

- Re-form, Transform, Perform Framework

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

- Medium Term Financial Plan

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

- Annual Delivery Plan

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

2.3 Assessment

This report provides the following Level of Assurance:

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

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

As at the end of March 2025, the 13 schemes have delivered over £25m. 6 of the schemes (Medicines Optimisation, Estates Rationalisation, Supplementary Staffing, Procurement, Business Transformation & Surge) will continue into the 2025/2026 financial year and will be delivered through the transformation portfolio. The 7 other schemes are either completed or will continued to be monitored through business-as-usual processes.

2.3.1 Quality, Patient and Value-Based Health & Care

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

2.3.2 Workforce

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

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

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

A number of the workstreams in progress are directly related to the size and shape of the workforce in the Board, particularly around non-compliant rotas, legacy COVID costs, and supplementary staffing. The importance of engagement and partnership working in these areas is at the forefront of planning.

2.3.3 Financial

At the end of March 2025, the schemes have delivered a total saving of £26,592,860 which has exceeded the target by £1,592,860. Additionally, £18,405,866 is recurrent savings.

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

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

2.3.4 Risk Assessment / Management

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

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

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

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

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

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

2.3.6 Climate Emergency & Sustainability Impact

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

2.3.7 Communication, involvement, engagement and consultation

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

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

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

2.3.8 Route to the Meeting

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

RTP Leadership Group – Thursday 1 May 2025
Finance, Performance & Resources Committee – Thursday 8 May 2025

2.4 Recommendation

This paper is provided to members for assurance – the 3% schemes reporting is now complete.

3 List of appendices

The following appendices are included with this report:

- Appendix One - RTP Performance Report – March 2025.

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

RTP Performance Report

March 2025

Ben Hannan

Director of Planning and Transformation

23 April 2025   nhsfife.org

Introduction

The purpose of this pack is to provide an update on the position of 3% savings schemes identified by NHS Fife. This will be the final report provided on the performance of the 3% schemes.

Each slide will contain a summary of next steps:

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

Scheme	Target Saving	March 2025 Planned	March 2025 Delivery	Forecast Saving	Recurring Saving
1. Medicines Optimisation	£2,000,000	£2,000,000	£2,194,892	£2,144,172	£1,567,420
2. Unscheduled Care Bundle	£700,000	£700,000	£653,924	£670,174	£600,000
3. PFI Contract	£400,000	£600,000	£600,000	£600,000	£0
4. Estates Rationalisation	£2,000,000	£2,000,000	£2,408,000	£2,000,000	£500,000
5. Non-Compliant Rotas	£1,000,000	£1,000,000	£1,597,000	£1,739,000	£1,982,000
6. Legacy Covid Costs	£1,000,000	£1,000,000	£818,196	£821,644	£537,894
7. Supplementary Staffing	£5,000,000	£5,000,000	£6,381,745	£5,900,000	£6,381,745
8. Procurement	£500,000	£500,000	£461,951	£456,299	£530,205
9. Corporate Directorates	£1,500,000	£1,500,000	£1,500,000	£1,500,000	£1,500,000
10. Business Transformation	£2,400,000	£2,400,000	£1,728,171	£1,650,258	£168,245
11. Surge Reduction	£1,850,000	£1,850,000	£438,357	£450,000	£438,357
12. Planned Care	£1,200,000	£1,200,000	£2,709,000	£2,709,000	£2,200,000
13. SLA & External Activity	£5,000,000	£5,000,000	£2,000,000	£2,000,000	£2,000,000
14. Bal. Sheet			£3,101,624	£3,170,624	£0
Total YTD – for 3% savings schemes		£25,000,000	£26,592,860	£25,811,172	£18,405,866

Target Saving (FY): £25,000,000

Planned Saving (YTD): £25,000,000

Linear target (YTD): £25,000,000 (for 3% schemes **only**)

24/25 Saving: £26,592,860

Total Gap: £NIL

Key

Significant shortfall on Target of plan

Delivering target but

Assurance Levels

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

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

Summary of assurance levels

Scheme	Leads	Assurance Level	Change from baseline (Apr 24)	Target Saving	March Delivery
1. Medicines Optimisation	Dr Joy Tomlinson / Dr Chris McKenna/Fiona Forrest	Significant	-	£2,000,000	£2,194,892
2. Unscheduled Care Bundle	Claire Dobson	Significant	-	£700,000	£653,924
3. PFI Contract	Neil McCormick	Significant	-	£400,000	£600,000
4. Estates Rationalisation	Neil McCormick	Moderate	-	£2,000,000	£2,408,000
5. Non-Compliant Rotas	Dr Chris McKenna	Significant	Improvement	£1,000,000	£1,597,000
6. Legacy Covid Costs	Claire Dobson/Alistair Graham/David Miller	Limited	-	£1,000,000	£818,196
7. Supplementary Staffing	Janette Keenan/David Miller	Significant	Improvement	£5,000,000	£6,381,745
8. Procurement	Claire Dobson	Moderate		£500,000	£461,951
9. Corporate Directorates	Margo McGurk	Significant	-	£1,500,000	£1,500,000
10. Business Transformation	Alistair Graham	Limited	-	£2,400,000	£1,728,171
11. Surge Reduction	Claire Dobson	Limited	-	£1,850,000	£438,357
12. Planned Care	Claire Dobson	Significant	Improvement	£1,200,000	£2,709,000
13. SLA & External Activity	Margo McGurk	Limited	-	£5,000,000	£2,000,000

RTP – March 2025 (End Year Summary

At the end of March 2025, the schemes have delivered a total saving of £26,592,860 which has exceeded the target by £1,592,860. Additionally, £18,405,866 is recurrent savings.

6 of the schemes (Medicines Optimisation, Estates Rationalisation, Supplementary Staffing, Procurement, Business Transformation & Surge) will continue into the 2025/2026 financial year and will be delivered through the transformation portfolio. 7 of the schemes are either completed or will continued to be monitored through business-as-usual processes.

RTP – An Organisational Portfolio of Change

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

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

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

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

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

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

Dependencies and escalation routes

Cross cutting impacts of decisions across areas

2. Unscheduled Care Bundle	Assurance Rating	Significant
Executive Lead – Claire Dobson	Target Saving	£670,174
	Savings YTD	£653,924

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

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

12. Planned Care	Assurance Rating	Significant
Executive Lead – Claire Dobson	Target Saving	£2,709,000
	Savings YTD	£2,709,000

Status Update

- These schemes are on track to deliver, Corporate Directorates and Planned Care are projected to deliver beyond the savings forecast.
- There is significant assurance on delivery.

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

1. Medicines Optimisation	Assurance Level	Significant
	Target Saving FY	£2,000,000
Executive Leads – Joy Tomlinson/Dr Chris McKenna/Fiona Forrest	Forecast Saving FY	£2,144,172
	Savings YTD	£2,194,892

Status Update:
- The target saving has been achieved, medicines optimisation will continue to be reviewed and reported through RTP for 2025/2026.

Progress to date:
- Revised Acute Medicines Optimisation Plan delivered target
- Reporting structure reviewed and updated to show scheme finance position accurately

Planned Activity:
- Begin implementation of medicines optimisation projects for 25/26
- Draw up CIPs for all medicines optimisation projects
- Continue to review with specialties to identify extra opportunities
- Review projects from the perspective of cultural change not just efficiency

Challenges / Opportunities:
- Launch of aflibercept 8mg with 25% reduction in contract price; confirmation of addition to ERF
- Approximately £140K cost pressure arising due to IV fluid contract extension, reviewing mitigating factors to limit potential cost pressure
- Immunoglobulin, new national contract very complex framework, group being formed to review implementation and cost savings
- Monitoring the international situation to see what effect the tariffs being levied from US have on medicines costs.

4. Estates Rationalisation	Assurance Rating	Significant
	Target Saving FY	£2,000,000
Executive Leads – Neil McCormick	Forecast Saving FY	£2,000,000
	Savings YTD	£2,408,000

Status Update:
- Savings target of £2m achieved. Estates Rationalisation will now form part of the Infrastructure & Change programme.

Progress to date:
- Closure of underutilised administration buildings complete with all staff relocated within existing estate/Fife Council sites. Office accommodation optimised within existing estate.
- Bed modelling works complete, planning around next steps and governance. Additional exercise around Women & Children's Service to be completed by FY end. Final modelling report expected mid April.
- Site appraisal works initiated and updated property valuations received.
- Cameron planning review statement for potential future uses complete.
- Mental Health Estate Steering Group established.
- Infrastructure saving targets confirmed for 25/26 (£3m).

Planned Activity:
- Complete Cameron site consolidation (alternate space for Addictions team). Costs being developed prior to implementation later this year. Public Dental scheduled to move to Bankhead (Fife Council) late April.
- Mental health service and estate plan being finalised.
- Energy saving plans for 25/26 being finalised.

Opportunities/Threats
- Potential lease/sale opportunities arising for key sites – to be explored further.
- Site opportunities may be constrained by ongoing clinical commitments and pace of change.
- Ongoing capital investment required to support site consolidation and rationalisation.
- As we move into 25/26 much of our work will involve service transformation. This will require communications and engagement with staff and service users which may affect pace of delivery.

4. Estates Rationalisation

Executive Lead – Neil McCormick

Risk Log

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

5. Non-Compliant Rotas	Assurance Rating	Significant
	Target Saving FY	£1,000,000
Executive Lead – Dr Chris McKenna	Forecast Saving FY	£1,739,000
	Savings YTD	£1,597,000

Status Update:
- Savings target exceeded for the year.
- Clinical Management to continue with existing processes to sustain compliance and online resources available to be updated by individual services and directorates for new cohorts.

Progress to date:
- Second stage of monitoring complete.

Planned Activity:
- Final savings to be reported once all results received and any re-monitoring completed and reviewed.

Opportunities/Threats:
- None identified.

5. Non-compliant Rotas

Executive Lead – Dr Chris McKenna

Risk Log

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

6. Legacy Covid Costs

Executive Leads – Claire Dobson/David Miller/Alistair Graham

Assurance Rating	Limited
Target Saving FY	£1,000,000
Forecast Saving FY	£821,644
Savings YTD	£818,196

Status Update:
- Limited assurance at this time as full savings identified not delivered, although there has been improvement in performance due to NRAC monies being used to remove cost pressures in Workforce and D&I.

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

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

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

7. Supplementary Staffing	Assurance Rating	Significant
Executive Leads – **Janette Keenan/David Miller**	Target Saving FY	£5,000,000
	Forecast Saving FY	£5,900,000
	Savings YTD	£6,381,745

Status Update:
- Savings of £5m have been achieved. Supplementary staffing will continue to be monitored and reported through the People & Change programme for 2025/2026.

Progress to date:
- Direct engagement model introduced on 5th August and to end March has generated £715k in savings. Compliance rate currently around 92% (4% increase from February).
- Review of existing rosters on eRostering system undertaken to ensure staffing levels are appropriate.
- Assurance that measures are in place to adhere to Scottish Government guidance for AHP reductions.

Planned Activity:
- NQP recruitment cycle underway.
- Haematology service review completed; recommendations may require review should award of investment from Scottish Government for additional posts be confirmed. SBAR outlining current position in progress.
- SBAR for decision on ceasing overtime rates for bank staff to Executive Leadership Team for decision on 17th April.

Opportunities/Threats:
- Anticipated impact of further reduction in working week on requirement for backfill through supplementary staffing will require careful planning.

7. Supplementary Staffing

Executive Leads – Janette Keenan/David Miller

Risk Log

Risk	Mitigation	Likelihood Score	Impact Score	Overall Score
There is a risk of continued use of agency staff within certain known areas due to national skill shortage will result in continued reliance on supplementary staff to support core service functions.	Additional NQPs recruited, although less than anticipated now joining. Focussed work on key areas of difficulty is under way in mental health and haematology.	4	4	16 – High Risk
There is a risk that the external drivers such as reduction in working week and RTP WTE reduction may impact on our ability to reduce usage of supplementary staffing.	Service redesign to be considered as part of WTE reduction and RWW. Limited funding available for backfill of posts for RWW on a non-recurring basis.	4	4	16 – High Risk

8. Procurement	Assurance Rating	Moderate
	Target Saving FY	£500,000
Executive Lead – Claire Dobson	Forecast Saving FY	£522,500
	Savings YTD	£461,951

Status Update
- Recurring target achieved, secured 93.4% of in-year target within Acute Division, with some unquantified Board wide impact*. This work will continue into 2025/2026.

Progress to date:
- Theatres procurement efficiencies project secured 50% of the acute target
- 14 further procurement improvement projects delivered
    - 2 Board wide (gloves and medicine pots)*
    - 9 across different services
    - 3 service specific

Planned Activity:
- Idea generation and scheme development continues, 10 schemes underway for 2025/26 (6 with Board wide potential)
- Several schemes being scoped for next financial year
- Bariatric Equipment standard operating procedure being developed to support optimal deployment of equipment within VHK.

Challenges / Opportunities:
- Some concern that price increases could erode savings achieved.

* A number of schemes have been implemented across NHS Fife however impact has only been quantified within Acute Division for consistency in reporting.

8. Procurement

Executive Lead – Claire Dobson

Risk Log

Risk	Mitigation	Likelihood Score	Impact Score	Overall Score
Cultural change for staff and potential new ways of working or using different equipment.	Staff will be consulted on any proposed changes and will have the opportunity to voice any concerns and develop the schemes through the adoption of test of change approaches to confirm scheme feasibility.	4	3	12
Time is invested in exploring opportunities which yield little or no savings with the consequence that staff engagement is diminished.	Realistic review of ideas before resources are expended working up schemes. Development of financial data reporting to minimise time extracting information.	4	3	12

10. Business Transformation	Assurance Rating	Limited
	Target Saving FY	£2,400,000
Executive Lead – Alistair Graham	Forecast Saving FY	£1,650,258
	Savings YTD	£1,728,171

Status Update:
- Assurance level remains as limited. However, through the effect of direct impact digital projects as well as the bridging actions to date around vacancy management, around £1.5M of savings have been verified to date.

Progress to date:
- Senior Leader engagement on consolidation of corporate functions work commenced.
- Engagement with Workforce/HR on transaction activity.
- More focused reviews in the areas of Management Support and Digital Dictation progressing to understand current systems and ways of working.
- VMF process automation pilot test expanded, one system issue live to resolve.
- Bridging action related to exit strategy for fixed-term posts nearing completion with reports drafted for all relevant Directorates. New process for recording and managing fixed term roles proposed, agreed with stakeholders and being tested using eESS.
- PID refreshed as part of committee governance.

Planned Activity:
- Agree and progress an initial phase of work around consolidation of staff within corporate functions. Decision required on consolidation priority order
- Completion of the fixed-term post bridging action.
- HR/Workforce transactions identified that are suitable for a shared desk model, with indicative data on volumes/most common requests (manual recording exercise required).

Challenges / Opportunities:
- Organisational appetite for change of this scale appears limited.
- Different approach required than originally intended due to pre-requisites identified in PID not being in place.
- Immature management information set-up means discovery phases later in starting thereby delaying projects, as data and evidence base needs to be built and established by programme.

10. Business Transformation

Executive Lead – Alistair Graham

Risk Log

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

11. Surge Reduction	Assurance Rating	Limited
	Target Saving FY	£1,850,000
Executive Lead – Claire Dobson	Forecast Saving FY	£450,000
	Savings YTD	£438,357

Status Update:
Assurance levels remain limited as surge reduction savings have been impacted by high continuing levels of emergency admissions across winter period, with Acute services operating at pressures higher than the preceding 2 winters. Plans are progressing around improved system flow and discharge planning, supporting Fife's National below average LOS. However average occupancy has been consistently above 95%. Engagement underway to explore surge medical staffing model options. This work will continue to be monitored and reviewed in line with new national objectives for discharge without delay reported through the Integrated Unscheduled Care Programme Board.

Progress to date:
- Ward 6 & 9 - creation of supported discharge units with new dedicated Gateway Doctor's staffing model from August.
- Implementation of ward access targets.
- Training delivered to additional 18 discharge co-ordinators.
- Maintenance of reduction of 11 beds across surge footprint.
- Reduction of AVG. 30 patients boarding into surgical.
- Development of Supported Discharge Improvement Group for operational improvements.

Planned Activity:
- End project report will be produced for this project.

Challenges & Opportunities:
- High levels of emergency admissions continue – (mean 208 daily), are operating at winter-level pressures continuously.
- If investment is not available to recruit to substantive nursing and consultant posts to manage surge beds, then this scheme will not achieve the savings outlined.

11. Surge Reduction	Assurance Rating	Limited
	Target Saving FY	£1,850,000
Executive Lead – Claire Dobson	Forecast Saving FY	£450,000
	Savings YTD	£438,357

Data Informatics:

- Acute are experiencing continuous high-levels of emergency admissions and operating at winter-level pressures throughout the year.
- Year on year reduction in number of patients boarded into surgical wards - December average of 23 patients.
- Within Ward 6 the current 18-week average bed occupancy is 25.

Ward 6 Average Weekly Bed Occupancy

11. Surge Reduction	Assurance Rating	Limited
Executive Lead – Claire Dobson	Target Saving FY	£1,850,000
	Forecast Saving FY	£450,000
	Savings YTD	£438,357

Balancing Measures

- Number of patients awaiting a transfer of care on the Discharge Hub waiting list is an average of 30 patients daily.
- Median Daily Hospital Occupancy is 100.5%.
- Median VHK Back Door Ward Occupancy is 94.4%, which provides challenges in moving patients on to their next area for care.
- Median Community Hospital Occupancy is 103.2%.

VHK Bed Occupancy
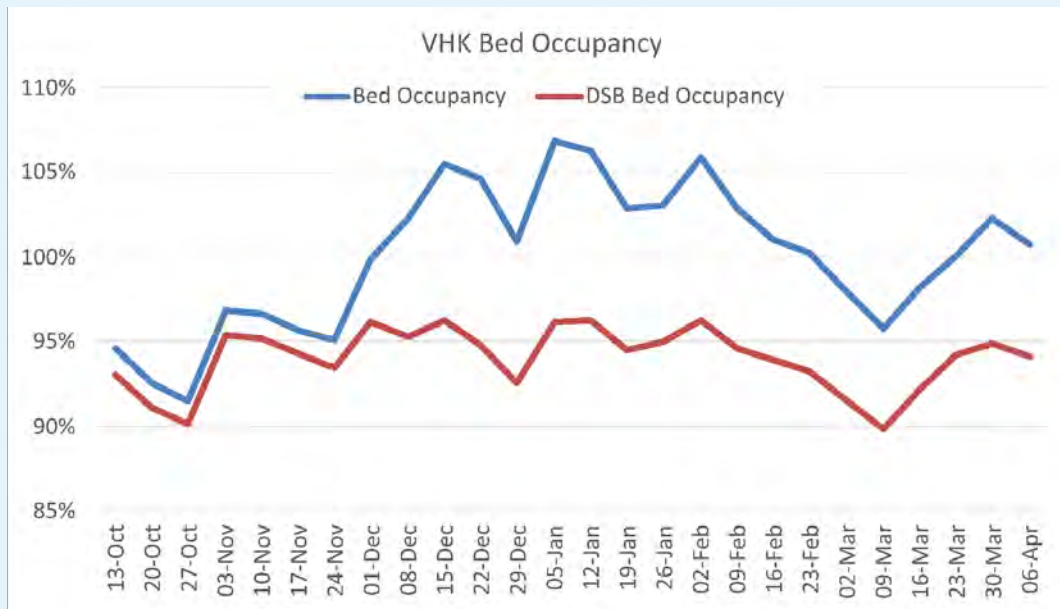
11. Surge Reduction

Executive Lead – Claire Dobson

Risk Log

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

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

Status Update: Assurance remains limited as discussions with external partners continue. This work will now be managed by the Finance team as business-as-usual work, the outstanding risk remains an issue and will continue to be reviewed by Finance colleagues.

Progress to date:
- Closing report completed and approved.
- An interactive dashboard has been developed to support Performance Management discussions between NHS Fife and NHS Lothian as the project moves to BAU.
- Discussions relating to decontamination services are ongoing with NHS Tayside and Steris.

Planned Activity:
- RTP/SLA Moving towards a business-as-usual model in 2025/26.

Opportunities & Threats:
- The 3% Cash Release Efficiency Saving (CRES) to SLAs, will not be delivered following the national settlement on uplift.

13. SLA and External Activity

Executive Lead – Margo McGurk

Risk Log

Risk	Mitigation	Likelihood Score	Impact Score	Overall Score
There is a risk that NHS Lothian and NHS Tayside will not accept the financial planning assumptions and/or that a national challenge will ensue.	Cost pressure has been reduced from £5M to £2M due to ScotGov uplift for 2024/25. Discussions are ongoing with external partners as financial planning assumptions have not been accepted. Performance Management group planned for 2025/26 period to reduce the risks associated with current and future challenges	5	4	20 - High Risk

NHS Fife

Meeting:	**Fife NHS Board**
Meeting date:	**27 May 2025**
Title:	**Annual Delivery Plan 2024/25 Q4 Update**
Responsible Executive:	**Ben Hannan, Director of Planning & Transformation**
Report Author:	**Susan Fraser, Deputy Director of Planning & Transformation**

Executive Summary

This report contains quarter 4 update on progress for Annual Delivery Plan (ADP) 2024/25.

There are 208 deliverables within ADP 2024/25. As of the end of Mar-25 (quarter 4 of 2024/25), there are 58 that are **'complete'** with majority of deliverables (44.7%/93) being **'on track'**. Additionally, there are 46 deliverables that are **'at risk'**, nine that are **'unlikely to complete on time/meet target'** and two **'suspended /cancelled'**.

Summary of status of all deliverables in ADP, by Strategic Priority, displayed below. Total includes deliverables that cover multiple Strategic Priorities. Not all completed deliverables achieved desired outcomes.

Strategic Priority	Unlikely to complete on time	At risk	On track	Complete	Suspended /Cancelled	Total
Improve Health and Wellbeing	2	7	19	7	-	35
Improve Quality of Health and Care Services	2	22	34	28	2	88
Improve Staff Experience and Wellbeing	-	2	20	1	-	23
Deliver Value and Sustainability	5	14	19	22	-	60
Total	**9**	**46**	**93**	**58**	**2**	**208**

This report provides Moderate Level of Assurance.

1   Purpose

This report is presented for:

- Assurance

This report relates to:

- Annual Delivery Plan 2024/25

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

- Safe
- Effective
- Person Centred

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

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

2   Report summary

2.1   Situation

This paper presents the Q4 update to deliverables incorporated in the NHS Fife Annual Delivery Plan for 2024/25

2.2   Background

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

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

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

2.3   Assessment

2024/25 Quarter 4 Update

There are now **208** deliverables incorporated in ADP for 2024/25 across both NHS Fife and Fife HSCP. There are a number of deliverables carried over from 2023/24 as well as those relating to RTP. Additionally, there are **43** deliverables that are not aligned to a Recovery Driver.

Recovery Driver	n=165
1. Primary and Community Care	22
2. Urgent and Unscheduled Care	15
3. Mental Health	18
4. Planned Care	9
5. Cancer Care	6
6. Health Inequalities	30
7. Women & Children Health	13
8. Workforce	18
9. Digital & Innovation	21
10. Climate	13

Strategic Priority	n=208
All	2
Improve Health and Wellbeing	35
Improve the Quality of Health and Care Services	88
Improve Staff Experience and Wellbeing	23
Deliver Value and Sustainability	60

As of end of Mar-25 (Quarter 4 of 2024/25), there are **58** deliverables that are **'complete'** with most **(44.7%/93)** **'on track'**. There are **nine** deliverables that are **'unlikely to complete on time/meet target'**. There is also **two** deliverable that has been **'suspended/ cancelled'**.
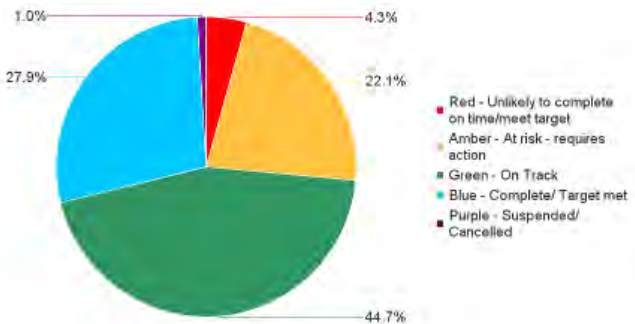
Summaries from Committees

Discussion at all Committees focussed on the changes in the reporting format for the Annual Delivery Plan (ADP) for 2025/26. The current report involved reporting every objective to every committee, which diluted the level of detail and oversight. The new model will streamline reporting, ensuring that incomplete or at-risk objectives are still monitored and escalated appropriately. Some items will be tracked at a higher strategic level, while others will be managed locally. Assurances were made that no actions/deliverables will be lost in the transition.

It was stated that formal scrutiny of the ADP 2025/26 will be through Finance Performance and Resources Committee.

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

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

2.3.1 Quality, Patient and Value-Based Health & Care

The ADP process ensures the delivery of high-quality, safe, and person-centred care through strategic planning and system-wide collaboration. A value-based healthcare approach is embedded to ensure services are clinically effective, financially sustainable, and aligned with patient needs, while prioritising equity of access, prevention, and early intervention.

Key enablers include workforce development, digital transformation, clinical service redesign, and infrastructure investment. Through continuous improvement, evidence-based decision-making, and governance oversight, the ADP drives measurable improvements in patient outcomes, operational efficiency, and system resilience, aligning with national quality standards and long-term sustainability goals.

2.3.2 Workforce

A focus on sustainable workforce planning will support service transformation, productivity improvements, and financial sustainability, while also addressing national workforce priorities, staff wellbeing, and training needs to ensure a high-performing health and care system.

2.3.3 Financial

The ADP and Financial Plan for 2024/25 are developed through a joint approach, ensuring financial resources are aligned with strategic priorities and operational requirements. The Financial Plan underpins the delivery of ADP actions, balancing investment, efficiency savings, and long-term sustainability to maintain financial resilience while supporting service transformation.

2.3.4 Risk Assessment / Management

The ADP is aligned with the Corporate Risk Register, ensuring that delivery risks are proactively identified, monitored, and managed through the risk management framework. Each ADP delivery area is mapped to the relevant corporate risks, with this alignment detailed in the ADP 2024/25 appendix, supporting robust governance and accountability.

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

An Equality Impact Assessment (EQIA) is not required for the ADP itself but remains an integral part of the planning process for associated service changes. The plan explicitly references the UNCRC, reinforcing commitments to children's rights, while also embedding Anchor Institution principles to support inclusive employment, procurement, and community engagement.

Health inequalities are a core ADP delivery area, with actions woven throughout the plan to address equitable access, prevention, and early intervention. Additionally, a dedicated corporate objective ensures a strategic commitment to equality, diversity, and inclusion (EDI), reinforcing alignment with national and local ambitions to create a fairer, more inclusive health system.

2.3.6 Climate Emergency & Sustainability Impact

Climate action is embedded throughout the plan as a key delivery area. The ADP includes specific commitments to carbon reduction, sustainable estate management, and environmental impact mitigation, aligning with national net-zero targets and NHS Scotland's climate resilience strategy.

2.3.7 Communication, involvement, engagement and consultation

The ADP has been developed through extensive communication, involvement, and engagement across the organisation, ensuring alignment with strategic priorities, operational planning, and workforce considerations. Key stakeholders, including clinical, managerial, and corporate teams, have contributed throughout the process, with consultation informing priorities and delivery planning to support effective implementation.

2.3.8 Route to the Meeting

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

- Executive Directors Group 24 April 2025
- Clinical Governance Committee 2 May 2025
- Finance, Performance and Resource Committee 8 May 2025
- Public Health and Wellbeing Committee 12 May 2025
- Staff Governance Committee 13 March 2025

2.4 Recommendation

The Board are asked to:

- **Assurance** – this report provides a moderate level of assurance.
- **Approve** – approve the ADP Q4 return for submission to Scottish Government.

3 List of appendices

The following appendices are included with this report:

- Appendix No. 1, NHS Fife ADP 202425 Quarterly Report Q4

Report Contact
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Planning and Performance Manager
Email: bryan.archibald@nhs.scot

Annual Delivery Plan 2024/25 - Q4 Progress Summary

Q4 Status	Red - Unlikely to complete on time/meet target	Amber - At risk - requires action	Green - On Track	Blue - Complete/ Target met	Purple - Suspended/ Cancelled	Total
1. Primary and Community Care	2	4	7	9		22
2. Urgent and Unscheduled Care		4	8	2	1	15
3. Mental Health		5	10	3		18
4. Planned Care			1	8		9
5. Cancer Care	1		3	2		6
6. Health Inequalities		2	20	8		30
7. Women & Children Health	1	3	8	1		13
8. Workforce		3	13	2		18
9. Digital & Innovation	3	9	3	6		21
10. Climate		3	1	8	1	13
Other	2	13	19	9		43

	Red - Unlikely to complete on time/meet target	Amber - At risk - requires action	Green - On Track	Blue - Complete/ Target met	Purple - Suspended/ Cancelled	Total
To Improve Health and Wellbeing	2	7	19	7		35
To Improve the Quality of Health and Care Services	2	22	34	28	2	88
To Improve Staff Experience and Wellbeing		2	20	1		23
To Deliver Value & Sustainability	5	14	19	22		60
ALL		1	1			2
Total	**9**	**46**	**93**	**58**	**2**	**208**

Q4 RAG Status
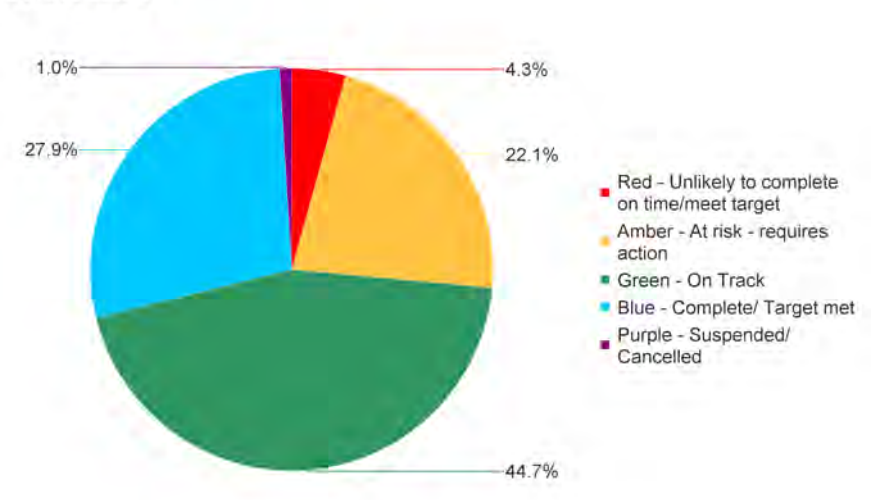
Q4 > Q3 V	Red	Amber	Green	Blue	Purple	Total
Red	4		2	1		7
Amber	4	22	9	3		38
Green	1	24	82	41		148
Blue				12		12
Purple				1	2	3
Total	**9**	**46**	**93**	**58**	**2**	**208**

Annual Delivery Plan 2024/25 - Q4 Progress Summary

RTP - Re-form, Transform, Perform

Deliverable	Directorate	2024/25 Q4 Narrative Highlight achievements, reflecting on planned activities and impact on stated outcomes, as well as any associated risks and challenges that impacted delivery	2024/25 Q4 Planned Milestones	NHS Fife Strategic Priority	Deliverable 24/25 Q1 RAG Status	Deliverable 24/25 Q2 RAG Status	Deliverable 24/25 Q3 RAG Status	Deliverable 24/25 Q4 RAG Status
Business Transformation	Digital	Mapping and engagement activities underway Programme Brief and Plan redrafted for presentation to governance	Case for change provided to RTP Exec and Fife NHS Board Staff cohorts identified Supporting Digital Product enhancements confirmed	To Deliver Value & Sustainability	Red - Unlikely to complete on time/meet target	Red - Unlikely to complete on time/meet target	Amber - At risk - requires action	Amber - At risk - requires action
Surge Capacity - Improve flow within the VHK site, reducing length of stay and number of patients boarding to ensure patients are looked after in the most appropriate setting. Accurate PDD to inform planning for discharge, coordinated with the Discharge Hub.	Acute Medical	No reduction in bed footprint possible due to over capacity. SBAR agreed at SLT in March and to be discussed at EDG - model of care re prioritised with PDD focus, review of criteria and staffing & bed base to flex between 30-44 patients acknowledging seasonal variation/demand.	Reduction of Ward 9 to 11 to 30 beds and associated maintenance of new footprint Continue to monitor Locum Surge Consultant post	To Deliver Value & Sustainability	Red - Unlikely to complete on time/meet target	Red - Unlikely to complete on time/meet target	Amber - At risk - requires action	Amber - At risk - requires action
Attracting & Recruiting Staff to deliver Population Health & Wellbeing Strategy; Bank Governance – Enhanced Management & Staff Bank Consolidation.	Workforce	Medical locums transferred on 3 February 2025 and next phase of transition is to focus on AHP and Medical Records Banks.	Direct Engagement model in place and work transitioned over. Bank model changes fully in place and operating as Business as Usual.	To Deliver Value & Sustainability	Amber - At risk - requires action	Amber - At risk - requires action	Amber - At risk - requires action	Green - On Track
Non-compliant Rotas	Office of Medical Director	Savings target exceeded for the year with second stage of monitoring complete. Final savings to be reported once all results received and any re-monitoring completed and reviewed. Clinical Management to continue with existing processes to sustain compliance and online resources available to be updated by individual services and directorates for new cohorts.	Results of surveys cascaded to be reviewed. Second stage of monitoring to begin Services to address any concerns of rota monitoring results prior to second round beginning in February	To Improve the Quality of Health and Care Services	Green - On Track	Green - On Track	Green - On Track	Green - On Track
SLA and External Activity	Finance & Strategy	Agreement made nationally on SLA uplift of 6.64% therefore the NHSF 3% target was not met.	Planned implementation of PLICS locally Meeting scheduled with NHS Tayside to discuss decontamination service Ongoing development of Performance Management dashboard Ongoing discussions with other Boards Chief Executives relating to transition into more formal Performance Management arrangements RTP/SLA Moving towards a business as usual model in 2025/26 - Closing report to be developed	To Deliver Value & Sustainability	Red - Unlikely to complete on time/meet target	Red - Unlikely to complete on time/meet target	Red - Unlikely to complete on time/meet target	Blue - Complete/ Target met
Digital & Information Projects	Digital	The Digital RTP activities have now concluded for 2024/25.	Assess Benefits for Quarter	To Deliver Value & Sustainability	Green - On Track	Amber - At risk - requires action	Amber - At risk - requires action	Blue - Complete/ Target met

Deliverable	Directorate	2024/25 Q4 Narrative Highlight achievements, reflecting on planned activities and impact on stated outcomes, as well as any associated risks and challenges that impacted delivery	2024/25 Q4 Planned Milestones	NHS Fife Strategic Priority	Deliverable 24/25 Q1 RAG Status	Deliverable 24/25 Q2 RAG Status	Deliverable 24/25 Q3 RAG Status	Deliverable 24/25 Q4 RAG Status
Medicines optimisation. Design and support delivery of medicines optimisation work to ensure optimal use of medicines budgets	Pharmacy & Medicines	The revised target for acute medicines efficiencies is likely to be surpassed by the end of financial year. Within the HSCP, delivery is expected to be 91% of target (noting the target was revised upwards, and delivery has surpassed original targets). Medicines waste comms activity has been undertaken, aimed at clinicians and the public.	Monthly monitoring of the Medicines Optimisation plan and continued identification of opportunities. Identification of /and quantification of efficiencies to meet an extended £3M target is ongoing, however it is very unlikely that this target Review of current prescribing guidelines across a number of specialties to more clearly define treatment pathways and access to medicines Comms and engagement plan with all staff. Reducing medicines waste in hospital.	To Deliver Value & Sustainability	Green - On Track	Amber - At risk - requires action	Green - On Track	Blue - Complete/ Target met
Procurement Savings within Acute Services	Acute Services	Projecting £456,299 as at end of month 11 for in year impact and recurring saving of £500,000 target.	Ongoing reviews of expenditure and savings opportunities.	To Deliver Value & Sustainability	Amber - At risk - requires action	Green - On Track	Green - On Track	Blue - Complete/ Target met
Estates Rationalisation	Property & Asset Management	24/25 targets met with consolidation of 3 buildings including Hayfield House, Cameron House and Haig House. Sharing of office assets with Fife Council enabled the buildings to be decanted.		To Deliver Value & Sustainability	Green - On Track	Green - On Track	Green - On Track	Blue - Complete/ Target met
Infrastructure - Workforce	Digital		Decommission Sites Establish other hotdesking locations	To Deliver Value & Sustainability	Green - On Track	Green - On Track	Blue - Complete/ Target met	Blue - Complete/ Target met

Annual Delivery Plan 2024/25 - Q4 Progress Summary

To Improve Health and Wellbeing

Deliverable	ADP Reference	2024/25 Q4 Narrative Highlight achievements, reflecting on planned activities and impact on stated outcomes, as well as any associated risks and challenges that impacted delivery	2024/25 Q4 Planned Milestones	Recovery Driver	Deliverable 24/25 Q1 RAG Status	Deliverable 24/25 Q2 RAG Status	Deliverable 24/25 Q3 RAG Status	Deliverable 24/25 Q4 RAG Status
Increase capacity for providing in-hours routine and urgent dental care	1.5	The SDAI initiative is still ongoing as this is a government funded scheme. We are hopeful a new practice in Dunfermline will open this year but still have not heard regarding the Kirkcaldy area. There remains limited options to register with NHS dentists in Fife but this is updated regularly. The dental adviceline continues to receive around 2500 calls each month providing information to residents of Fife and to offer emergency care within PDS for unregistered patients. The sheer volume of calls and numbers of emergency appointments, on top of referrals and our registered patients does mean the PDS is under huge pressure - it is a credit to our staff that we are continuing to manage all of this.		1. Primary and Community Care	Red - Unlikely to complete on time/meet target	Red - Unlikely to complete on time/meet target	Red - Unlikely to complete on time/meet target	Red - Unlikely to complete on time/meet target
National - Child Health Replacement	9.1	National Programme Delay and new baseline of programme being undertaken	Services testing of new Child Health System	9. Digital & Innovation	Amber - At risk - requires action	Amber - At risk - requires action	Amber - At risk - requires action	Red - Unlikely to complete on time/meet target
Deliver a more effective BCG and TB programme. Public Health Priority 1 and 2		Ongoing work to understand and manage complex clusters of TB in vulnerable populations. Developing ways to support TB patients in a way that works for them and improves uptake of treatments. Developing systems to be able to prioritise TB work among other health protection pressures. Supporting increasing workload to support clinics and associated work.	Review of local and regional TB demand and ensure capacity to manage within clinical and health protection teams.		Amber - At risk - requires action	Amber - At risk - requires action	Amber - At risk - requires action	Amber - At risk - requires action
Improved Fife-wide ADHD pathways for children & Young people	7.1	Fife Wide review completed. Recommendations shared with SLT of Fife H&SCP in February 2025 - outcome awaited	Fife wide multi professional review of provision of services to children/ young people with suspected/ diagnosed ADHD

Identify core functions within CCH service and review CCH clinicians job plans/ clinic templates accordingly

Development of Fife wide business case to support ADHD service improvements. | 7. Women & Children Health | Amber - At risk - requires action | Amber - At risk - requires action | Amber - At risk - requires action | Amber - At risk - requires action |
| Development of improved digital processes to support OH activity and staff health and wellbeing. | | Upgrade of Cority system in place which will improve digitisation of activities, subject to resolution of multiple initial difficulties with new system. | Decision on future system procurement or further extension of current service provider. | 8. Workforce | Green - On Track | Green - On Track | Amber - At risk - requires action | Amber - At risk - requires action |
| Growth of OH services and establishment of resources to assure function sustainability meets the changing needs of the organisation and supports the delivery of care goals through a variety of services including mental health / wellbeing / fatigue management support. | 8.3 | Plans for service delivery model to be re-visited as part of Directorate modernisation. | New model of service delivery in place, to be monitored and reviewed. | 8. Workforce | Green - On Track | Green - On Track | Amber - At risk - requires action | Amber - At risk - requires action |

Deliverable	ADP Reference	2024/25 Q4 Narrative Highlight achievements, reflecting on planned activities and impact on stated outcomes, as well as any associated risks and challenges that impacted delivery	2024/25 Q4 Planned Milestones	Recovery Driver	Deliverable 24/25 Q1 RAG Status	Deliverable 24/25 Q2 RAG Status	Deliverable 24/25 Q3 RAG Status	Deliverable 24/25 Q4 RAG Status
Refreshed Mental Health and Wellbeing Strategy for Fife for 2025 - 2028	3.2	The draft strategy and supporting documents (Year One Delivery Plan, Equality Impact Assessment, Risk Register, and the Participation and Engagement Reports) have been reviewed by key stakeholders as they have progressed through the Partnership's governance process. Constructive feedback and comments have been received from the Partnership's Senior Leadership Team, the Strategic Planning Group, the Quality and Communities Committee, and other stakeholder groups. These updates will be included in the strategy and supporting papers before the documents are shared with the Integration Joint Board in July 2025 for final review and approval prior to publication and wider circulation. A summary version and an easy read version of the strategy will also be provided.	Progress Year One Delivery Plan	3. Mental Health	Green - On Track	Amber - At risk - requires action	Green - On Track	Amber - At risk - requires action
Improve access for patients and carers through improved communication regarding transport options	1.7	Suite of transport information and resources for public and patients. The Community Transport information and leaflet and the refresh of the NHS travel reimbursement information and leaflet have been completed and distributed. Completion and distribution of information and resources - NHS Fife How to get to our main hospitals. Patient information letters now include a sentence highlighting transport options and travel cost reimbursement information. Monitoring and evaluation not available for Q4 - this will be provided in June as a financial year comparison to 2023/24.	Monitoring data Evaluation and feedback from patient and carers and staff	1. Primary and Community Care	Green - On Track	Green - On Track	Green - On Track	Amber - At risk - requires action
Support the implementation of the Food 4 Fife Strategy and associated action plan as part of ambition to make Fife a sustainable food place	6.4	Food4Fife Strategy agreed May 2024. Action Plans agreed and being implemented by subgroups. Partnership has continued to meet bi-monthly. Future of partnership co-ordinator post is at risk for 25/26 as no funding identified for next year. Funding maybe available from April 2026 via Good Food Nation. Eating well as one of two themes in DPH annual report.	explore with Fife Council colleagues support for the partnership/co-ordination of the Food4Fife Partnership beyond April 2024	6. Health Inequalities	Green - On Track	Green - On Track	Green - On Track	Amber - At risk - requires action
Children's speech, language and communication development Plan		CYP Operational Lead attended the national meetings. Key members of CYP SLT staff are attending feedback sessions with NELC to learn more about the national work. CYP SLTs have received information about the key bonding/interaction/communication messages. There are local links being made, e.g. HV and SLT in Kirkcaldy and Cowdenbeath working together to support conversations around this and putting it in to practice.	Want national work to influence local partners and universal work. Ensure that SLTs are aware of key early interaction and bonding messages being shared with local partners and universal workforce. SLTs need to be aware of focus of message and robustly support this in local conversations.	7. Women & Children Health	Green - On Track	Red - Unlikely to complete on time/meet target	Green - On Track	Green - On Track

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Work to address poverty, fuel poverty and inequality through ensuring the prioritisation of income, housing, education and employment programmes as part of the Plan 4 Fife.	6.4	Pathway in development for housing needs of young poeple with substance use issues. DPH annual report drafted, consulted on and taken to Fife Board March 2025. DPH report aligned with 10 year Population Health Plan. stakeholder workshop held and framework agreed for inclusion health network	Contributing to Fife housing partnership ending homelessness together priority group pathways. Contributing to opportunities Fife partnership priorities. Revise evidence review submitted to Scottish Government. Consider contribution and strategic direction following release of 10yr Population Health Plan. Review feedback from Inclusion Health workshop to shape future development of Inclusion Health Network.	6. Health Inequalities	Amber - At risk - requires action	Amber - At risk - requires action	Green - On Track	Green - On Track
Review existing wellbeing indicator collection data to develop multi-agency response in line with GIRFEC framework.	7.1	We have fostered strong multi-agency communication by establishing clear pathways for information sharing and collaboration, recognising the urgency of child protection, and building flexibility to ensure swift and effective response. The implementation of the National Child Protection Guidance 2021 has enabled us to review and update our processes for sharing information, ensuring that critical details are communicated effectively across services. Additionally, we have strengthened our shared language around risk and vulnerability factors, promoting consistency and clarity across agencies.. The Child Protection Steering Group, the Child Health Management Group and the Health and Wellbeing Strategy Group, provide oversight and assurances on these processes and play a key role in driving improvements. These groups report to Fife Child Protection Committee and Children in Fife, providing updates on deliverables within Fife Children's Plan to ensure the best possible outcomes for children and young people.	Include Wellbeing Indicators as standing agenda item within Child Health Management Team meetings.	7. Women & Children Health	Green - On Track	Amber - At risk - requires action	Green - On Track	Green - On Track
Specialist clinic provision to increase by 25% in our most deprived areas with a view to achieving 473 quits in FY 20024-25 Increase targeted Very Brief Advice (VBA) information sessions by 25% Fife wide to include mental health in patient sites. Establish a drop in and bookable clinic within maternity units to receive as early as possible referrals for maternity clients. Create referral pathway for in patient discharge on an opt out basis	6.3	The service has delivered a plan of promotional activities across all 7 localities which has resulted in a significant increase in service uptake and retention with our target groups. Offering 3,593 appointments from April to December 2024. We have worked with colleagues from the HSCP and 3rd sector to raise awareness of VBA model and referral pathways. Appropriate referrals from Fife maternity services for pregnant smokers has also increased with 115 referrals in Q4, We have established weekly clinics in the VHK & QMH maternity units offering advice and support to pregnant smokers and their support networks.	Increase awareness that the service is available using a variety of mechanisms; consider available opportunities to promote service and establish a marketing and communication plan Provide out-reach service provision in most deprived communities; assess appropriate sites and permissions to park, signage Deliver financial inclusion referral pathways for pregnant women and families with young children Support NHS actions in the Fife Child Poverty Action Report including income maximisation for pregnant women and parents of under 5s	6. Health Inequalities	Green - On Track	Amber - At risk - requires action	Green - On Track	Green - On Track

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Deliver the child aspects of Fife Annual Poverty Plan with Fife Council and other partners.	7.3	Funding confirmed from the Child Poverty Practice Accelerator Fund to sustain the income maximisation worker to support maternity services for 2024/25. Positive feedback received on actions within Child Poverty Action Plan. Progressive recruitment approaches to support pathways into employment will be a focus next year.	Influence NHS Fife Anchor Strategy to focus ambitions relevant to child poverty Support NHS actions including income maximisation for pregnant women and parents of under 5s; explore expansion to community child health services	7. Women & Children Health	**Amber - At risk - requires action**	**Green - On Track**	**Green - On Track**	**Green - On Track**
CAMHS will build capacity in order to deliver improved services underpinned by these agreed standards and specifications for service delivery.	3.1	CAMHS continues to work on the development of Clinical Pathways, which is near completion. CAMHS continues to develop strategies to improve communication and promote participation and engagement through, for example, the introduction of Patient/Carer Consultation Groups Medical Consultation Pilot with Looked After CAMHS Services is completed and the evaluation findings will be incorporated in service delivery, as appropriate, to ensure mental health support is available for those who are most vulnerable. A review of Tier 4 services has commenced to align with the CAMHS National Specification and the recently published Eating Disorders National Specification. This will include an appraisal of out of hours/extended working.	Implement CAMHS improvement plan derived from gap analysis against the national service specification Focus resources on prioritised improvement dimensions - access and response, care pathways, communication and engagement Development of Clinical Pathways for Core CAMHS for young people presenting with low mood, anxiety, trauma and eating which will include use of outcome measures, enable future audit of access to evidence-based interventions and work towards providing a good quality service. Fife CAMHS Urgent Response Team will pilot extension in hours to provide timely assessment within Acute Hospitals for those presenting with increased risk which will improve throughput within Accident and Emergency and ensure use of paediatric beds for patients who have self-harmed is limited and appropriate. Medical Consultation Pilot with Looked After CAMHS Services will be evaluated and incorporated in the service delivery, as appropriate, to ensure mental health support is available for those who are most vulnerable.	3. Mental Health	**Green - On Track**	**Green - On Track**	**Green - On Track**	**Green - On Track**
CAMHS will build capacity to eliminate very long waits (over 52 weeks) and implement actions to meet and maintain the 18-week referral to treatment waiting times standard.	3.1	The service has reviewed and implemented additional strategies to enable them to continue to meet and sustain the national waiting times standard. CAMHS continue to maintain Early Intervention services to ensure children and young people receive timely access to specialist services. Ongoing recruitment continues to ensure workforce is at full capacity. CAMHS have initiated Parent/Carer consultation groups, ensuring their participation and engagement underpins service developments and their needs are met.		3. Mental Health	**Green - On Track**	**Green - On Track**	**Green - On Track**	**Green - On Track**

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Child and Adult weight management programmes: Develop a sustainable workforce within the resources available via regional funding award	6.3	Achievements Baseline funding secured, ensuring recurring financial stability Approval for some fixed-term posts to be recruited substantively, improving workforce sustainability Performance framework embedded in reporting to Scottish Government, supporting ongoing monitoring and QI Continued QI approach to optimise resource use and maintain person-centred care Risks and Challenges Uncertainty due to unapproved substantive posts, risking staff turnover and unsustainable service delivery Admin post delays from Business Transformation increase workload and divert Clinicians from clinical tasks Formal governance structures delayed due to pending GLP-1 introduction, which may strain services further without substantive recruitment	Develop performance framework to evidence impact, improvement and targeted QI approaches Establish governance and assurance structure to ensure effective oversight, reporting and assurance of programme development	6. Health Inequalities	Green - On Track	Green - On Track	Green - On Track	Green - On Track
Contribute to NHS Fife's High Risk Pain Medicines Patient Safety Programme to support appropriate prescribing and use of High-Risk Pain Medicines and ensuring interventions take into consideration the needs of patients who are at risk of using or diverting High Risk Pain Medicines.	6.7	Public Health perspective provided to new HRPM Safety Group Evaluation advice and support provided to ongoing HRPM work Working with ADP colleagues to gain further insights into the needs of people with lived experience	Continue to provide PH input to HRPM Safety Group Continue to provide evaluation advice and support to ongoing HRPM work Continue to work with colleagues from ADP to engage the Scottish Drugs Forum to gain further insights into the needs of Lived Experience individuals	6. Health Inequalities	Green - On Track	Green - On Track	Green - On Track	Green - On Track
Design and delivery of a comprehensive medicines safety programme for NHS Fife, enhancing the safety of care and ensuring the Board meets its obligations to Scottish Government direction	6.7	Five new Valproate prescribing pathways to fully deliver the legislative requirements have been created by the group and await final governance approval by the ADTC. GP sub Committee currently reviewing the SLA and Model of Care for Lithium in NHS Fife. A DOAC prescribing and review toolkit are being developed with the aim to improve patient safety and support safe monitoring of these medicines	Circulate guidance on Topiramate and commence audit. Develop a Lithium model of care document (inc. shared care agreement). Agree dissemination pathways for high risk pain meds. Anticoagulant focus group to identify adverse events and training needs.	6. Health Inequalities	Green - On Track	Green - On Track	Green - On Track	Green - On Track

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Develop and Enhance Children's Services		Revised GIRFEC guidance now embedded Wellbeing Pathway also refreshed and embedded into practice. Implementation of the revised child protection guidance across NHS Fife/HSCP and support the embedding of changes across the Children services partnership To embed in cross organisational policy and practice in preparation for incorporation in law for UNCRC / Children's rights The promise - Corporate Parenting Plan agreed and shared across partnership. Health Actions & routemap identified by NHS Health Leads Network	Child Wellbeing Pathway Implementation Complete and report submitted to CHMT Implementation of health raised IRD for CAMHS. Full implementation of CPPM via IRD process. 16-17 year olds progressing via IRD. progress single agency information sharing guidance. Progress a process for adult health checks IRD. UNCRC - SBAR to EDG & SLT Outcome agreed. SLWG continuing to meet regularly to support CS UNCRC commitments. The promise - Actions & routemap identified by NHS Health Leads Network and brought to HC & The Promise Group for discussion	7. Women & Children Health	**Green - On Track**	**Green - On Track**	**Green - On Track**	**Green - On Track**
Ensure effective coordination and governance for adult screening programmes in Fife	6.3	Adult Screening published statstics for Breast, Bowel and AAA and were presented as part of public health indicatorss and IPQR for the Public Health and Wellbeing Committee in December 2024. This provided greater awareness and opportunity for scrutiny of the uptake of the three screening programmes by the members of the PHWC. The NHS Fife annual Integrated Screening Report was produced in October 2024 and it was presented at the Executive Directors Group Meeting and the Public Health Assurance Committee. A Screening Inequalities Outreach Officer was employed in December 2024 to oversee the implementation of the Inequalities Action Plan. This has lead to a very active period of work since December 2024. This is ongoing. The "No Cervix Cervical Exclusion Audit" was completed within NHS Fife in September 2024 and clinics to follow up some patients were held up until December 2024. Consultations were held in Q4 regarding the audit of a smaller cohort of patients with "No Further Recall" exclusion applied. This audit will be carried out in the 2025/26 financial year.	Lead the coordination, governance and quality assurance of adult screening programmes including monitoring uptake and performance Produce the annual NHS Fife Integrated Screening Report Continue work to understand and address inequalities in the uptake of screening among Fife residents including the Bridging the Gap Project and implement the Screening Inequalities Action Plan Investigation and management of screening programme incidents and adverse events.quality assurance of adult screening programmes including monitoring uptake and performance Produce the annual NHS Fife Integrated Screening Report Continue work to understand and address inequalities in the uptake of screening among Fife residents including the Bridging the Gap Project and implement the Screening Inequalities Action Plan Investigation and management of screening programme incidents and adverse events. Complete the "No Further Recall" (NFR), Cervical Exclusion Audit. This is part of the National Cervical Exclusion Audit which started in 2021.	6. Health Inequalities	**Green - On Track**	**Green - On Track**	**Green - On Track**	**Green - On Track**
Home First: people of Fife will live long healthier lives at home or in a homely setting	2.6	Hospital at Home multi-factorial review and 'hub and spoke' model feasibility study completed. A number of actions were identified and an SBAR paper is being prepared for SLT to seek approval to progress some of these.	Implement measurement and reporting tool for the successful implementation of the Home First vision Leadership workshop to review the Home First Delivery structure and ensure alignment with strategic direction.	2. Urgent and Unscheduled Care	**Green - On Track**	**Green - On Track**	**Green - On Track**	**Green - On Track**

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Locality Planning Groups will utilise Public Health Scotland data, the Fife Strategic Needs Assessment, and local intelligence to develop and finalise Locality Plans for 2025-26, outlining key priorities and measurable actions. Quarterly locality meetings will provide a forum for health and social care professionals to take accountability for the delivery and evaluation of these plans	6.5	Locality Event was attended by 115 delegates - feedback survey highlighted attendees had an increased knowledge and understanding of locality planning.

The Senior Leadership Team endorsed the current locality planning approach would continue in 2025/26.

Locality Delivery plans updated with Q4 actions.

Monitoring and evaluation of Community Chest Round 1 projects is ongoing - no decision will be made in regard to future funding till all round 1 projects have submitted evaluation report.

PHS and local strategic needs assessment data was presented at the March locality meetings to support discussions that may inform new priorities for 25/26. | Review and evaluate Locality Fife wide event.

Locality Planning development session with the Senior Leadership Team planned for 10th Feb 2025 and actions from this session will be taken forward.

Continue to monitor and develop the locality delivery plans 24/25.

Decide on the approach to Community Chest funding for 2025-26 and communicate with carers on the way forward.

Co-ordinate and facilitate the 7 locality planning meetings in March 2025. | 6. Health Inequalities | Green - On Track | Green - On Track | Green - On Track | Green - On Track |
| Public Health Priority 4: National Drugs Mission Priorities; MAT treatment standards; Fife NFO strategy; Fife ADP strategy | 6.2 | Working with ADP colleagues to gain further insights into the needs of people with lived experience. Adressing Alcohol Harm and Death Group have worked to identify and priortise actons required and progress is being made in two key projects to deliver these actions. SDF have added questions to their MIST survey on use of high risk pain medicines and results are awaited. | Continue to work with colleagues from ADP to engage the Scottish Drugs Forum to gain further insights into the needs of Lived Experience individuals. Actively participate in the multidisciplinary Fife Addressing Alcohol Harm and Death Group to support delivery of actions to improve services and pathways. | 6. Health Inequalities | Green - On Track | Green - On Track | Green - On Track | Green - On Track |
| To embed a working business continuity management systems process that is measurable and able to be easily monitored. | | Business continuity mangment systems (BCMS) are bedding in with reporting mechanisums and analytics now being available. The number of service areas has expanded. Resilience coordinator post now being in situ aupports the continued momentum to BCMS dashboard and visibility to plans and master ledgers. B13/23 audit has been provided with evidenced actions . | Compliance and performance metrics is reported quarterly through the Resilience Forum.

To continue working towards revising and updating NHS Fife Business Continuity policy | 2. Urgent and Unscheduled Care | Green - On Track | Green - On Track | Green - On Track | Green - On Track |
| Work with local authorities to take forward the actions in their local child poverty action report | 7.3 | Briefing and training sessions have been delivered to key staff groups.

Communication Action Plan has been delivered.

Annual reporting data and information has been collated. A total of 520 referrals and an overall annual financial gain to families of £515,433.84 | Workforce development – delivering training sessions for staff and managers, refresher training sessions and staff briefings.

Communication strategy – delivering communication action plan 2024-25.

Meeting quarterly reporting requirements, auditing data and quality assurance. | 7. Women & Children Health | Green - On Track | Green - On Track | Green - On Track | Green - On Track |
| Work with partners to increase efforts to reduce the impact of climate change on our population. | | Participated in sustainabilitry ambassador network meetings and CPD sessions | Support any activity of the Sustainability Ambassador network that has been established. | 10. Climate | Green - On Track | Green - On Track | Green - On Track | Green - On Track |

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Work with the Chief Executive of NHS Fife to establish NHS Fife as an Anchor Institution in order to use our influence, spend and employment practices to address inequalities.	6.4	Anchor progress has been self assessed 6 monthly using PHS Progression Framework. This has been reported through Anchor Institution Programme Board on a 6 monthly basis. Feedback from the Anchor Institution Programme Board steers the operational group and assists with the AI workplan for the coming year. Annual metrics reporting submitted in draft to SG on 17/03/2025. 25/26 Anchor objectives submitted in draft to SG on 17/03/2025. Focussed intentions on partnership working and communicating Anchor ambitions more widely.	Align Anchor ambitions with Population Health & Wellbeing Strategy Align Anchor ambitions with NHS Fife Mid-term Delivery Plan and Public Health Mid-term Delivery Plan focussing on recovery drivers. Support leads to report on NHS Fife progression within Anchor ambitions Continue developing and AI workplan, reporting to AI Programme Board Strengthen and explore links with partners and third sector agencies and community planning groups Submit metrics and focussed objectives to SG. Communicate our Anchor ambitions more widely	6. Health Inequalities	Green - On Track	Green - On Track	Green - On Track	Green - On Track
Fife will eliminate Hepatitis C as a public health concern.		Increased treatment initiation from 2024/25 rate	Create implementation plan. Task Group for HCV elimination in fife has not yet been reestablished due to operational pressures.	1. Primary and Community Care	Amber - At risk - requires action	Amber - At risk - requires action	Green - On Track	Blue - Complete/ Target met
Carry out focused work to make sure we proactively improve access and uptake of vaccinations across our whole population	1.2	Area Immunisation Steering Group monitoring of vaccine uptake by geography & deprivation - meeting February 2025. First meeting of the Immunisation Transformation Oversight Group in January 2025 - TOR and membership established. Improvement plan for teenage programme reviewed. Follow-up meeting with senior staff from education and headteachers from schools with lower uptake. Additional clinics in weekends and evenings targeting teenage and MMR for <5 years.		1. Primary and Community Care	Green - On Track	Amber - At risk - requires action	Green - On Track	Blue - Complete/ Target met
Deliver an effective public health intelligence function to provide multifaceted high-quality intelligence that supports the portfolios of work within Public Health and supports the strategic development, policymaking and the planning, delivery, and evaluation of services within NHS Fife and its partners.		Lead or collaborate on work across all six Public Health priorities and ensure outputs from this work are produced to agreed timescales and standards and disseminated in a range of formats as appropriate.	Investigation and management of screening programme incidents and adverse events.	6. Health Inequalities	Green - On Track	Green - On Track	Green - On Track	Blue - Complete/ Target met
Ensure effective direction and governance for the delivery of immunisation programmes in Fife and provide assurance that the Fife population is protected from vaccine preventable disease.	6.3	Area Immunisation Steering Group met 03/04/25 and reviewed annual shingles, pneumococcal RSV and MSM HPV data as planned. Strategic Framework taken to Fife IJB January 2025 and approved. Updated deliverables for 2025/26 taken to programme Board Feb 2025 and approved.	Review of annual adult shingles, pneumococcal and RSV data as well as selective immunisation programme activity data at Feb 25 meeting of Area Immunisation Steering Group. Approval of 2024 - 2027 Immunisation Strategic Framework by Fife IJB.	6. Health Inequalities	Green - On Track	Green - On Track	Green - On Track	Blue - Complete/ Target met

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New risks identified through this surveillance by urgently convening incident meetings to evaluate the risks and agreeing shared actions. The results of these meetings can be quickly cascaded to networks of people who are able to intervene – frontline workers, peer networks and individual people who use drugs can be provided with information on the risks and advice on how to keep as safe as possible	6.2	New alert process and protocol in place and several alerts issued over the year for novel substances posing a public health risk to the population of Fife. The new protocol is aligned to "Guidance on the management of clusters of drug related harms - Publications - Public Health Scotland". In partnership with NHS Fife Resilience team a nitazene preparedness and contingency planning session was successfully completed with services outwith treatment and support for addiction. A library of alerts and a monthly monitoring group chaired by SAS and supported by PHS is established. This is proactively monitoring trends across Scotland and enabling Fife ADP to respond in advance of instances of harm. .	Continue to monitor process in line with the changeable nature of drug trends Improvement to harm reduction advice made	6. Health Inequalities	Green - On Track	Green - On Track	Green - On Track	Blue - Complete/ Target met
Partners within Fife HSCP will continue to build capacity across services in order to achieve the standards set within the National Neurodevelopmental Specification for children and young people	3.1			3. Mental Health	Green - On Track	Blue - Complete/ Target met	Blue - Complete/ Target met	Blue - Complete/ Target met
Develop and maintain an integrated community drop-in model provided by specialist Alcohol and Drug Teams and community services and partners. Focus on locality data, voices of local communities and services to repeat the process of locality-based service development	6.2	The 6 month review of KY Glenrothes was conducted and decision made to stop/ suspend the extension into Glenrothes. The one stop shops have continued in Kirkcaldy, Levenmouth and Cowdenbeath localities. Kirkcaldy and Cowdenbeath were reviewed and a decision was made to move one from Lochgelly to Cowdenbeath town as a result of the review.	6 month review of KY Glenrothes to be conducted and decision made by SLWG to continue or cease or make adaptions to deliver dependent on review findings Review of Kirkcaldy additional one stop shop and continued support provided by ADP Services	6. Health Inequalities	Green - On Track	Purple - Suspended/ Cancelled	Purple - Suspended/ Cancelled	Blue - Complete/ Target met

To Improve the Quality of Health and Care Services

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Review of Specialty Paediatric Nursing workforce/services (including Diabetes, Epilepsy, Rheumatology, Endocrinology, Respiratory, Cystic Fibrosis) in line with safer staffing legislation and Working Paper 8 "Review of Clinical Nurse Specialist roles within Scotland" of the Scottish Governments Transforming Roles Program.	7.1	Progress paused due to workforce challenges and inability to consider development of new/ additional nursing roles this financial year	Review of updated Workforce Tools / Safer Staffing guidance (in relation to caseload and role) in each specialty	7. Women & Children Health	**Amber - At risk - requires action**	**Amber - At risk - requires action**	**Red - Unlikely to complete on time/meet target**	**Red - Unlikely to complete on time/meet target**
Implement IP Workforce Strategy 2022-24		Progress has been hindered due to delays in national deliverables, affecting local implementation. the 2 week CNS, Professional Judgement and Quality workforce planning tools run for the IPCT in March 2025 completed. A gap analysis and options paper are being developed, for review by the Executive Delivery Group to address these challenges and align future actions with strategy goals.	Take forward EDG agreed actions from recommendations paper.	1. Primary and Community Care	**Amber - At risk - requires action**	**Amber - At risk - requires action**	**Amber - At risk - requires action**	**Red - Unlikely to complete on time/meet target**
Adherence to the NHS Scotland Model Complaints Handling Procedures (DH 2017) and compliance with National targets - Stage 1		Improvement in Stage 1 compliance target has been noted; however, ongoing absence within PET and Directorates has impacted ability to consistently maintain this. Standard template letters have improved response times.	Streamline PET Stage 1 process to prevent delays, encourage verbal resolution and increase compliance. Create bank of standard template letters for common complaint themes which require little or no investigation, e.g. wait times / car parking / immunisation clinic locations.		**Red - Unlikely to complete on time/meet target**	**Amber - At risk - requires action**	**Amber - At risk - requires action**	**Amber - At risk - requires action**
Adherence to the NHS Scotland Model Complaints Handling Procedures (DH 2017) and compliance with National targets - Stage 2		Challenges experienced within PET and Directorates due to absences impacting on the ability to deliver the MCHP in a timely manner. Planning a Quality Improvement project with H&SCP CCS to test new template for response letters and review systems and processes to improve the final response process and timeframes.	Quality Improvement Project with CCS New Process in PET to streamline administration burden		**Red - Unlikely to complete on time/meet target**	**Amber - At risk - requires action**	**Amber - At risk - requires action**	**Amber - At risk - requires action**
Deliver Patient Experience focused work across NHS Fife, gathering patient feedback and lived experiences		NHS Fife TV screens now have Care Opinion advertised on them Further Volunteer going through recruitment process, will support raising the awareness of Care Opinion and gathering patient stories.	PET supporting Care Assurance Walkarounds Further Volunteer Recruitment to raise awareness of Care Opinion and gather patient Stories Explore Lived Experience Groups 15-step Challenge to be explored Care Opinion Kiosks to be tested Advertising Care Opinion on NHS Flfe TV screens		**Amber - At risk - requires action**	**Amber - At risk - requires action**	**Amber - At risk - requires action**	**Amber - At risk - requires action**
Digital / Scheduling: Digital systems will be enhanced to realise full potential of integration across health and social care	2.1	SPOA work suspended (see row 5 above) TOC underway in Levenmouth where ANP's are supporting 3 x Care homes to upload FCP key details onto NHS portal. [Jun25 deliverable date may need to ne reviewed as impacted by SG removing the funding for the ReSPECT tool)	AWI: digital system / application to enable relevant multi-agency access to a single Anticipatory Care Plan	2. Urgent and Unscheduled Care	**Amber - At risk - requires action**	**Amber - At risk - requires action**	**Amber - At risk - requires action**	**Amber - At risk - requires action**

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Fife Psychology Service will increase capacity to improve access to PTs, eliminate very long waits (over 52 weeks) and meet & maintain the 18 week referral to treatment waiting times standard	3.1	Service development and redesign to increase access to lower-intensity options has been implemented and is being evaluated. Initial evaluation suggests positive effect on RTT target. Recruitment has been delayed, with 10.5 WTE clinical posts currently wating for authorisation to recruit. This is limiting improvement in RTT performance and progress in eliminating very long waits.	Recruitment to maintain/increase capacity Service development and redesign	3. Mental Health	Amber - At risk - requires action	Amber - At risk - requires action	Amber - At risk - requires action	Amber - At risk - requires action
Rheumatology workforce model redesign		2 Advanced Nurse Practitioners now in post and competencies near completion. Substantive Consultant vacancy out to advert. Podiatrist recruited to ensure succession planning. Band 5 & 6 nursing posts out to advert and interview dates set. Nursing Workforce planning created to ensure maximum development and utilisation of the team. Clinical Coordinator post has been approved and will be advertised. Advanced practice training needs analysis underway with Nursing, Physio and Podiatry Leads.	Develop and roll-out revised workforce plans Review roll-out plan and Consider future/next steps	1. Primary and Community Care	Green - On Track	Amber - At risk - requires action	Amber - At risk - requires action	Amber - At risk - requires action
Translation and implementation of agreed Business case Options for Co-badged Clinical Trials Unit/ Clinical Research Facility with University of St Andrews		Development track for this milestone has changed due to change of Dean at University of St Andrews School of Medicine, revisiting impact of Scottish Brain Sciences leasing space at Eden Campus (USTAN) and likely trajectory for VPAG investment coming to NHS Fife via SLA with NHS Tayside. Planned meeting with Director of Estates and Director of Transformation in 1Q 25/26 to review potential space in Phase 1 (4 Bed Bay in Ward 9 which abuts current CRF footprint)	Collaborative development of agreed business case with University of St Andrews Business Transformation Team.	6. Health Inequalities	Green - On Track	Amber - At risk - requires action	Amber - At risk - requires action	Amber - At risk - requires action
Improving effective governance and monitoring systems for IPC to ensure there is a co-ordinated and rapid response to reduce the risk of infections and to drive continuous quality improvement		The team remains actively engaged and contributing to the national SLWG exploring a surveillance solution for One for Scotland - end date Jan 2027. Delay in InPhase rollout has impacted the possibility of introduction an IPC Audit on this platform	Planning for recommencing local InPhase meetings to explore electronic auditing			Amber - At risk - requires action	Amber - At risk - requires action	Amber - At risk - requires action
To meet the recommendations of the Women's Health Plan	7.2	Progress made on development of enhanced Women's Health / Gynaecology centre at QMH site (due to open towards end of April 2025). Developments relating to other deliverables rolled-over to 2025/26 due to lack of development funding and training opportunities	Plan and funding to be in place for Specialist Gynaecology Centre at QMH	7. Women & Children Health	Green - On Track	Green - On Track	Amber - At risk - requires action	Amber - At risk - requires action
Support the creation of Person Centred Care Planning Principles		Delayed due to capacity	Meeting with ADON and HON with MH to discuss next steps			Amber - At risk - requires action	Green - On Track	Amber - At risk - requires action

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Committed to controlling, reducing and preventing Healthcare Associated Infections (HAI) and Antimicrobial Resistance (AMR) in order to maintain individual safety within our healthcare settings.		NHS Fife remains committed to controlling, reducing, and preventing HCAI and AMR to ensure individual safety within healthcare settings. The ongoing IPC and robust surveillance programme, continues to focus on minimising the risk of HAIs and AMR. Throughout this quarter, NHS Fife sustained its participation in the national surveillance programme, monitoring SAB, CDI, and ECB. Efforts align with the reduction targets outlined in DL (2023) 06. The team are preparing for the recently published new targets for 2025/26. The anticipated updates to the NIPCM and TBPs has been further postponed to Spring 2026. The team remains actively engaged, contributing to this critical work through the national extraordinary NPGE Working Group. The eCatheter bundle group met on 12th March 2025 to finalise the pathways for the catheter insertion & maintenance systems for both the acute & HSCP. IPC continue to work with D&I to fully integrate these updated bundles onto Patientrack	Prepare for upcoming changes to NIPCM and TBPs. eCatheter insertion and maintenance bundle update to have been completed on patientrak, then planned role out in NHS Fife.		Amber - At risk - requires action	Green - On Track	Green - On Track	Amber - At risk - requires action
Best Start 1. Full implementation of Continuity of Carer by 2026 2. Minimising separation of late preterm and term babies from birth 3. Recommencement of full Antenatal Education 4. Expand Service User Feedback 5. Review need and gaps for, and embed Psychological services	7.1	We have introduced CoC TO Intrapartum areas, now 50% achieved, 75% is the national target. Progress with Transitional Care in the Neonatal Unit, dependent on clinical space. Work being taken forward with Patient Experience regarding the Maternity Engagement Strategy.	Recommencement of ANC audits post RSV vaccinations	7. Women & Children Health	Green - On Track	Green - On Track	Green - On Track	Amber - At risk - requires action
Delivery of Clinical Governance Strategic Framework		4 out of the 11 workstreams have been delivered 2023/2024 2 out of the 11 workstreams have been partially delivered 5 out of the 11 workstreams have been allocated a revised timescale for completion - outstanding workstreams will be carried over to 25/26	Completion of the 2024/25 workplan actions		Green - On Track	Green - On Track	Green - On Track	Amber - At risk - requires action
Development and Implementation of an Adult Neurodevelopmental Pathway with clear links to CYP NDD Pathway.	3.1	Options paper presented to CCCS QMAG. Paper being revised following feedback. To go back to CCCS QMAG for sign-off before being sent to SLT.	Agreement regarding preferred option at CCCS QMAG. Sign-off by SLT including authorisation of funding if required for preferred option.	3. Mental Health	Green - On Track	Green - On Track	Green - On Track	Amber - At risk - requires action
Improve compliance with CAPTND dataset	3.1	Psychology Service has worked closely with Digital and Information to develop TrakCare package that will meet service and CAPTND reporting requirements. D&I implementation target date is now June 2025.	All Psychology Service staff will have access to TrakCare, supporting Psychology Service full compliance with CAPTND reporting requirements.	3. Mental Health	Green - On Track	Green - On Track	Green - On Track	Amber - At risk - requires action

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Local Enhanced Services Review		In order to progress with the review of Enhanced Services currently available to GP practices an options appraisal has been drafted which will be shared with the Enhanced Services SLWG for discussion and decision.		1. Primary and Community Care	Green - On Track	Green - On Track	Green - On Track	Amber - At risk - requires action
Local - Implement Paperlite / Electronic Patient Record	9.5	Implementation of Morse extended to September 2025 Implement of Results Reconciliation reprioritised	Implementation of Morse to be completed Implementation of Results Reconciliation	9. Digital & Innovation	Green - On Track	Green - On Track	Green - On Track	Amber - At risk - requires action
Pandemic Preparedness: Critical to major incident levels.		The draft Pamemic respone framework plan is circulating to key stakholders for subject specialist advice /input - SLWG will take forward to final version	Pandemic response framework plan draft is now circulating to key stakeholders for their input		Green - On Track	Green - On Track	Green - On Track	Amber - At risk - requires action
To develop the resilience risk profiling for Emergency Planning for NHS Fife.		Resporting analytics work is currently still underway for governance and assurance to evidnce based practice with EPRR response planning	Monitor and evaluate incidents that relate to emergency planning through use of incident management software	2. Urgent and Unscheduled Care	Green - On Track	Green - On Track	Green - On Track	Amber - At risk - requires action
Delivery of Research Innovation and Knowledge Strategy		Four priority themes identified (Sustainability, Collaboration, Culture and Communication), Microsoft Forms Survey of RIK Dept staff and revised Microsoft Survey of internal and external stakeholders and partners. Data reviewed by Leadership team and considered in the context of objectives. University of St Andrews School of Medicine is refreshing strategy due to appointment of new Dean and agreed that will develop and finalise Strategies in parallel.	RIK Strategy approved by Executive Directors Group and Clinical Governance Committee	9. Digital & Innovation		Green - On Track	Green - On Track	Amber - At risk - requires action
Embed the National Leading Excellence In Care Education and Development Framework into existing and new education programmes		EiC Support Nurse has been encouraging staff to utilise resource.	Delayed due to workload challenges, but is part of PPD workplan for Sept 2025. PPD will also support Band 6 development which will be aligned to EiC LEIC			Green - On Track	Green - On Track	Amber - At risk - requires action
Support the creation of a digitalised person-centred record		Significant progress has been made to identify patient pathways. Project lead has left post and EiC lead going on secondment May 2025	meeting organised for April 4th with Heads of D & I to discuss next steps.			White - Not Started	Green - On Track	Amber - At risk - requires action
Development of a new OP specialist Gynaecology Unit	7.2	Progress made on development of enhanced Women's Health / Gynaecology centre at QMH site (due to open towards end of April 2025).	Seek approval of funding from FCIG to commence architect commission and scope of work within amended business case.	7. Women & Children Health	Red - Unlikely to complete on time/meet target	Red - Unlikely to complete on time/meet target	Red - Unlikely to complete on time/meet target	Green - On Track

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Community Rehab & Care: To develop a modernised bed base model in Fife that is fit for the future	2.6	Following a pause in the reconfiguration work while there was a bed modelling exercise across NHS Fife undertaken, the HSCP has restarted the project to transform the bed base. The clinical pathways are under discussion and the transformation of the bed numbers and locations is being agreed as part of a multi disciplinary working group. Staff side are involved in all planning conversations and there are plans for wider communication and engagement with staff, patients and public. Engaged with estates to commence costings	Map existing workforce and develop workforce configuration requirements Review data available and undertake strategic needs assessment to achieve the right balance between bed base and community based provision. Review all existing pathways and referral processes to enable redesign in line with transformed bed numbers. Review and redesign inpatient services in line with RTP Deliver enhanced care and rehabilitation community services to support the delivery of care within the right environments for the people of Fife	2. Urgent and Unscheduled Care	Green - On Track	Amber - At risk - requires action	Red - Unlikely to complete on time/meet target	Green - On Track
Develop and scope an SDEC model of care to support same say assessment and increase our ambulatory models of care.	2.2	TOC commenced Feb 2025 for two weeks. Stakeholder feedback triangulated with quantitative data utilised . Further 3 month TOC now in progress. Scheduling of GP patients also commenced and redirection to OOH / Urgent care service overnight.	TOC to be commenced . Scheduling of GP patients to be implemented	2. Urgent and Unscheduled Care	Green - On Track	Amber - At risk - requires action	Amber - At risk - requires action	Green - On Track
Continue to deliver the Community Listening Service.		Risk has been diminished with Volunteer Team in PET taking on aspects of administration function.	Aspects of CCL management have moved across into Volunteer Team within Patient Experience team. Milestones are ongoing review to see how this is working in a collegiate sense whilst Spiritual are retains operational and strategic delivery of CCL service.	8. Workforce	Amber - At risk - requires action	Amber - At risk - requires action	Green - On Track	Green - On Track
Implement new referral management and electronic patient records system (TrakCare/morse) within P&PC Physiotherapy service.		Services went live with MORSE on 25/03/25 and currently in the supported transition phase. Work continues on testing phase for transition from TIARA to TrakCare scheduled for 14th May 2025	Staff training and implementation of new digital processes across the P&PC Physio services Transition P&PS Physiotherapy services from Tiara onto TrakCare/morse digital system with support from eHealth	1. Primary and Community Care	Amber - At risk - requires action	Amber - At risk - requires action	Green - On Track	Green - On Track
Develop mechanism for Health Visiting data analysis to assist partnership working with associated agencies, ensuring early intervention measures and anticipatory care needs are identified expeditiously.	7.1	Robust Data Analysis Framework: Begun to implement a comprehensive data analysis framework within the Health Visiting service with support from digital team. Enhanced Professional Interfaces: Improved collaboration across children's services by implementing similar and linked digital systems. Planned Activities and Impact: Continued refinement of data analysis tools to ensure proactive identification of care needs, enhancing the effectiveness of interventions. Ongoing training for staff on new digital system to maximise their utility and improve multi-agency collaboration. Challenges: Resistance to change from staff adapting to new digital systems, impacting on effective implementation. Delay within digital teams to update electronic system.	Establish a pathway in reflection to the improvement plan to allow all services working with children's and young people access to relevant data for further development.	7. Women & Children Health	Green - On Track	Amber - At risk - requires action	Green - On Track	Green - On Track

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Forensic Mental Health services are reviewed and restructured to ensure appropriate pathways that enable patient flow and maximise rehabilitation and recovery.	3.4	Multidisciplinary workforce paper in progress covering all MH&LD services. This will be presented to the Mental Health Oversight Group.

Redesign of rehabilitation services is under consideration. This is led via the Mental Health Redesign Programme Board. There is an ambition to improve flow to/from inpatient services through redesign.

Processes related to out of area placement are being strengthened e.g. return/update process for Clinical Advisory Panel, development of single spreadsheet to monitor out of area placements and progress towards repatriation/discharge | Workforce review | 3. Mental Health | Green - On Track | Amber - At risk - requires action | Green - On Track | Green - On Track |
| MAT based outcomes embedded in all ADP service level agreements. The standards implemented and fully maintained and PHS assessment supports this | 6.2 | In May 2024, Fife ADP and its partners including NHS Fife achieved a green status on implementation for 2023/24 for standards 1 to 5 from the external PHS assessment process. Provisional green was achieved for MAT Standards 6 to 10. This was an improvement on the previous year. Monthly numerical monitoring has shown a consistency and sustainability of this performance in year. | Completion of the FAIR (Facts, Analyse, Identify and Review model) in partnership with lived experience panel.

Information gathering for end of year PHS assessment.

MAT 3 reporting reviewed and additional service added to the numerical reporting mechanism | 6. Health Inequalities | Green - On Track | Amber - At risk - requires action | Green - On Track | Green - On Track |
| CAMHS will achieve full compliance with CAMHS and Psychological Therapies National data set and enhance systems to achieve compliance. | 3.3 | Work continues with system supplier to embed supplementary questionnaire in TrakCare as part of the current clinical workflow to allow recording.

Work continues with NHS Fife information services to ensure reporting of items from the supplementary questionnaire.

Work continues on both these aspects so full compliance can be achieved. | | 3. Mental Health | Green - On Track | Green - On Track | Green - On Track | Green - On Track |
Community Mental Health Teams for Adult and Older Adult services that are responsive to need and reduce admission by offering alternative pathways	3.2	Pathways now embedded within service with last pathway- PDS submission for SG about to go live on 31st March 2025. There will be a 6 month service review to ensure that all three localities are adhering to the new pathways and will also allow the service to action any difficulties in a timely manner.	OA CMHT have developed pathways for the whole service - in the process of being implemented to bring consistency across the 3 localities within the service.	3. Mental Health	Green - On Track	Green - On Track	Green - On Track	Green - On Track
Comply with the requirements of the COVID enquiry and Operation Koper, Crown Office.		This is being coordinated through the PET. Learning and adapting the process.	Provide information and expert advice as required		Green - On Track	Green - On Track	Green - On Track	Green - On Track
Deliver a VAM Covid response in alignment with SG guidance and in collaboration with East of Scotland workforce with full investigatory and outbreak management and community testing functions.		Regional helth protection workforce is available and able to respond as needed. Relationships across the region with other services are being developed and maintained. Pandemic preparedness ongoing, and being aligned with national plans where possible.	National VAM plans and funding remain in place. Health Protection workforce at expected numbers. Outbreak management and community testing capacity is available as needed.	1. Primary and Community Care	Green - On Track	Green - On Track	Green - On Track	Green - On Track
Delivery of Care at Home / Commissioning: Maximise capacity, and commission and deliver care at home to meet locality needs	2.3	More than 2/3 home care staff trained, more than 2/3 of Fife reviewed. On target savings.	Continue / conclude review of double-up packages of care	2. Urgent and Unscheduled Care	Green - On Track	Green - On Track	Green - On Track	Green - On Track

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Delivery of the objectives set within the Pharmacy and Medicines Strategic Framework for 2024-2026		Key workstreams continue to progress. Review will be undertaken mid-2025 in preparation for next version.	Year end position stock take and review of plans for 2025	8. Workforce	Green - On Track	Green - On Track	Green - On Track	Green - On Track
Develop, Enhance and re-invigorate Regional Networks	4.4	All network clinical pathways performing well supporting delivery of planned care.	Maintaining safe network arrangements between neighbouring boards.	4. Planned Care	Green - On Track	Green - On Track	Green - On Track	Green - On Track
Development of Medical Education Strategic Framework		Engagement session with team has been held and framework is in draft. For completion by end of Q2 25/25			Green - On Track	Green - On Track	Green - On Track	Green - On Track
Engage with Higher Education Institutions locally and regionally to develop collaborative way of working	9.5	Collaboration with Southeast HEIs regularly through Academic Liaison Group. NIHR Funding application with Queen Margaret University lead to be submitted focussing on decarbonising Healthcare services and MRC funding application with University of St Andrews to expand work of Fife Community Advisory Council.	Support at least 2 funding applications either locally in NHS Fife, in partnership with University of St Andrews, or as part of the Southeast Academic Liaison Group	9. Digital & Innovation	Green - On Track	Green - On Track	Green - On Track	Green - On Track
Improve the mental health services build environment and improve patient safety	3.6	Ligature refurbishment programme is in place and work underway to improvement MH inpatient estates. Ward 3 refurbishment on target with move date from Ward 1 May 2025. Timeframes established for Ward 1 refurbishment and Ravenscraig move. Ligature project board in place to oversee development.		3. Mental Health	Green - On Track	Green - On Track	Green - On Track	Green - On Track
Increase NHS Fife Innovation Test Bed activity		Phase 2 projects are running to milestone targets with the exception of one project seeking extension currently. Other projects have had milestones delayed, with mitigations in place to meet the milestone within the September deadline. Steering Group informed monthly of project progress and monthly meetings with projects leads provides feedback loop.	Ensure milestones for Phase 2 projects are on track, or risk mitigations in place. Ensure Steering Group fully informed of milestone progress and feedback provided to project leads.	9. Digital & Innovation	Green - On Track	Green - On Track	Green - On Track	Green - On Track
Increase redirection rate utilising flow and navigation	2.2	Redirection rate from NHS 24 - 77% Full utilisation of MIU at QMH & scheduling. GP redirection rate increased to 15%. Further work required to fully optimise H@H and respiratory and mental health pathways to offer alternatives to hospital admission. CBC in place to support Care Home admissions but with no ACP model in place success has been limited.	Fully embed Scheduling of GP patients	2. Urgent and Unscheduled Care	Green - On Track	Green - On Track	Green - On Track	Green - On Track
Legal Services Department (LSD) role within the Board is to manage all clinical negligence, employers and public liability claims intimated against NHS Fife; Fatal Accident Inquiries in which NHS Fife is an involved and interested party and all other legal intimations and challenges which involve the organisation			Ongoing. Raise awareness of claims - similar claims and implement new procedures to avoid future claims		Green - On Track	Green - On Track	Green - On Track	Green - On Track

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Mental Health and Wellbeing in Primary Care and Community Settings - Development and delivery of service provision in line with Scottish Government reports and planning guidance relating to the remobilisation and redesign of mental health & wellbeing services and supports in primary care and community settings.	3.3	Development work on test of change, including initial meeting with stakeholders completed.	Implement phase 4 coproduction activity (deliver), to include a six-month test of change to improve access to mental health & wellbeing services and supports in NEF	3. Mental Health	Green - On Track	Green - On Track	Green - On Track	Green - On Track
Non-compliant Rotas		Savings target exceeded for the year with second stage of monitoring complete. Final savings to be reported once all results received and any re-monitoring completed and reviewed. Clinical Management to continue with existing processes to sustain compliance and online resources available to be updated by individual services and directorates for new cohorts.	Results of surveys cascaded to be reviewed. Second stage of monitoring to begin Services to address any concerns of rota monitoring results prior to second round beginning in February		Green - On Track	Green - On Track	Green - On Track	Green - On Track
Ongoing development of Community Treatment and care (CTAC) services, supporting more local access to a wider range of services.	1.2	Recruitment to vacancies remains positive, and locality hubs have been established to enhance capacity and strengthen resilience towards delivering sustainable services. A review of accommodation and space for CTAC and MDT services is underway. However, the lack of additional funding for service expansion or backfill poses a risk to sustainability, potentially leading to inequitable service provision across Fife, unmet patient needs, and dissatisfaction among primary care partners. The next steps involve reviewing activity and demand to improve efficiencies in processes and procedures, including scheduling, ensuring the most effective use of resources within the available financial envelope..	Continues to be scoped , planned and financial envelope to be confirmed	1. Primary and Community Care	Green - On Track	Green - On Track	Green - On Track	Green - On Track
Preventing alcohol specific and drug related harm and death affecting children and young people	6.2	Rapid Action Group established in March 2024 has achieved the following outcomes: Develop an approach to surveillance of drug related harms in the community that assesses data gathered from a range of sources including data that is currently collected (such as hospital rates, drug-related deaths, non-fatal overdoses) and key stakeholder data (such as SAS, RADAR, ADP commissioned services) Community based Hospital Liaison Service and pathway for all CYP attending ED or admitted to hospital for a 24 to 48 hour response via a QR code THINK again campaign co-produced with CYP on raising awareness about harms, risk of overdose and death from substances typically prevalent in the age group	Review of action plan and resetting of plan for the remainder of the year and into next financial year. Review will include support for school, parents and carers including residential school and children not in school. Public messaging and harm reduction advice about continual use in young people and risk of overdose. Full drug awareness campaign to launch.	6. Health Inequalities	Green - On Track	Green - On Track	Green - On Track	Green - On Track

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Prevention & Early Intervention: new models of care ensuring early discharge and prevention of admission, and local frameworks for frailty	2.6	Heart Failure training for Diuretic IV in the Community - creating pathways with Hospital at Home Needs assessment and Action Plan completion as part of the DWD collaborative. Fife are well represented on each sub group. Frailty, Discharge to assess, Home First Community Hospitals and Integrated Hubs. Work will commence to progress the whole system outcomes Completion of the Assessment and Rehabilitation Centre model transformation nearing completion. Awaiting for the digital aspects of the redesign to be finalised. Discussions have taken place regarding patient self administration of IV antibiotics and 24 hour IV pumps however this requires to be progressed collectively between Acute and the Partnership. Head of Service has agreed to discuss this at a more senior level with the relevant Acute partners.	Heart Failure training for Diuretic IV in the Community - creating pathways with Hospital at Home South West Fife Locality currently trained and on patient 5 out of 6 on Test of Change. Dunfermline also now have trained staff that can undertaken IV Abs. Additional staff across Fife are now also undertaking training. Review and redesign of Assessment and Rehabilitation Centre model Develop processes to implement patients self management of IV Antibiotic Therapy	2. Urgent and Unscheduled Care	Green - On Track	Green - On Track	Green - On Track	Green - On Track
Reprovision of unscheduled care/ crisis care provision for patients presenting out of hours with a mental health crisis	3.1	Options appraisal completed. To be presented at MH programme board on 31/03/25	Report to Programme Board with recommended option for service improvement.	3. Mental Health	Green - On Track	Green - On Track	Green - On Track	Green - On Track
Review of actions outlined in the Framework for Effective Cancer management to improve delivery of Cancer Waiting Times	5.3	Introduction of new cancer tracking reports to streamline workload and effectively highlight patients who require action from individual services. Introduction of new cancer tracking reports to streamline workload and effectively highlight patients who require action from individual services.	Collaborate nationally to learn from NHS Lanarkshire model to improve cancer waiting times performance. Review and identify actions once the Framework for Effective Cancer Management is published.	5. Cancer Care	Green - On Track	Green - On Track	Green - On Track	Green - On Track
Support for Doctoral Training Program (DTP) Fellows		2 new Fellows (1 is a Global Fellow) appointed and commenced with University of St Andrews School of Medicine on 1 Day week lead in to 0.8 commencement in August 2025.	Cohort 5 (final) cohort launched and project proposals invited.	8. Workforce	Green - On Track	Green - On Track	Green - On Track	Green - On Track
To support preparations within NHS Fife for the implementation of the HCSA Act (on-going during 2023/2024), which comes into force from 1 April 2024.	8.4	New data capture process introduced for Q3 HCSA reporting, utilising business objects and aligned to ADP format, allowing path to green to be demonstrated and generation of evidence. Annual Report being prepared for submission to SG by 30/04/2025.	Continued review of SG HCSA feedback, submission of HCSA quarterly returns in line with agreed reporting mechanisms and governance cycles. Board actions progressed.	8. Workforce	Green - On Track	Green - On Track	Green - On Track	Green - On Track
Update cancer priorities and develop associated delivery plan as outlined in the Cancer Framework and support delivery of the 10 year Cancer Strategy	5.1	2024/25 Annual Delivery Plan finalised and for circulation.	Finalise and circulate to relevant stakeholders and sign off.	5. Cancer Care	Green - On Track	Green - On Track	Green - On Track	Green - On Track

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Work with Secondary care to develop shared care initiatives to continue to reduce the requirement for patients to attend ED	1.6	OOH Telehealth: Increased use of video calls and other technologies to provide remote consultations and access to urgent care services, this is being achieved through project development, and staff engagement OOH Improving urgent care pathways in the community and enhancing links between primary and secondary care, working with mental health services to increase access to OOH mental health care Emergency Department to urgent care OOH redirection, closely monitoring and promoting referrals to OOH from ED, including co-ordinator to co-ordinator liaising during the OOH period	Plans for the rollout of the national glaucoma shared care scheme within NHS Fife to alleviate the burden of glaucoma care on the hospital eye clinic are well underway with the aim of 'going live' In April 2024	1. Primary and Community Care	Green - On Track	Green - On Track	Green - On Track	Green - On Track
Embed Quality of Care Review Guidance (QoC) within all adult inpatient and community areas		2 areas within Acute are testing new EiC QoC Boards with the hope of rolling out across all Acute inpatient areas. Acute has embedded national QoC Guidance. 15 areas have completed reviews using guidance. Acute has also tested the guidance on the Right Decision Platform. Community Nursing is completing a QoC at present. Discussions with AHP Director about using QoC Guidance within AHP areas	Influence use of new QOC guidance with HSCP, Supporting Care Assurance is with HSCP April			Green - On Track	Green - On Track	Green - On Track
Increase the number of SCN utilising the CAIR dashboard to inform improvements whilst creating a culture of learning and sharing between areas		Increased over the last 3 months from 70 to 95 users due to drive from EiC Support nurse. PHS Supported session for Acute Staff. A further one planned for HSCP staff.				Green - On Track	Green - On Track	Green - On Track
Contribute Public Health perspective and evaluation support to Fife's Mental Health & Wellbeing Strategy		PH input to development of Mental Health & Wellbeing Strategy/Delivery Plan has continued. Strategy due to go to IJB May 2025 following which PH input relating to evaluation can commence.	PH representation and advisory role within the Mental Health Strategy Implementation Group	3. Mental Health	Amber - At risk - requires action	Amber - At risk - requires action	Amber - At risk - requires action	Blue - Complete/ Target met
Implement preventative podiatry service in care homes		This work is ongoing but the bulk has been completed.	Implement the care plan for all moderate and high risk diabetics	1. Primary and Community Care	Amber - At risk - requires action	Amber - At risk - requires action	Amber - At risk - requires action	Blue - Complete/ Target met
Expand on current system wide Urgent Care Infrastructure to develop more integrated, 24/7 urgent care models	2.1	In Hours Urgent Care ANPs provide urgent care to those patients during in-hours seeking healthcare, they support all general practices across Fife, including support with home visiting and care homes across Fife. This care is provided until 6pm every weekday, providing a seamless transition to the OOH period for patients to access 111 and be supported by the urgent care OOH team	Develop dual nursing posts which support rostering to encompass 24 hour approach to urgent care. Further enhance and develop capacity and accessibility to HSCP led MIU/urgent Care centres	2. Urgent and Unscheduled Care	Amber - At risk - requires action	Amber - At risk - requires action	Green - On Track	Blue - Complete/ Target met

Deliverable	ADP Reference	2024/25 Q4 Narrative Highlight achievements, reflecting on planned activities and impact on stated outcomes, as well as any associated risks and challenges that impacted delivery	2024/25 Q4 Planned Milestones	Recovery Driver	Deliverable 24/25 Q1 RAG Status	Deliverable 24/25 Q2 RAG Status	Deliverable 24/25 Q3 RAG Status	Deliverable 24/25 Q4 RAG Status
Targeted actions to improve the quality of our Immunisation services	1.2	Immunisation QMAG meeting took place 31st January 2025 Improvement work progressed with Care Home Consent Processes through Care Home SLWG Vaccine Stock SLWG convened to improve pathways of ordering, delivery, storage & wastage of vaccine stock.		1. Primary and Community Care	Green - On Track	Amber - At risk - requires action	Green - On Track	Blue - Complete/ Target met
Begin preparation to review the 2022-25 Cancer Framework in NHS Fife to ensure still relevant and up to date	5.1	Refreshed Cancer Framework has been drafted and aligns with the Population and Wellbeing Strategy and 10 year Cancer Strategy.	Finalise refreshed Cancer Framework which will align with the Population and Wellbeing Strategy and 10 year Cancer Strategy.	5. Cancer Care	Green - On Track	Green - On Track	Green - On Track	Blue - Complete/ Target met
Continued development of digital front door for patients	9.5	Digital Letters functionality operational Waiting List Validation extended	Implementation of Digital Letters - TrakCare Extension of Waiting List Validation	9. Digital & Innovation	Green - On Track	Green - On Track	Green - On Track	Blue - Complete/ Target met
Deliver an effective health protection function, including in- and out-of-hours duty cover to prevent and respond to communicable disease prevention.		Regional service working well in-hours. OOH service remains with individual boards. Ongoing staff development and training. Recruitment progressing to plan.	Provide a 24/7 specialist health protection service for Fife	1. Primary and Community Care	Green - On Track	Green - On Track	Green - On Track	Blue - Complete/ Target met
Delivering year on year reductions in waiting times and tackling backlogs focusing on key specialities including cancer, orthopaedics, ophthalmology, and diagnostics.	4.1	Weekly monitoring has improved position from last year with plans in place to further reduce long waits.	Waiting times overall should improve, particularly in >104 and .78 week position.	4. Planned Care	Green - On Track	Green - On Track	Green - On Track	Blue - Complete/ Target met
Delivery of Clinical Governance Strategic Framework - Adverse Events		Staff support pathway in place			Green - On Track	Green - On Track	Green - On Track	Blue - Complete/ Target met
Delivery of the Risk Management Framework		The Risk Management Framework was endorsed by the Audit and Risk Committee on the 12 December 2024 and approved by the Board on 28 January 2025.	Completion of the 2024/25 workplan actions		Green - On Track	Green - On Track	Green - On Track	Blue - Complete/ Target met
Enabling a "hospital within a hospital" approach in order to protect the delivery of planned care.	4.2	Successful utilisation of QMH over winter months, reducing cancellations due to bed capacity limitations. BADS data under review as coding of procedures unable to account for DC activity which has moved	Maximise use of QMH and reduce day surgery within VHK	4. Planned Care	Green - On Track	Green - On Track	Green - On Track	Blue - Complete/ Target met
Enhance Theatre efficiency	4.10	Successful utilisation of QMH over winter months, reducing cancellations due to bed capacity limitations.	Maintain theatre utilisation above 85% across VHK and QMH sites	4. Planned Care	Green - On Track	Green - On Track	Green - On Track	Blue - Complete/ Target met
Ensure people have clear information and are sign posted to the HSCP Wells to enable tailored access to support via a 'good conversation', while awaiting a secondary care appointment / treatment.	4.8	Delivery of 'Waiting Well' workshop following a mapping exercise. Waiting Well information forms a part of waiting list letter for patients.	Waiting times letters include signposting for waiting well information. Key engagement with the national waiting well network.	4. Planned Care	Green - On Track	Green - On Track	Green - On Track	Blue - Complete/ Target met

Deliverable	ADP Reference	2024/25 Q4 Narrative Highlight achievements, reflecting on planned activities and impact on stated outcomes, as well as any associated risks and challenges that impacted delivery	2024/25 Q4 Planned Milestones	Recovery Driver	Deliverable 24/25 Q1 RAG Status	Deliverable 24/25 Q2 RAG Status	Deliverable 24/25 Q3 RAG Status	Deliverable 24/25 Q4 RAG Status
Ensuring there is a sustainable Out of Hours service, utilising multi-disciplinary teams.	1.3	Integrating a diverse team of healthcare professionals who work with the General Practitioners (GPs) as the Senior Clinical Decision Makers in urgent care settings, significantly enhances patient experience through comprehensive, efficient, and specialised care. Each team member brings unique skills and expertise that contribute to a holistic approach to patient management. Fife Urgent Care (Out of Hours) multi-disciplinary team includes: I. General Practitioners ii. Senior Advanced Nurse Practitioners iii. Advanced Nurse Practitioners iv. Urgent care Practitioners (UCP)s v. Advanced paramedic practitioners (APP)s vi. Health care support workers (HCSW)s vii. Scot Gem Medical Students viii. trainee GPs and medical students ix. student nurses x. student paramedics xi. Foreign exchange students North East Fife Minor Injury Units provide care to those of Fife seeking minor injury care, scheduled via FNC, promoting right care, in the right place, with ongoing collaboration with the local ED to ensure patients are supported by the right clinician, at the right time. This care provided includes rotating urgent care ANPs being trained in minor injury care to support a more sustainable workforce	Introduce integrated roles across In-hours and out of hours Review the role and scope of practice of ENPs Review new dual roles across Injury and Illness clinical skill sets	1. Primary and Community Care	Green - On Track	Green - On Track	Green - On Track	Blue - Complete/ Target met
Expanding Endoscopy capacity and workforce	5.2	NHS Fife among best performing boards for endoscopy across Scotland.	Reduce waiting times for USC diagnostics and surveillance patients	5. Cancer Care	Green - On Track	Green - On Track	Green - On Track	Blue - Complete/ Target met
Extending the scope of day surgery and 23-hour surgery to increase activity and maximise single procedure lists.	4.5	Treatment room usage now part of BAU releasing theatre space within QMH.	Increased utilisation of treatment room throughout 24/25	4. Planned Care	Green - On Track	Green - On Track	Green - On Track	Blue - Complete/ Target met
Implement outcomes of Specialist Delivery Groups including reducing variation.	4.6	Monitored through heatmap presented at IPCPB	Increase in services and conditions covered through ACRT and PIR	4. Planned Care	Green - On Track	Green - On Track	Green - On Track	Blue - Complete/ Target met
Infection Prevention and Control support for Care Homes Continue to support Fife Care Homes to have a workforce with the necessary knowledge and skills in infection prevention and control to ensure they can practise safely, preventing and minimising the risks of HCAI to their residents, visitors, their co-workers and themselves.		IPC Programme for 2024/25 complete, work progressed for 2025/26 programme and alignment with AMR NAP.	Promote outbreak training sessions to care homes in Fife	8. Workforce	Green - On Track	Green - On Track	Green - On Track	Blue - Complete/ Target met
Maximising Scheduled Care capacity	4.3	End of year figures within trajectories identified for 24/25. Full utilisation of Non-recurring funds allocated to manage waiting times	Delivery of TTG and OP targets within DCAQ plan	4. Planned Care	Green - On Track	Green - On Track	Green - On Track	Blue - Complete/ Target met

Deliverable	ADP Reference	2024/25 Q4 Narrative Highlight achievements, reflecting on planned activities and impact on stated outcomes, as well as any associated risks and challenges that impacted delivery	2024/25 Q4 Planned Milestones	Recovery Driver	Deliverable 24/25 Q1 RAG Status	Deliverable 24/25 Q2 RAG Status	Deliverable 24/25 Q3 RAG Status	Deliverable 24/25 Q4 RAG Status
Reducing the time people need to spend in hospital by promoting early and effective discharge planning and robust and responsive operational management	2.5	FELS management change process has completed. Drivers have now been upgraded to Technicians and fitting equipment releasing clinician time.

Two substantive H@H In-Reach Nurse Practitioners commenced within Acute Services during January 2025. | Fife Rehab Model
Undertake required organisational/change management processes | 2. Urgent and Unscheduled Care | Green - On Track | Green - On Track | Green - On Track | Blue - Complete/ Target met |
| Undertake regular waiting list validation and maximise digital hub solutions | 4.7 | Exploration of 'overbooking' DC lists at QMH where it is anticipated there will be DNA patients. | | 4. Planned Care | Green - On Track | Green - On Track | Green - On Track | Blue - Complete/ Target met |
| Continue to ensure EiC is represented in all improvement and fundamentals of care delivery groups | | This is business as usual across Acute and HSCP. SG reports Bi Annual. | | | | Green - On Track | Green - On Track | Blue - Complete/ Target met |
| Develop a Nursing and Midwifery Strategic Framework 2023 - 25; establishment of shared governance model
Framework based on CNO and NHS Fife priorities, Recover to Rebuild, Courage of Compassion, Three Horizon Model | | | | 8. Workforce | Green - On Track | Green - On Track | Blue - Complete/ Target met | Blue - Complete/ Target met |
Scoping further areas to support Public Health/ NHS Fife priorities for evaluation and research.				6. Health Inequalities	Green - On Track	Green - On Track	Blue - Complete/ Target met	Blue - Complete/ Target met
Fife Mental Health Service will work alongside partners in acute services, primary care services and third sector agencies to ensure robust and equitable pathways of care are in place for those in police custody and for those transferring into the community from prison.	3.4			3. Mental Health	Green - On Track	Blue - Complete/ Target met	Blue - Complete/ Target met	Blue - Complete/ Target met
Implement national Excellence in Care (EIC) objectives within NHS Fife In line with 3 Year strategy, embed in Fife by 2025.					Green - On Track	Blue - Complete/ Target met	Blue - Complete/ Target met	Blue - Complete/ Target met
7 Day Pharmacy Provision. This will focus on provision of clinical and supply services across hospital care settings, reviewing the current position and additional need					Blue - Complete/ Target met	Blue - Complete/ Target met	Blue - Complete/ Target met	Blue - Complete/ Target met
Ensure the delivery of an effective resilience function for NHS Fife.				6. Health Inequalities	Blue - Complete/ Target met	Blue - Complete/ Target met	Blue - Complete/ Target met	Blue - Complete/ Target met
Digital / Scheduling: create a centre of excellence for scheduling across community services	2.6			2. Urgent and Unscheduled Care	Green - On Track	Amber - At risk - requires action	Purple - Suspended/ Cancelled	Purple - Suspended/ Cancelled

Deliverable	ADP Reference	2024/25 Q4 Narrative Highlight achievements, reflecting on planned activities and impact on stated outcomes, as well as any associated risks and challenges that impacted delivery	2024/25 Q4 Planned Milestones	Recovery Driver	Deliverable 24/25 Q1 RAG Status	Deliverable 24/25 Q2 RAG Status	Deliverable 24/25 Q3 RAG Status	Deliverable 24/25 Q4 RAG Status
Set out approach to implement the Scottish Quality Respiratory Prescribing guide across primary care and respiratory specialities to improve patient outcomes and reduce emissions from inhaler propellant	10.6			10. Climate	Green - On Track	Amber - At risk - requires action	Purple - Suspended/ Cancelled	Purple - Suspended/ Cancelled

To Improve Staff Experience and Wellbeing

Deliverable	ADP Reference	2024/25 Q4 Narrative Highlight achievements, reflecting on planned activities and impact on stated outcomes, as well as any associated risks and challenges that impacted delivery	2024/25 Q4 Planned Milestones	Recovery Driver	Deliverable 24/25 Q1 RAG Status	Deliverable 24/25 Q2 RAG Status	Deliverable 24/25 Q3 RAG Status	Deliverable 24/25 Q4 RAG Status
National - eRostering	9.1	Pace of implementation will take longer to conclude the implementation. Focus remains on clinical areas as priority.	Replanning of implementation completed	9. Digital & Innovation	Amber - At risk - requires action	Amber - At risk - requires action	Amber - At risk - requires action	Amber - At risk - requires action
Delivery of Staff Health & Wellbeing Framework aims for 2023 to 2025.	8.3	Core wellbeing support provision highlighted through Staff Care rebranding and consideration of Framework and Action Plan for 2025 -2028 underway. Absence trajectory not met to date, so Recovery Plan developed to support improvement.	Review of Action Plan to inform development of 2025/2026 aims.	8. Workforce	Green - On Track	Green - On Track	Green - On Track	Amber - At risk - requires action
We will raise awareness of the challenges faced by carers and provide information and advice to carers on their rights and what supports are available.	6.1	In Quarter 4 we undertook a full review of activity relating to unpaid carers, and consulted with IJB representative and key stakeholders resulting in a refreshed delivery plan for 2025-26 in order to deliver our objectives within the current resource landscape and ensure that our actions are fully aligned to strategic objectives. Three specific actions will be taken forward in relation to this deliverable in 2025-26: 1. Review and update to Carers Information on the HSCP webpage. 2. Development, implementation and evaluation of Carers awareness raising campaign 25-26 3. Explore options for additional staff resource to support delivery of future carers information campaigns.	A revised short-term action plan will be developed to address the challenges of delivering the objectives within the current resource landscape.	6. Health Inequalities	Amber - At risk - requires action	Amber - At risk - requires action	Amber - At risk - requires action	Green - On Track
We will work collaboratively to design and deliver services to reduce the negative impact of caring and support wellbeing, and promote supportive workforce environments for working carers	6.1	All SLAs have been reviewed as part of the Reimagining the third sector project. End of year reports of performance currently in production. Actions have been agreed to make progress towards our deliverable, in 2025-26 we will: 1. Undertake a review of all commissioned support for adult carers, ensuring a whole system approach to supporting carers 2. Carer provider Forums (x4)- improving cross organisation working 3. Support commissioned partners to achieve carer positive status (level 1 engaged) by March 2026	Work with HSCP Contracts to review the effectiveness of SLA's with partners in meeting the needs of carers, linked to the Reimagining the Third Sector project. Work with CARF and other partners where required to develop an action plan to deliver the income maximisation project.	6. Health Inequalities	Green - On Track	Amber - At risk - requires action	Amber - At risk - requires action	Green - On Track
Delivery of the eRostering (eR) Implementation Programme in conjunction with Digital & Information.	8.4	Revised plan and implementation within clinical areas progressing within Acute and HSCP, taking account of deep dive feedback / lessons learned.	Implementation of revised eRostering roll-out plan agreed for clinical areas, alongside SafeCare.	8. Workforce	Green - On Track	Green - On Track	Amber - At risk - requires action	Green - On Track

Deliverable	ADP Reference	2024/25 Q4 Narrative Highlight achievements, reflecting on planned activities and impact on stated outcomes, as well as any associated risks and challenges that impacted delivery	2024/25 Q4 Planned Milestones	Recovery Driver	Deliverable 24/25 Q1 RAG Status	Deliverable 24/25 Q2 RAG Status	Deliverable 24/25 Q3 RAG Status	Deliverable 24/25 Q4 RAG Status
We will increase the range of breaks available to carers and ensure that carers have access to information about how to access a break.	6.1	The review of travel requirements will be incorporated into the SLA review in action above, and will be subject to financial assessment of capacity for each organisation. The NCS is still subject to the process of development by ScotGov. This action will remain part of a watching brief to be progressed once further confirmation of the Duties and resources become available. Decision taken to postpone the refresh of the SBSS until after further confirmation of the Duties and Resources that will come through the NCS has been confirmed. Actions agreed for 2025-26 include: 1. Provide 300 carers with a microbreak via Crossroads crisis prevention service 2. Provide 100+ short breaks per year through the Respitality Scheme 3. Work collaboratively to review and assess the implications of recent government decisions around the NCS, and update Short Breaks Service Statement accordingly 4. Ensure that information about how to access a break is available to all carers.	Continue the review of the contractual arrangements with external partners to ensure carers have access to travel support. As part of the short-term action plan development, analyse the impact of the National Care Service changes on our strategy to support the range of short breaks offered to carers. Work with external partners to understand the existing capacity and future potential to develop these offers to carers.	6. Health Inequalities	**Green - On Track**	**Green - On Track**	**Amber - At risk - requires action**	**Green - On Track**
We will seek the views of carers and involve carers in the planning of our services and supports.	6.1	Two specific actions will be taken forward in 2025-26 to make progress towards our deliverable: 1: The Annual Carers Experience Survey. Planning is already underway and will include Young Carers. 2. Carers Forums (x4)	Previously included above	6. Health Inequalities			**Amber - At risk - requires action**	**Green - On Track**
Where carers choose to, we facilitate good conversations with carers about what matters to them and how services and supports could help	6.1	Two specific actions will be taken forward to work towards this deliverable: 1. We will build capacity within system to support completion of carers support plans 2. We will strengthen quality assurance processes to ensure that we can routinely report on the number and quality of Adult Carer Support Plans completed within the HSCP and the impact this is having on quality of life of the carers we support.	Previously included across multiple rows- relating to recruiting social work assistants and completion of ACSPs	6. Health Inequalities			**Amber - At risk - requires action**	**Green - On Track**

Deliverable	ADP Reference	2024/25 Q4 Narrative Highlight achievements, reflecting on planned activities and impact on stated outcomes, as well as any associated risks and challenges that impacted delivery	2024/25 Q4 Planned Milestones	Recovery Driver	Deliverable 24/25 Q1 RAG Status	Deliverable 24/25 Q2 RAG Status	Deliverable 24/25 Q3 RAG Status	Deliverable 24/25 Q4 RAG Status
Develop a Health Visiting workforce model in alignment to the wider Primary Care Nursing with a focus on sustainable and flexible responses to agreed Health Visiting pathways and prioritisation for vulnerable families.	7.1	Workforce Alignment with Primary Care Nursing: - Integrated Health Visiting (HV) Services within primary care, enhancing communication and referral processes for coordinated family care. - Developed clear protocols and SOPs outlining Health Visitors' roles. - Established a flexible workforce model with a mix of experienced practitioners and newer recruits. Enhanced Focus on Vulnerable Families: - Developed targeted interventions for vulnerable families, including prioritised home visits for at-risk groups and community groups/HV clinics. IRD attendance. - Implemented outcome measurement strategies through regular supervision and appraisals. - Established feedback mechanisms via Care Opinion for families to share experiences. Challenges: - Resource constraints have halted HV post advertisements. - Staffing levels have reduced HV pathways due to capacity issues.	Implement identified strategies and evaluate.	7. Women & Children Health	Amber - At risk - requires action	Amber - At risk - requires action	Green - On Track	Green - On Track
We will build workforce capacity by developing skills and knowledge, and enhancing systems, processes and workflows to ensure that carers are recognised and supported in their role at the earliest possible time.	6.1	The first collaborative session between operational teams has been held. The event was successful and agreed as a starting point for ongoing direct collaboration. Eligibility criteria- supporting carers framework was endorsed by IJB in March, implications for social work practice are being considered by CSWO and operational managers to support practice. The actions which will be taken towards this deliverable in 25-26 are: 1. Develop a suite of learning and development resources for frontline staff 2. Review and enhance the hospital discharge support service	Partnership workshop designed and delivered involving Social Work Assistants and Fife Carers Centre Locality Workers to strengthen collaboration and deliver better support for carers. Post-sign off of the Eligibility Criteria for social work, begin a review of the impact for carers who have an Adult Carer Support Plan (ACSP). Work with colleagues in nursing and Fife Carers Centre to develop a plan to extend the scope of the carers support hospital discharge service to the hospital admissions service, as set out in the carers strategy	6. Health Inequalities	Amber - At risk - requires action	Amber - At risk - requires action	Green - On Track	Green - On Track
PPD Succession Planning		Significant increase in number of mandatory resuscitation training places offered and delivered this financial year. Face-to-face clinical skills sessions now re-established. Cohort 3 of Assistant Practitioners (APs) finished in September with a further cohort of 9 Acute Trainee APs commenced in February 2025. 4 Return to Practice students commenced in February 2025. Financial constraints limiting staffing resources has limited our activity, particularly the delivery of leadership training.			Amber - At risk - requires action	Green - On Track	Green - On Track	Green - On Track

Deliverable	ADP Reference	2024/25 Q4 Narrative Highlight achievements, reflecting on planned activities and impact on stated outcomes, as well as any associated risks and challenges that impacted delivery	2024/25 Q4 Planned Milestones	Recovery Driver	Deliverable 24/25 Q1 RAG Status	Deliverable 24/25 Q2 RAG Status	Deliverable 24/25 Q3 RAG Status	Deliverable 24/25 Q4 RAG Status
Pre Registration Trainee Pharmacy Technicians (PTPT) The development of a pipeline of Pharmacy Technicians is crucial to the sustainability of Pharmacy services and in providing optimal care. Scottish Government funding for this pipeline was withdrawn in Autumn 2022, meaning a local solution is required to cover intakes from April 2023 onwards		PTPT recruitment paused until June Established PTPTs continuing progress through the programme	Ongoing progress through the programme		Amber - At risk - requires action	Green - On Track	Green - On Track	Green - On Track
Continue to deliver and enlarge on Staff Support/VBRP Project.		Current risk and challenges are around ongoing financial support for this project. However planning is in place to submit an additional bid to the Charity Committee to build upon the positive evaluation which has now been obtained.	Interim evaluation has been completed which shows highly positive quantitative and qualitative information. Plans gong forward are to present these finds to Charity Grants Committee in May 25 to demonstrate value of project with a view to embedding methodology in NHS Fife	8. Workforce	Green - On Track	Green - On Track	Green - On Track	Green - On Track
Delivering Anchor Institution workforce aims - Promoting employability priorities.	6.4	Updates to workforce content and metrics submitted to overall Anchors Framework.	Review of programme aims for 2025/2026 identified and progressed in line with Anchors Ambitions, ADP and Workforce Planning priorities.	6. Health Inequalities	Green - On Track	Green - On Track	Green - On Track	Green - On Track
Development and implementation of the NHS Fife Workforce Plan for 2022-2025.	8.5	Workforce Plan drafted in line with template provided by SG and shared with key stakeholders for comment in preparation for submission to SG.	Develop draft Workforce Plan for 2025/2026 (national direction now received).	8. Workforce	Green - On Track	Green - On Track	Green - On Track	Green - On Track
Development of workforce planning for Pharmacy and Medicines, including readiness for pharmacist graduate prescribers from 2026, education and training of staff groups and development of the Pharmacy Technician pipeline.		Recruitment of PGFTPs in progress - challenging to maintain numbers of staff within the system. Work ongoing to finalise identification of DS and DPPs for this group. Skill mix in aseptic has improved following creation of PSW post, releasing Pharmacy Technician and Pharmacist capacity	Recruitment complete for Post Grad Foundation Trainee Pharmacist (PGFTPs) DS and DPP identified for first cohort of PGFTPs that will register as prescribers 2nd cohort of Pharmacy Support Workers complete Modern Apprenticeship Review of IP legacy staff approach/ position Progress on scope of practice and available support for DPPs	8. Workforce	Green - On Track	Green - On Track	Green - On Track	Green - On Track

Deliverable	ADP Reference	2024/25 Q4 Narrative Highlight achievements, reflecting on planned activities and impact on stated outcomes, as well as any associated risks and challenges that impacted delivery	2024/25 Q4 Planned Milestones	Recovery Driver	Deliverable 24/25 Q1 RAG Status	Deliverable 24/25 Q2 RAG Status	Deliverable 24/25 Q3 RAG Status	Deliverable 24/25 Q4 RAG Status
Education reform for Pharmacy -Facilitate local implementation and delivery of revised NES programmes, and more broadly support the development of Pharmacy staff to deliver a modern, patient focussed pharmacy service, across NHS Fife. -Foundation training programmes and embedding the advanced practice framework for Pharmacists -Developing Pharmacy and Support workers through accredited courses and modules. -Collaborative working across the East Region to support simulation training for post graduate foundation trainees -Support for undergraduate experiential learning is also being developed to enhance the quality of education at that level -Work is also ongoing to develop clinical skills and leadership across all roles and increase research capability across the professions		Review of supervisory approach ongoing, incorporating detailed skills and experience mapping exercise. Modelling work on DPP requirements for FTY and post-reg programme for coming years, and progressing plan for identification Submission to NES for FTY programme capacity completed	Identification of DS and DPPs for FTY programme. Holistic review of staff providing support, allowing for identification of best local approach		**Green - On Track**	**Green - On Track**	**Green - On Track**	**Green - On Track**
Improving support and developing the Mental Health workforce	3.5	Workforce continues to be a central factor as part of the wider Mental Health redesign. Options appraisals in development for Urgent care, Older Adults and Rehab services focussed on alternative to admission, bed reduction and reallocation of workforce to ensure sustainable staffing models are in place.	Establish whole system options; define all options for skill mix and maximised use of available budget.	3. Mental Health	**Green - On Track**	**Green - On Track**	**Green - On Track**	**Green - On Track**
Medical Workforce Recruitment and Retention Strategic Framework		Medical Workforce Recruitment and Retention Strategic Framework currently being drafted	Present the final draft of the Medical Workforce Recruitment and Retention Strategic Framework to the committees		**Green - On Track**	**Green - On Track**	**Green - On Track**	**Green - On Track**
Progression with ScotCOM in collaboration with the University of St Andrews		Recruitment underway for hub 1 posts			**Green - On Track**	**Green - On Track**	**Green - On Track**	**Green - On Track**
We will launch and develop a leadership framework – Our Leadership Way in Fife.		Different forums/settings have engaged in the Leadership framework during this quarter, including; Digital & Information Leaders, Maternity Services, Acute Heads of Nursing/Clinical Nurse Managers, Extended Workforce Leadership Team, Corporate Nursing Directorate, AHP Professional Leadership Council, Area Clinical Forum, Finance & Performance Directorate, Pharmacy Leaders, Respiratory Nursing Leaders, Staff Side - Area Partnership Forum. The design, development and publication of the Leadership Framework has been celebrated, endorsed and approved by EDG, APF, SGC and NHS Fife Board. The framework will be published in April/May 2025.	Publish leadership framework. Celebrate the influences of leaders at all levels in bringing life to the shared leadership ethos that matters to Fife.	8. Workforce	**Green - On Track**	**Green - On Track**	**Green - On Track**	**Green - On Track**

Deliverable	ADP Reference	2024/25 Q4 Narrative Highlight achievements, reflecting on planned activities and impact on stated outcomes, as well as any associated risks and challenges that impacted delivery	2024/25 Q4 Planned Milestones	Recovery Driver	Deliverable 24/25 Q1 RAG Status	Deliverable 24/25 Q2 RAG Status	Deliverable 24/25 Q3 RAG Status	Deliverable 24/25 Q4 RAG Status
We will plan and deliver a range of services and support to young carers to help them to meet their personal caring, social and learning goals.	6.1	Actions carried over from previous quarter with clear plan for delivery. We have drafted the Carers Strategy delivery plan for 2025-26. The following actions have been agreed: 1. Work with education colleagues to complete an options appraisal for a study support service for young carers, assessing and comparing different delivery models against set criteria to identify and recommend a preferred option. 2. Provision and evaluation of Young carers education support service in all 152 Fife schools 3. Review approach to identifying young carers at school gate 4. Development of a monitoring and evaluation framework to support learning and improvement of young carers support services.	Work with Education colleagues and others to review the Study Support pilot initiative and develop a Plan for 2025-26 and beyond.	6. Health Inequalities	Green - On Track	Green - On Track	Green - On Track	Green - On Track
Develop an immunisation workforce model in conjunction with wider Primary Care Nursing structure which is sustainable and flexible to respond an ever evolving immunisation need	1.2			1. Primary and Community Care	Green - On Track	Green - On Track	Blue - Complete/ Target met	Blue - Complete/ Target met

To Deliver Value & Sustainability

Deliverable	ADP Reference	2024/25 Q4 Narrative Highlight achievements, reflecting on planned activities and impact on stated outcomes, as well as any associated risks and challenges that impacted delivery	2024/25 Q4 Planned Milestones	Recovery Driver	Deliverable 24/25 Q1 RAG Status	Deliverable 24/25 Q2 RAG Status	Deliverable 24/25 Q3 RAG Status	Deliverable 24/25 Q4 RAG Status
Hospital Pharmacy Redesign Introduction of automation in hospital Pharmacy stores, dispensaries and clinical areas. Centralisation of Pharmacy stores and dispensaries		No direct progress on this area. However, progress noted below on digital medicines programme will serve as an enabler, particularly Pharmacy Stock Control system	-		Red - Unlikely to complete on time/meet target	Red - Unlikely to complete on time/meet target	Red - Unlikely to complete on time/meet target	Red - Unlikely to complete on time/meet target
Roll out of Digital Pathology	5.1	Caldicott required for validation, achieved Mar-25 and meetings with supplier commenced to increase capacity in test environment to allow validation to commence.	Complete verification of scanner and IMS and validation of Consultant reporting.	5. Cancer Care	Amber - At risk - requires action	Red - Unlikely to complete on time/meet target	Red - Unlikely to complete on time/meet target	Red - Unlikely to complete on time/meet target
Delivery of New Laboratory Information system (LIMS) as part of accelerated implementation followed by implementation of national roll out.	9.1	Final update to resolve agreed issues with local implementation (phase 1) which can't wait until the nation build (phase 2) due to be released to testing environment by end of Q4. Once tested update will be deployed to live, timeframe for this not currently clear but likely to be first month of Q1 25/26. A number of configuration changes have been tested and deployed in Q4. Work to input into National build commenced.	Complete phase one, prepare for national LIMS project.	9. Digital & Innovation	Red - Unlikely to complete on time/meet target	Amber - At risk - requires action	Amber - At risk - requires action	Red - Unlikely to complete on time/meet target
National - GP IT Reprovisioning - GP Sustainability	9.1	Activities paused following GP IT supplier being in administration.	Complete Docman 10 Upgrade	9. Digital & Innovation	Amber - At risk - requires action	Amber - At risk - requires action	Amber - At risk - requires action	Red - Unlikely to complete on time/meet target
Support delivery of Re-form, Transform, Perform (RTP) through supporting service change		Reporting is now established - complete 25/26 programme plans still being developed 25/26 programme plans not complete so not yet agreed	Monthly RTP performance reporting delivered 2024/25 Programme Plan delivery underway 2025/26 Programme plans developed and agreed		Amber - At risk - requires action	Green - On Track	Green - On Track	Red - Unlikely to complete on time/meet target
Business Transformation		Mapping and engagement activities underway Programme Brief and Plan redrafted for presentation to governance	Case for change provided to RTP Exec and Fife NHS Board Staff cohorts identified Supporting Digital Product enhancements confirmed	9. Digital & Innovation	Red - Unlikely to complete on time/meet target	Red - Unlikely to complete on time/meet target	Amber - At risk - requires action	Amber - At risk - requires action
Surge Capacity - Improve flow within the VHK site, reducing length of stay and number of patients boarding to ensure patients are looked after in the most appropriate setting. Accurate PDD to inform planning for discharge, coordinated with the Discharge Hub.	2.5	No reduction in bed footprint possible due to over capacity. SBAR agreed at SLT in March and to be discussed at EDG - model of care re prioritised with PDD focus, review of criteria and staffing & bed base to flex between 30-44 patients acknowledging seasonal variation/demand.	Reduction of Ward 9 to 11 to 30 beds and associated maintenance of new footprint Continue to monitor Locum Surge Consultant post	2. Urgent and Unscheduled Care	Red - Unlikely to complete on time/meet target	Red - Unlikely to complete on time/meet target	Amber - At risk - requires action	Amber - At risk - requires action
Delivery of digital medicines programme, including the roll out of HEPMA and progressing commitments to implement automation within the hospital dispensary function		IDL system has been implemented, with support and supplementary development ongoing Final preparation for go-live of pharmacy stock control system, including, UAT training and development of SOPs	Ongoing support of IDL system implementation and learning/ developments as required Stock control system implementation and go live	9. Digital & Innovation	Amber - At risk - requires action	Amber - At risk - requires action	Amber - At risk - requires action	Amber - At risk - requires action

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Enhanced data availability and sharing		Implementation of GP Data Sharing delayed.	Implementation of GP Data Sharing (early adoption) Assessment of GP Data Sharing - early adoption phase	9. Digital & Innovation	Amber - At risk - requires action	Amber - At risk - requires action	Amber - At risk - requires action	Amber - At risk - requires action
Maximise models of care and pathways to prevent presentations and support more timely discharges from ED using a targeted MDT approach	2.4	ED performance remains off trajectory. Respiratory and Mental health pathways not yet in place. H@H & frailty pathways being developed and optimised further.	ED performance to achieve 77%	2. Urgent and Unscheduled Care	Amber - At risk - requires action	Amber - At risk - requires action	Amber - At risk - requires action	Amber - At risk - requires action
National - LIMS Implementation	9.1	Risk continues to be identified with the national LIMS Programme - delays expected.		9. Digital & Innovation	Amber - At risk - requires action	Amber - At risk - requires action	Amber - At risk - requires action	Amber - At risk - requires action
Set out approach to develop and begin implementation of a building energy transition programme to deliver energy efficiency improvements, increase on-site generation of renewable electricity and decarbonise heat sources.	10.1	In absence of funding to deliver projects, we have been proactively identifying assets and systems for replacement/upgrade to enable net zero progress.		10. Climate	Amber - At risk - requires action	Amber - At risk - requires action	Amber - At risk - requires action	Amber - At risk - requires action
Work towards mental health services receiving 10% of NHS frontline spend by 2026 and plan to invest 1% of this spend on the mental health of children and young people.	3.4	Finance colleagues have provided financial data and continue to provide support to enable the services to review.	Priority areas identified and improvements costed	3. Mental Health	Amber - At risk - requires action	Amber - At risk - requires action	Amber - At risk - requires action	Amber - At risk - requires action
Develop and Implement the Public Participation and Community Engagement Strategy		NHS Fife has made significant progress in embedding meaningful public participation in service planning and delivery inline with the Scottish Governments Planning with people. The Public Participation and Community Engagement Strategy and operational plan was agreed by EDG and the NHS Fife Board. Key achievements include strengthened collaboration with Fife Health and Social Care Partnership, and the integration of public feedback into service redesign projects. Challenges have included ensuring wide-reaching engagement and managing expectations around service changes, but ongoing efforts in transparency and responsiveness have helped address these issues. Further challenges are associated with no financial or workforce support being allocated to NHS Fife Corporate Communications to fully take forward the aspirations outlined in the strategy and to fully implement the operational plan. This will become particularly problematic as the NHS transformation agenda and financial sustainability targets require service redesign and for NHS Fife to adhere to planning with people best practice and guidance.	• Formalise the established relationship with Fife Health and Social Care Partnership to ensure joint working aligned with delegated NHS Fife services, The transformation agenda and financial sustainability. Align the NHS Fife Public Engagement and Participation Strategy with the new Fife Health and Social Care Partnership strategy being developed in 2025/26 • Continue to develop key mechanisms where public input can directly influence service improvements.		Amber - At risk - requires action	Green - On Track	Green - On Track	Amber - At risk - requires action

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Develop Strategic vision across all of Primary Care	1.2	Data gathered of allocation at individual practice level; KPIs for each service being introduced; Clearer understanding of gaps in delivery, significant challenges in realising revised models for non priority MoU2 services to reach improvement in parity. Local milestone of July 2025 for operational transition of pharmacotherapy; challenges remain, not withstanding national directive. Progression to BAU not started.	Evaluate the effectiveness of delivery in the revised non-priority MoU2 services. Commence progression of Pharmacotherapy to a state of business as usual.	1. Primary and Community Care	Amber - At risk - requires action	Green - On Track	Green - On Track	Amber - At risk - requires action
Achievement of Waste Targets as set out in DL(2021) 38	10.3	We have made great progress with our a 10% reduction in clinical waste target however we are still working towards our 70% reduction target. We are 381 tonnes short but have achieved 790 tones so far.	Achieve a 10% reduction in clinical waste & ensure that 70% of all domestic waste is recycled and composted	10. Climate	Green - On Track	Green - On Track	Green - On Track	Amber - At risk - requires action
Development and initiation of NHS Fife Innovation Project Review Group (IPRG)	9.5	NHS Fife IPRG to be restructured following review of the content of the meetings. Restructure will separate out initial project screening review, developed project paperwork and oversight and ANIA projects into 3 separate groups to provide better governance.	develop implementation pathway for supported projects to be handed over to appropriate service/ directorate for implementation.	9. Digital & Innovation	Green - On Track	Green - On Track	Green - On Track	Amber - At risk - requires action
Outline plans to implement a sustainable travel approach for business, commuter, patient and visitor travel	10.4	Due to publication of new SHTM, we need to re-review our current strategy to ensure it aligns with national guidance.	Publish NHS Fife sustainable travel strategy	10. Climate	Green - On Track	Green - On Track	Green - On Track	Amber - At risk - requires action
Delivery of Digital and Information Framework		Work continues to develop the Digital Framework. Consultation is ongoing with key stakeholders	Completion of Digital Framework	9. Digital & Innovation		Green - On Track	Green - On Track	Amber - At risk - requires action
Implement Same Day Emergency Care (SDEC) and rapid assessment pathways	2.2		Effective SDEC in operation	2. Urgent and Unscheduled Care	Green - On Track	Red - Unlikely to complete on time/meet target	Amber - At risk - requires action	Green - On Track
Attracting & Recruiting Staff to deliver Population Health & Wellbeing Strategy; Bank Governance – Enhanced Management & Staff Bank Consolidation.	8.1	Medical locums transferred on 3 February 2025 and next phase of transition is to focus on AHP and Medical Records Banks.	Direct Engagement model in place and work transitioned over. Bank model changes fully in place and operating as Business as Usual.	8. Workforce	Amber - At risk - requires action	Amber - At risk - requires action	Amber - At risk - requires action	Green - On Track

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To achieve additional capacity to meet 6 week target for access to 3 key Radiology diagnostic tests (MR,CT and US)	5.2	Radiology have delivered the projected activity required to ensure that 90% of patients are waiting less than 6 weeks. CT have continued to maintain on target performance by making efficient use of Scottish Government waiting times(SG WT) funding. MRI also have maintained on target performance. Successful trials for "Deep Resolve" software have been successful, and the software will be implemented in Q4. This will reduce the requirement for SG funded mobile scanners in the next financial year. US waiting lists reduced significantly (from 26 weeks to 10 weeks) in Q1 and Q2 using SG WT funding. Following the withdrawal of funding, activity has reduced and further improvements to routine waiting times has been limited.	90% of patients waiting less than 6 weeks for MRI/ CT & US imaging.	5. Cancer Care	Green - On Track	Amber - At risk - requires action	Green - On Track	Green - On Track
Develop and Implement the Corporate Communication Strategy		During Q4, NHS Fife successfully finalised its five-year Corporate Communications Strategy, ensuring a clear, cohesive approach to internal and external communications. Engagement sessions were conducted with key stakeholders, including staff, community partners, and service user feedback, allowing for a more inclusive strategy development process. The strategy aligns with NHS Scotland's wider transformation agenda, supporting efficiency, innovation, and improved access to healthcare services. Key achievements include the development of a refreshed website development plan, improved staff communication channels, and an enhanced approach to public health messaging. Challenges included capacity constraints and balancing communication priorities amidst evolving service demands. However, mitigation strategies ensured continued progress.	Review annually the Corporate Communications Strategy, ensuring alignment with NHS Fife's key priorities and national health strategies. Conduct internal staff survey to refine the strategy and inform a new internal communications plan for 2025/26 inline with the new staff intranet development. Develop individual communications plans, addressing key themes such as workforce health and wellbeing, transformation agenda and digital innovation.		Amber - At risk - requires action	Green - On Track	Green - On Track	Green - On Track
Attracting & Recruiting staff to deliver Population Health & Wellbeing Strategy; Recruitment Shared Services Implementation Consolidation & enhanced International Recruitment service.		Test of change of two additional functionalities in Job train, add a vacancy and vacancy approval being undertaken.	Continue to review of ERRS model to gain wider service benefits across the model.	8. Workforce	Green - On Track	Green - On Track	Green - On Track	Green - On Track
Developing a system wide Prevention and Early intervention strategy which will underpin delivery of the HSCP strategic plan and the NHS Fife Population Health and Wellbeing Strategy	1.4	Delivery groups established and progressing the 10 priority areas in Year 1 Action Plan. Auditing workforce development 2024-2025 and workforce planning for 2025-2026 is being progressed. Dissemination of strategy and comms.	P&EI Oversight Group to meet for the first time. Creation of more detailed action plan to sit below Delivery Plan.	1. Primary and Community Care	Green - On Track	Green - On Track	Green - On Track	Green - On Track

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Enhance the capacity and capability across the team		The capacity and capability across the procurement team has greatly improved over the year. An enhanced level of engagement and support has been provided across NHS Fife to increase the benefits derived from procurement.	Develop Learning programme to ensure team remain aware of and comply with extant legislation and SFIs, to provide and develop robust advice and information to services Engage with Finance Business Partners, review compliance of procurement contracts, Explore with services potential value and sustainability opportunities Work with services to scope out and deliver cost improvement opportunities and identify potential future cost pressures Complete review of authorisation limits, updating Financial Operating Procedures and other procurement procedures as required Take forward outcomes of 2024 PCIP to implement best practice across the department.		Green - On Track	Green - On Track	Green - On Track	Green - On Track
Further developing agile working and use of digital solutions in Directorate through investment in Workforce Analytics provision to support series of organisational priorities, including Health and Care Staffing Act and eRostering Programme.		New data capture process introduced for Q3 HCSA reporting, utilising business objects and aligned to ADP format, allowing path to green to be demonstrated and generation of evidence. Workforce modelling data and potential shared with People & Change Board. Proposal for Trainee Workforce Information / Analyst progressing.	On-going production and analysis of workforce information to support workforce planning and service delivery, including HCSA reporting requirements.	8. Workforce	Green - On Track	Green - On Track	Green - On Track	Green - On Track
Further strengthen our business partnering model, supported by a strong management accounting team, to improve business performance and decision making support.		Following protracted significant vacancy levels (c22%) within the FMT, we have filled vacancies through a combination redesign and internal development opportunities. We have reduced our vacancy level to 7% at the end of 24/25. The Financial Management Team has designed and delivered face to face finance training to 161 budget holder colleagues equivalent to 65% of eligible attendees. Candidate feedback has been very positive; demand remains high; and training will be picked up again next financial year.	Make financial reporting more concise, action focused and forward looking Proactive recruitment following service redesign to add capacity and improve support to organisational decision making Increase the use and sharing of available data and information to provide finance business insight e.g. Discovery reporting tool / learning from national Financial Improvement Network Review financial data and reporting to confirm improvements made and identify further opportunities Identify learning needs, consolidate improvements across the FBP team ensuring best practice adopted by all		Green - On Track	Green - On Track	Green - On Track	Green - On Track
Improve sustainability of Primary Care	1.1	Sustainability loans for 3 of the applications have been progressed and paid out in 2024/25 with 3 applications being carried forward into 2025/26. Contract for x2 of the 2C Practices has been awarded and date to return to independent 17J status is 1 September 2025.	Create tailored support to practices across Fife, dependent on individual need to proactively support sustainability Transfer of 2C practices to stable 17j Independent Practices	1. Primary and Community Care	Green - On Track	Green - On Track	Green - On Track	Green - On Track

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Increase capability within the team to deliver service improvement and meet growing service demand		The Financial Services Accountant post has been successfully imbedded within the team during the year, providing enhanced support for corporate reporting and decision making across the organisation. The Direct Engagement Payment Process has been effectively imbedded during the year.	Support the Direct Engagement workstream to a successful conclusion, imbedding new process for the payment of Agency Doctors and AHP's		Green - On Track	Green - On Track	Green - On Track	Green - On Track
IPQR Review		Monthly reports continue to be produced accordingly on time. Comments relating to IPQR to be included in report to Board, previously focussed solely on escalations. Collation of trajectories for 2025/26. Work ongoing testing PowerBI for dashboard for IPQR metrics.	Quarterly review of trajectories/targets Monthly reports produced and distributed accordingly Incorporate agreed metrics relation to Primary Care		Green - On Track	Green - On Track	Green - On Track	Green - On Track
Local - Records Management Plan Implementation	9.2	Records Management Teams continue to work with services to implement		9. Digital & Innovation	Green - On Track	Green - On Track	Green - On Track	Green - On Track
Mental Health Services will have a robust data gathering and analysis system to allow for service planning and development	3.3	MH Data and Information group in place which reviews high-level data requests, system requirements and reporting functions. Input from D&I team and establishment of MH Data hub provides robust analysis function.		3. Mental Health	Green - On Track	Green - On Track	Green - On Track	Green - On Track
Post successful transition to the SE Payroll Consortium arrangement, work with the senior leadership of the consortium to ensure effective continuity of a payroll service for NHS Fife and contribute to service redesign to ensure NHS Fife's needs are addressed.		Continued support to the payroll consortium through constructive discussions whilst attending the payroll quality board meetings. Ensuring NHS fifes needs in relation to payroll are met.	Consult and agree with the consortium service re-design arrangements, ensuring NHS Fife priorities are addressed Develop and agree SLA to ensure a robust and timely payroll service inclusive of all pre transfer needs Agree service monitoring process with consortium including key performance indicators		Green - On Track	Green - On Track	Green - On Track	Green - On Track
Refreshed Performance Reporting	6.1	Significant progress has now been made. A full suite of power BI reports have now been created and power platform is now being used to develop this further.	Automation of Performance Reporting	6. Health Inequalities	Green - On Track	Green - On Track	Green - On Track	Green - On Track
Support Delivery Strategic Planning function		Public Holiday debrief took place in Jan-25 with output forming basis of introductory presentation at System Flow event in Feb-25. Summary to be presented at IUCPB with relevant actions taken forward. ADP Q3 report produced, presented at Committees and Board, to be submitted to SG following. Draft for ADP 25/26 was presented at FPR Committee as draft. Plan was submitted to SG on time (17 Mar) and approved by Board (24 Mar).	"Hot Debrief" of festive period to take place (Jan-25) Organise Planning/Review Event (Feb-25) ADP24/25 Q3 to be produced Submission of draft and final ADP25/26		Green - On Track	Green - On Track	Green - On Track	Green - On Track
Transfer our referral system and EPR from Tiara to Morse and TrakCare within the Podiatry service		Move to MORSE completed, move to TrakCare deferred to May 25 in order to ensure that TrakCare build meet service needs	Expands digital admin process for example, use of patient hub.	1. Primary and Community Care	Green - On Track	Green - On Track	Green - On Track	Green - On Track

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Transformation of HR transactional activity enhancing the HR Operational delivery model through case management and manager support building on manager / employee self-service.		There is a risk the work required to build level 0 and level 1 in the shared service centre is delayed due to other priorities.	Part of Shared Service Centre, work underway to identify transactional activity and volume to build service level 0 and level 1. Continue to embed new service delivery model and review.	8. Workforce	Green - On Track	Green - On Track	Green - On Track	Green - On Track
SLA and External Activity		Agreement made nationally on SLA uplift of 6.64% therefore the NHSF 3% target was not met.	Planned implementation of PLICS locally Meeting scheduled with NHS Tayside to discuss decontamination service Ongoing development of Performance Management dashboard Ongoing discussions with other Boards Chief Executives relating to transition into more formal Performance Management arrangements RTP/SLA Moving towards a business as usual model in 2025/26 - Closing report to be developed		Red - Unlikely to complete on time/meet target	Red - Unlikely to complete on time/meet target	Red - Unlikely to complete on time/meet target	Blue - Complete/ Target met
Digital & Information Projects	9.5	The Digital RTP activities have now concluded for 2024/25.	Assess Benefits for Quarter	9. Digital & Innovation	Green - On Track	Amber - At risk - requires action	Amber - At risk - requires action	Blue - Complete/ Target met
Medicines optimisation. Design and support delivery of medicines optimisation work to ensure optimal use of medicines budgets		The revised target for acute medicines efficiencies is likely to be surpassed by the end of financial year. Within the HSCP, delivery is expected to be 91% of target (noting the target was revised upwards, and delivery has surpassed original targets). Medicines waste comms activity has been undertaken, aimed at clinicians and the public.	Monthly monitoring of the Medicines Optimisation plan and continued identification of opportunities. Identification of /and quantification of efficiencies to meet an extended £3M target is ongoing, however it is very unlikely that this target Review of current prescribing guidelines across a number of specialties to more clearly define treatment pathways and access to medicines Comms and engagement plan with all staff. Reducing medicines waste in hospital.	6. Health Inequalities	Green - On Track	Amber - At risk - requires action	Green - On Track	Blue - Complete/ Target met
Procurement Savings within Acute Services		Projecting £456,299 as at end of month 11 for in year impact and recurring saving of £500,000 target.	Ongoing reviews of expenditure and savings opportunities.		Amber - At risk - requires action	Green - On Track	Green - On Track	Blue - Complete/ Target met
Action plan for the National Green Theatres Programme	10.6	Neptune system is installed in theatre 10 phase 3 at Victoria Hospital. We are keeping up to date with the bundles released from CfSD and have achieved all outstanding targets from these bundles.	Create a timeline and plans for achieving remaining targets	10. Climate	Green - On Track	Green - On Track	Green - On Track	Blue - Complete/ Target met
Decarbonisation of Fleet in line with Targets	10.4	We are 80% complete in respect to the 2025 target with clear plans in place to be 100% complete by December 2025.	Have plans in place to replace 12 ICE vehicles to electric	10. Climate	Green - On Track	Green - On Track	Green - On Track	Blue - Complete/ Target met
Delivery of ICO and NISD Audit Improvement Plans Architecture and Resilience Developments	9.2	Current Year actions now complete	Key System Architecture and Resilience Documented	9. Digital & Innovation	Green - On Track	Green - On Track	Green - On Track	Blue - Complete/ Target met

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Delivery of integrated drug and alcohol education age and stage appropriate throughout the full school life by school-based staff and specialist support from ADP commissioned services	6.2	Completed pilot and roll out of additional and flexible support working well in schools. Alcohol information sessions are being delivered at S2 level by guidance teachers in all schools. Thus creating capacity for tailored support to CYP at their and the schools request. Delivery has also occurred to CYP not in the school environment therefore reaching more CYP at risk. Educational sessions on new emergent drug trends and support on how to have a positive conversations about drugs and alcohol have ben delivered to parents online and in group settings. School nursing now trained in alcohol and drug awareness and progressing to drug brief intervention and alcohol brief intervention training	Further training delivered in pilot schools and outputs/outcomes gathered from training and delivery to students\n\nAssessment of workforce development approach between third sector and school nursing	6. Health Inequalities	Green - On Track	Green - On Track	Green - On Track	Blue - Complete/ Target met
Delivery of Property and Asset Management Strategy		Phase 1 target met with submission of the plan in January 25 as agreed.	Submit Phase 1 to SG by end January 2025 or any amended timescale determined by SG	10. Climate	Green - On Track	Green - On Track	Green - On Track	Blue - Complete/ Target met
Development of a delivery plan to embed and deliver the Realistic Medicine Programme in NHS Fife			Ensure Realistic Medicine principles are embedded in Fife\n\nTo work with colleagues to promote sustainable and greener healthcare to fit in with the greener action plan\nTo encouraging staff to access RM module on Turas\n\nTo encourage parents and families to ask BRAN questions\n\nTo Evaluate shared decision making from patients' perspectives		Green - On Track	Green - On Track	Green - On Track	Blue - Complete/ Target met
Develop plans to make sure CIS delivers on key operational priorities	1.2	Participation in national Task & Finish Group around Childhood schedule changes including 18 month visit.\n\nScottish Government financial return completed for childhood schedule changes including 18 month visit.\n\nMaternity immunisation improvements made to the RSV programme - funding for maternity post.	Maternity immunisations\n\nPreparation for children's 18 month visit	1. Primary and Community Care	Green - On Track	Green - On Track	Green - On Track	Blue - Complete/ Target met
Digital Enablement Workplan for patients and staff ITIL 4 Improvement	9.3	Work has completed on the necessary ITIL4 changes. Focus turns to the processes being embedded into day to day operations and planning.	Implementation Complete	9. Digital & Innovation	Green - On Track	Green - On Track	Green - On Track	Blue - Complete/ Target met
Estates Rationalisation		24/25 targets met with consolidation of 3 buildings including Hayfield House, Cameron House and Haig House. Sharing of office assets with Fife Council enabled the buildings to be decanted.			Green - On Track	Green - On Track	Green - On Track	Blue - Complete/ Target met

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Implementation of environmental prescribing improvements per the Scottish Government Quality Prescribing guide for Respiratory guide 2024 while delivering patient level reviews and appropriate clinical guidance to drive high quality clinical care.	10.6	Primary care pharmacy team continue to deliver medication reviews relating to respiratory prescribing, within broader Polypharmacy based approach. Formulary position remains in place. Inhaler technique support work ongoing	Ongoing delivery of review Continued embedding of communication and engagement approaches	10. Climate	Green - On Track	Green - On Track	Green - On Track	Blue - Complete/ Target met
Outline plans to implement an approved Environmental Management System.	10.5	We have made good progress with developing the legal register, we have also set out a SharePoint process for document control. We have carried out 3 audits and have more planned	Have made progress with carrying out a legal review for all sites	10. Climate	Green - On Track	Green - On Track	Green - On Track	Blue - Complete/ Target met
Outline plans to increase biodiversity and improve greenspace across our estate	10.5	We have planted trees and UKHab survey is will be funded by SG. We are engaging with Fife Coast and Countryside Trust (FCCT) who now maintain our grounds and gardens, to improve biodiversity by the regimes of maintenance.	Have made progress with creating biodiversity audits for all key sites	10. Climate	Green - On Track	Green - On Track	Green - On Track	Blue - Complete/ Target met
Reduction of Medical Gas Emissions through implementation of national guidance	10.1	External assessment of Entonox within maternity, demonstrates staff are not being exposed to unsafe levels. This work is now completed. Other areas are working under BAU. The technical update for Entonox migration is ongoing and will conclude Q1 2025/26 The SLWG will be wound up early in 25/26 and work managed through the medical gas committee		10. Climate	Green - On Track	Green - On Track	Green - On Track	Blue - Complete/ Target met
Set out our approach to adapting to the impacts of climate change and enhancing the resilience of our healthcare assets and services	10.2	NHS Fife have created a Business Continuity Plan dashboard that will link to flood risk. NHS Scotland climate mapping tool has been developed. Initial partnership with Fife Council has been established to develop a climate model, this will identify highest risk sites	Have created a dashboard for climate risk	10. Climate	Green - On Track	Green - On Track	Green - On Track	Blue - Complete/ Target met
Complete NHS Fife's Phase 2 M365 Programme				9. Digital & Innovation	Green - On Track	Green - On Track	Blue - Complete/ Target met	Blue - Complete/ Target met
Infrastructure - Workforce	9.3		Decommission Sites Establish other hotdesking locations	9. Digital & Innovation	Green - On Track	Green - On Track	Blue - Complete/ Target met	Blue - Complete/ Target met
Refresh of the Primary Care Improvement Plan	1.1			1. Primary and Community Care	Blue - Complete/ Target met	Blue - Complete/ Target met	Blue - Complete/ Target met	Blue - Complete/ Target met
Review existing arrangements which support children with neurodevelopmental differences.				7. Women & Children Health	Blue - Complete/ Target met	Blue - Complete/ Target met	Blue - Complete/ Target met	Blue - Complete/ Target met

Deliverable	ADP Reference	2024/25 Q4 Narrative Highlight achievements, reflecting on planned activities and impact on stated outcomes, as well as any associated risks and challenges that impacted delivery	2024/25 Q4 Planned Milestones	Recovery Driver	Deliverable 24/25 Q1 RAG Status	Deliverable 24/25 Q2 RAG Status	Deliverable 24/25 Q3 RAG Status	Deliverable 24/25 Q4 RAG Status
Develop the NHS Fife Organisational Change Model to support delivery of change.		1. Update to NHS Fife Board (March 2025)- update provided to Director of Planning and Transformation. 2. Develop a 'Change Hub' and teaching programme to support organisation (March 2025). Work has commenced on delivery of this. This work will continue into Q1 2025-26. 3. Develop evaluation plan for 2025-26 onwards. This has not started. This work will continue into Q1 2025-26. 4. Completed all-staff survey on the staff experiences of change.	1. Update to NHS Fife Board (March 2025) 2. Develop a 'Change Hub' and teaching programme to support organisation (March 2025). 3. Develop evaluation plan for 2025-26 onwards. This has not started.		Green - On Track	Green - On Track	Green - On Track	Amber - At risk - requires action
Supporting implementation of the Population Health & Wellbeing Strategy		We have commenced drafted the annual report to the NHS Fife Board. A draft is on track to be completed by the end of March 2025.	Commence annual report for 2024-25		Green - On Track	Green - On Track	Green - On Track	Green - On Track

NHS Fife

Meeting:	Fife NHS Board
Meeting date:	27 May 2025
Title:	Financial Performance Report
Responsible Executive:	Susan Dunsmuir, Director of Finance
Report Author:	Maxine Michie, Deputy Director of Finance

Executive Summary

- On receipt of repayable financial brokerage from Scottish Government of £20.513m we will achieve a financial breakeven position for 2024/25.
- We have achieved both the Cash Requirement and Capital Resource Limit financial targets.
- We have delivered £26.592m savings in year against a planned 3% target of £25m, of which £18.405m is on a recurring basis.
- The overspend for the Health Board delegated budget to the end of March of £20.893m includes an overspend on health delegated services of £16.165m and risk transfer from Fife Council of £4.728m.
- We have received confirmation from Scottish Government of approval of our 2025/26 financial plan on the basis of NHS Fife delivering end of year out-turn within 1% of Core Revenue Resource Limit and continuing to work towards a balanced three-year plan.
- Our Capital Resource Limit (CRL) budget at the outset of the financial year was £7.764m. During the year we made successful capital funding bids amounting to £8.066m, resulting in the total CRL spend of £15.830

1   Purpose

This report is presented for:

- Assurance

This report relates to:

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

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

- Safe
- Effective
- Person Centre

2   Report summary

2.1   Situation

NHS Boards are required by the Scottish Government to achieve three financial targets each year. These are: -

- To operate within the Revenue Resource Limit (RRL).
- To operate within the Capital Resource Limit (CRL).
- To operate within the Cash Requirement.

The draft 2024/25 financial position for the board has been finalised and delivery of the three financial targets is confirmed subject to External Audit review, delivery of final funding allocations and confirmation of final IJB outturn position.

The 2024/25 annual accounts are being drafted in line with the agreed timetable and the External Audit review of the financial statements will commence in early May. Draft audited annual accounts and audit report will be considered by the Audit and Risk Committee on 19 June 2025 and presented for approval at the NHS Board on 24 June 2025.

2.2   Background

We achieved break even and stayed within our RRL, despite a significant cost pressure within budgets delegated to the IJB inclusive of our risk share of £20.893m which was not included in our financial plan for 2024/25. A balanced financial position was largely achieved through delivery of our savings plans, savings secured in year totalled £26.593m, slippage in our funding allocation for Agenda for Change non pay reform £13.917m, a share of a national reduction to CNORIS costs of £2m. Additionally, for the third consecutive year we require to request Scottish Government repayable brokerage to balance our position which will be £20.513m to deliver the RRL target of breakeven. (Table 1). Both the Capital Resource Limit and the Cash Requirement were also achieved at the end of the financial year.

2.3   Assessment

The financial plan presented to the board in March 2024 identified the impact of recurring cost pressures, unachieved savings targets brought forward from the previous financial year, alongside additional national and local cost pressures anticipated in 2024/25 and confirmed a funding gap of £54.750m for 2024/25 (6.6% of our baseline budget). A range of cost improvement schemes and efficiency initiatives were developed to mitigate £25m of this funding gap, leaving a residual deficit of £30m to be addressed by the Re-form, Transform and Perform framework. In July 2024, we were advised by Scottish Government of further non-recurring New Medicines Funding totalling £50m to be allocated on an NRAC basis to territorial boards, with NHS Fife receiving £3.4m. This reduced the financial gap in-year from £54.750m to £51.350m reducing to a residual gap of £26.350m on assumed delivery of savings.

The final draft outturn of £20.513m is a significant improvement on our initial projected forecast overspend for the health board. The financial plan required cost improvements of £25m to be delivered in 2024/25. The delivery of this target exceeded the agreed plan with £26.592m savings achieved of which £18.405m was delivered on a recurring basis. In parallel, our financial position in year has been adversely affected by the large overspend reported by the IJB (also subject to external audit scrutiny) which was not included in our financial plan for 2024/25. This was partially mitigated by over achievement of our 3% savings plan supported by several in year non-recurring funding allocations and cost reductions. The table below confirms how our balance financial position was achieved.

TABLE 1 NHS Fife Financial Outturn 2024/25		£m
Opening adjusted financial deficit 2024/25 Financial Plan		51.400
Additions to Gap		
Health Delegated Deficit	16.165	
Risk Share transfer from Fife Council	4.728	20.893
Improvements on Gap		
Delivery of 3% savings Target	26.593	
Slippage in AFC non pay reform funding	13.917	
Reduction in CNORIS National Cost	2.000	
NRAC Allocation	6.400	
Cost improvement across various service budgets	2.870	51.78
Draft Year end Outturn		20.513
Scottish Government Brokerage		20.513
Final Outturn		0.00

In early January Scottish Government confirmed they would provide a maximum amount of repayable brokerage up to £37m for 2024/25 and noted the Board's efforts to improve the financial position in year acknowledging the key area of challenge driving the worsened forecast, compared to our financial plan, is the IJB financial position for which steps were being taken to minimise the increasing cost pressure in year. We have reduced the requirement for repayable brokerage in 2024/25 to £20.5m. The brokerage provided in 2024-25 will add to prior years' cumulative brokerage of £23.7 million and will be repayable when the Board returns to financial balance.

The NHS Fife financial plan for 2025/26 was submitted to Scottish Government in March and approved by the NHS Board at the 25 March meeting. It projects a significant financial deficit before savings of £37.7m. We have plans to achieve recurring savings of £28.5m (3%) in 2025/26 across both the Fife health and care system, which although challenging, are considered both credible and deliverable. Our plan includes a risk share cost pressure of up to £8.5m with the IJB. The 3% savings is in line with the government's expectations that NHS Board's financial plans will achieve a target of 3% recurring

savings on baseline budgets leaving a residual financial gap of £9.2m still to be addressed equivalent to 0.98% of our baseline Revenue Resource Limit.

At the end of March, we received confirmation of Scottish Government's approval of our 2025-26 financial plan on the basis of NHS Fife delivering end of year out-turn within 1% of Core Revenue Resource Limit and continuing to work towards a balanced three-year plan. The Scottish Government have advised they will continue to engage and perform regular monitoring of the Board's financial position via the Financial Performance Return process, beginning with the 2025-26 Quarter 1 review and they have also confirmed the financial monitoring arrangements they will use.

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

This report provides the following Level of Assurance:

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

2.3.1 Quality, Patient and Value-Based Health & Care

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

2.3.2 Workforce

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

2.3.3 Financial

Financial implications are detailed in the paper.

2.3.4 Risk Assessment / Management

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

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

An impact assessment has been carried out and no adverse impact has been identified.

2.3.6 Climate Emergency & Sustainability Impact

There are no direct implications arising from this report.

2.3.7 Communication, involvement, engagement and consultation

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

2.3.8 Route to the Meeting

Finance, Performance & Resources Committee – 8 May 2025

2.4 Recommendation

Members are asked to **take a moderate level of assurance** on the information provided in relation to:

- The reported core revenue resource limit breakeven position will only be achieved through requesting repayable brokerage of £20.513m from Scottish Government.
- Over achievement of delivery against the in-year savings targets and the positive impact of that on the overall consolidated financial position.
- The reported overspend for the health delegated services (IJB) of £16.165m and risk share transfer from Fife Council of £4.728m.
- Achievement of the Cash requirement and Capital Resource Limit financial targets

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

3 List of appendices

Appendix 1 – Finance Report for March 2025

Report Contact
Susan Dunsmuir
Director of Finance
susan.dunsmuir@nhs.scot

1. Financial Position March 2025

1.1 The financial plan presented to the board in March 2024 identified the impact of recurring cost pressures, unachieved savings targets brought forward from the previous financial year, alongside additional national and local cost pressures anticipated in 2024/25 and confirmed a funding gap of £54.750m for 2024/25 (6.6% of our baseline budget). A range of cost improvement schemes and efficiency initiatives were developed to mitigate £25m of this funding gap, leaving a residual deficit of £30m to be addressed by the Re-form, Transform and Perform framework. In July 2024, we were advised by Scottish Government of further non-recurring New Medicines Funding totalling £50m to territorial boards, with NHS Fife receiving £3.4m. This reduced the financial gap in-year from £54.750m to £51.350m reducing to a residual gap of £26.350m on assumed delivery of savings.

1.2 At the end of the financial year, we are reporting an overspend against revenue budgets of £20.513m as detailed in Table 1 below before receipt of Scottish Government repayable brokerage.

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Revenue Financial Position as at March 2025

TABLE 1 Budget Area	Annual Budget £'000	YTD Budget £'000	YTD Spend £'000	YTD Variance £'000
NHS Services (incl Set Aside)				
Clinical Services				
Acute Services	324,991	324,991	337,903	-12,912
IJB Non-Delegated	10,590	10,590	10,102	488
Non-Fife & Other Healthcare Providers	105,505	105,505	112,626	-7,121
Non Clinical Services				
Estates & Facilities	99,196	99,196	99,145	51
Board Admin & Other Services	111,635	111,635	110,684	951
Other				
Financial Flexibility	16,184	16,184	-1,979	18,163
Income	-45,155	-45,155	-45,915	760
TOTAL HEALTH BOARD RETAINED SERVICES	**622,946**	**622,946**	**622,566**	**380**
Health & Social Care Partnership				
Fife H & SCP	449,022	449,022	465,187	-16,165
Risk Share from Fife Council			4,728	-4,728
				0
TOTAL HEALTH DELEGATED SERVICES	**449,022**	**449,022**	**469,915**	**-20,893**
Repayable Scottish Government Brokerage	**20,513**	**20,513**		**20,513**
TOTAL NHS FIFE	**1,092,481**	**1,092,481**	**1,092,481**	**0**

The year-end financial position includes an overspend for Acute Services of £12.912m, an overspend with Non Fife Health Care providers of £7.121m and an overspend of £20.893m for the health delegated budget (IJB) inclusive of a risk share cost transfer from Fife Council Social Care budgets of £4.728m and a budget realignment to the Council of £4.1m.

2 Health Board Retained Services

2.1 The financial performance of the organisation has been significantly challenged throughout the financial year with a continuation of the underlying and new cost pressures described in the financial plan, albeit some have reduced following the allocation of the additional NRAC funding and the delivery of savings plans. The following graphic identifies specific cost pressures driving the overspends across several health board retained services budgets for the year. Whilst there are some cost pressure areas that are better than expected some have deteriorated beyond the planning assumptions.

Recurring Pay Pressures	Recurring capacity pressures	DIT non-compliant Rotas	Medicines	Diabetic Pumps	External Healthcare Provider
MTFP £7.192m	MTFP £3.373m	MTFP £1.982m	MTFP £1.764m	MTFP £2.577m	MTFP £6.983m
Actual £1.856m	Actual £2.934m	Actual £0.568m	Actual £0.475m	Actual £1.139m	Actual £7.121m

Surgical Sundries & Instruments	Decon. Costs	Infrastructure Costs incl energy	Emerging Infrastructure Costs	LIMS	MTFP – Expected Savings £25m
MTFP £1.759m	MTFP £0.735m	MTFP £3.382m		MTFP £0.575m	
Actual £0.861m	Actual £0.825m	Actual £1.690m	Actual £0.045m	Actual £0.356m	Actual £26.592m

2.2 The funding for Agenda for Change non pay reforms (ie protected learning time, the 30-minute reduction in the working week and the review of band 5 nursing roles) was confirmed at £200m nationally at the beginning of the financial year (£13.7m for NHS Fife). In January 2025, Scottish Government confirmed additional funding of £30m nationally to support Territorial Boards with the financial impacts of the AFC reforms associated with the 2023/24 pay award (£2.063m for NHS Fife). The total funding received is therefore £15.8m. Expenditure incurred to March has been relatively low due to the timing of implementation across services with only £1.897m recorded enabling in year flexibility of £13.917m to provide financial support to the NHS Fife health care system.

2.3 The Acute Services Division is reporting an overspend at the end of March of £12.912m (2024: £24.065m). This is driven mainly by the cost pressures noted in the graphic at para 2.1. The average monthly overspend for the financial year was £1.08m which is half of the

monthly average overspend of £2m in finance year 2023/24. This improvement is largely due to the allocation of NRAC funding in November but also the positive impact of several savings programmes.

2.4   The £12.912m overspend in Acute Services is across both pay budgets at £5.530m and non-pay budgets at £7.382m. The total pay overspend of £5.530m (2024: £14.920m) includes the costs of recurring pay pressures, recurring capacity pressures and junior doctor rota compliance in the first half of the financial year partially offset by the reduction in supplementary staffing. The overspend level on unregistered nursing staff was £4.233m with an underspend in registered staff of £1.619m giving a total overspend on nursing of £2.614m (2024: £7.537m). Senior medical staffing was underspent by £0.512m and junior medical staffing was overspent at £2.938m, a total overspend on medical staffing of £2.426m (2024: £6.412m). The total non-pay overspend of £7.382m (2024: £9.145m) includes costs of diabetic pumps, increased decontamination costs, and outsourced diagnostic costs.

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

Table 2 Budget Area	Annual Budget £'000	YTD Budget £'000	YTD Spend £'000	YTD Variance £'000
Acute Services Division				
Surgical Directorate	111,313	111,313	114,729	-3,416
Medical Directorate	128,915	128,915	138,324	-9,409
Women, Children & Clinical Services	82,230	82,230	82,516	-286
Acute Nursing	1,122	1,122	949	173
Other	1,411	1,411	1,385	26
Total	**324,991**	**324,991**	**337,903**	**-12,912**

2.5   Included in the Acute Services position is an overspend on specialties defined as "large hospital services" which form part of IJB Set Aside budgets. At the end of March, set aside services reported an overspend of £7.354m which accounts for 56.95% of the Acute Services total overspend. The main factors driving this overspend are agency consultants covering vacancies and sickness, recurring staffing and capacity pressures, junior medical bandings for non-compliant rotas in the earlier part of the financial year, cost pressures for additional consultants and safe staffing workforce costs in line with workforce tool implementation. This budget is not formally delegated to the IJB as the services are managed by NHS Fife but is reflected in the IJB financial plan.

2.6   Service Level Agreements and contracts with external healthcare providers are £7.121m overspent. This overspend is driven by several factors included as cost pressures with the financial plan with most of the financial challenge within the SLAs with NHS Lothian and NHS Tayside. Detail is provided in Table 3 below.

Table 3	Annual Budget £'000	YTD Budget £'000	YTD Spend £'000	YTD Variance £'000
Health Board				
Ayrshire & Arran	117	117	116	1
Borders	54	54	79	-25
Dumfries & Galloway	33	33	69	-36
Forth Valley	3,311	3,311	3,972	-661
Grampian	423	423	356	67
Greater Glasgow & Clyde	1,991	1,991	1,979	12
Highland	170	170	250	-80
Lanarkshire	148	148	259	-111
Lothian	34,544	34,544	38,952	-4,408
Scottish Ambulance Service	122	122	120	2
Tayside	47,141	47,141	54,209	-7,068
	88,054	**88,054**	**100,361**	**-12,307**
UNPACS				
Health Boards	16,221	16,221	11,231	4,990
	16,221	**16,221**	**11,231**	**4,990**
OATS	1,165	1,165	965	200
Grants	65	65	69	-4
Total	**105,505**	**105,505**	**112,626**	**-7,121**

2.7   Corporate Directorates are underspent by £0.951m in total which is a significant improvement on the position reported in February. We received further confirmation of improvement to our CNORIS contribution for 2024/25. Digital and Information continues to be the area of Corporate Services with the highest level of financial risk, and discussions are ongoing with colleagues looking at all aspects of grip & control including vacancy management

Table 4 Budget Area	Annual Budget £'000	YTD Budget £'000	YTD Spend £'000	YTD Variance £'000
Chief Executive	247	247	268	-21
Communications	551	551	643	-92
Finance Director	8,073	8,073	7,899	174
Medical Director	10,664	10,664	9,804	860
Nurse Director	4,720	4,720	4,602	118
Public Health	3,876	3,876	3,617	259
Workforce Directorate	4,362	4,362	4,387	-25
Pharmacy Services	16,895	16,895	16,253	642
Digital + Information	21,029	21,029	21,721	-692
Other Board Functions	41,218	41,218	41,490	-272
Total	**111,635**	**111,635**	**110,684**	**951**

2.8   The Estates & Facilities position remains in line with that reported in previous months. Positive work continues by the Energy Manager reviewing all energy costs and water rates which has been delivering one-off cost reductions. The single largest area of cost pressure is equipment maintenance.

Table 5 Estates & Facilities	Annual Budget £'000	YTD Budget £'000	YTD Spend £'000	YTD Variance £'000
Energy	10,396	10,396	10,516	-120
PPP	28,637	28,637	28,611	26
Equipment Maintenance	3,023	3,023	3,747	-724
Pays	37,333	37,333	37,205	128
Other Non Pays	19,807	19,807	19,066	741
Total	**99,196**	**99,196**	**99,145**	**51**

3   Financial Flexibility

3.1   Financial Flexibility refers to funding allocations held centrally before being allocated to budget areas. Included within financial flexibility is the slippage on the allocation covering the non-pay aspects of the 2023/24 pay award £13.917m alongside nonrecurring VAT reclaims and other Balance Sheet opportunities.

4   Income

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

Table 6	£'000
SLA	10,521
ACT	4,148
Healthcare to LA	3,155
Dining room income	1,137
Laundry income	1,279
Recovery from GPs in HC	1,268
NES Medical in training income	13,555
RTA	986
Other	9,106
Total HB retained income budget	**45,155**

5   IJB Health Delegated Budget

5.1   The health delegated budget is reporting an overspend of £20.893m to the end of March. The delegated budget overspend of £16.165m predominately relates to high usage/costs associated with medical locums within Mental Health services and nurse bank/agency usage across the partnership to cover vacancies, sickness and increased patient supervision requirements alongside a significant overspend in GP Prescribing. Moreover, the deficit also reflects unachieved savings within Health delegated budgets of £6.609m, from a planned total for the year of £22.163 for Health Delegated Budgets.

Table 7 Budget Area	Annual Budget £'000	YTD Budget £'000	YTD Spend £'000	YTD Variance £'000
Fife Health & Social Care Partnership	449,022	449,022	465,187	-16,165
Risk Share from Fife Council			4,728	-4,728
TOTAL HEALTH DELEGATED SERVICES	**449,022**	**449,022**	**469,915**	**-20,893**

Alongside the significant service budget cost pressures reported in the Health Delegated is the risk share cost transfer from Fife Council and the budget realignment to Fife Council included in the Directions issued by the IJB at the beginning of the financial year as described in Table 8 below.

TABLE 8 HB Delegated Financial Outturn 2024/25	£m
Unachieved Savings	6.609
Budget Realignment to FC	4.049
Risk share cost transfer from FC	4.728
Net Deficit across service budgets	5.507
Outturn 2024/25	20.893

The financial position of the IJB has steadily deteriorated throughout the year with the draft outturn for the financial year reported at £34.016m of which 61.4% is reflected in the financial position of NHS Fife.

No Risk share for the IJB was included in the board's financial plan for 2024/25 as a balanced budget was approved by the IJB at the March 2024 IJB Board meeting. However, in developing the NHS Fife financial plan for 2025 /26, risk share cost of up to £8.5m has been included to reflect the risk associated with delivering the volatile budgets identified in the financial plan of the IJB. This £8.5m is inclusive of a £6.718m budget realignment included in the Directions approved by the IJB at its board meeting in March 2025. The financial position of the IJB will be reviewed every 8 weeks and on reaching agreement across both partners funding will be made available to support volatile budgets on a phased basis. The overspends currently being reported in each of the funding partner budgets are unaffordable and unsustainable. Delivery of planned savings across the IJB is essential to ensure there are no unmanageable cost pressures beyond the level identified in the IJB's financial plan.

6   Financial Improvement & Sustainability

6.1   Delivering Value and Sustainability is one of our four strategic priorities, our financial improvement plan is being delivered through our Re-form, Transform and Perform (RTP) Framework, working collaboratively across the system. Financial performance against the 3% savings schemes identified in our financial plan at the end of the financial year is described below.

6.2   At the end of the financial year we are reporting a significant level of success against our planned trajectories. Savings of £26.6m have been delivered which is more than our £25m target for the financial year. The level of recurrent savings that have been delivered in year

to reduce the level of non-recurring savings carried forward into 2025/26 is £18.4m It is essential this level of recurring savings is sustained in 2025/26 financial year to underpin delivery of our planned financial outturn at March 2026.

Scheme	Target Saving	March 2025 Planned	March 2025 Delivery	Recurring Saving	
1. Medicines Optimisation	£2,000,000	£2,000,000	£2,194,892	£1,567,420	**Target Saving (FY):** £25,000,000
2. Unscheduled Care Bundle	£700,000	£700,000	£653,924	£600,000	**Planned Saving (YTD):** £25,000,000
3. PFI Contract	£400,000	£600,000	£600,000	£0	
4. Estates Rationalisation	£2,000,000	£2,000,000	£2,408,000	£500,000	**Linear target (YTD):** £25,000,000 (for 3% schemes only)
5. Non-Compliant Rotas	£1,000,000	£1,000,000	£1,597,000	£1,982,000	
6. Legacy Covid Costs	£1,000,000	£1,000,000	£818,196	£537,894	
7. Supplementary Staffing	£5,000,000	£5,000,000	£6,381,745	£6,381,745	
8. Procurement	£500,000	£500,000	£461,951	£530,205	**24/25 Saving:** £26,592,860
9. Corporate Directorates	£1,500,000	£1,500,000	£1,500,000	£1,500,000	
10. Business Transformation	£2,400,000	£2,400,000	£1,728,171	£168,245	**Total Gap: £NIL**
11. Surge Reduction	£1,850,000	£1,850,000	£438,357	£438,357	
12. Planned Care	£1,200,000	£1,200,000	£2,709,000	£2,200,000	
13. SLA & External Activity	£5,000,000	£5,000,000	£2,000,000	£2,000,000	**Key**
14. Bal. Sheet			£3,101,624	£0	Significant shortfall on Target of plan
Total YTD – for 3% savings schemes		£25,000,000	£26,592,860	£18,405,866	Delivering target but not in full

Supplementary Staffing

6.3 At the end of March 2025 total spend on supplementary staffing for Health Board retained services is described below. A total reduction of £8.015m on the average monthly spend rate for the same time in the previous financial year has been confirmed. Whilst this is a significant achievement, the overall pay costs for Nursing and Medical costs continue in an overspend position. The net impact on the financial position after taking account of investment in the workforce is £6.382m as noted in the savings table above.

Year to Date March 2025

	AGENCY SPEND			BANK SPEND			Grand Total 2024/2025	Grand Total 2023/24
	Medical Locums	Nursing	Total	Medical NHS Locums	Nursing	Total		
	£	£	£	£	£	£	£	£
Medical Directorate	2,487,353	517,741	3,005,094	1,551,862	3,844,249	5,396,110	8,401,204	14,153,478
Surgical Directorate	99,457	74,609	174,066	487,057	1,072,774	1,559,831	1,733,897	4,544,101
Women, Children + Clinical Serv.	754,217	473	754,691	1,213,778	879,817	2,093,595	2,848,286	2,276,820
Corporate Services	0	0	0	12,769	71,248	84,017	84,017	107,997
Health Board retained	**3,341,028**	**592,823**	**3,933,851**	**3,265,466**	**5,868,087**	**9,133,553**	**13,067,404**	**21,082,396**

Reduction year on year excl investment impact (HBR)	**8,014,992**
Adjustments for other RTP Progrmmes which include Supplementary Staffing to avoid Double count and investmetn in Recrutiment	1,633,247
NET IMPACT SUPPLEMENTARY STAFFING HEALTH BOARD RETAINED	**6,381,745**

The £5m target for supplementary staffing reduction was identified after taking account of the appropriate vacancy factor. The total spend on supplementary staffing can be seen in

Appendix A which maps the monthly spend for both medical and nursing workforce across both Health Retained and Health Delegated services. Supplementary staffing has significantly reduced particularly for the nursing workforce as seen in Appendix A.
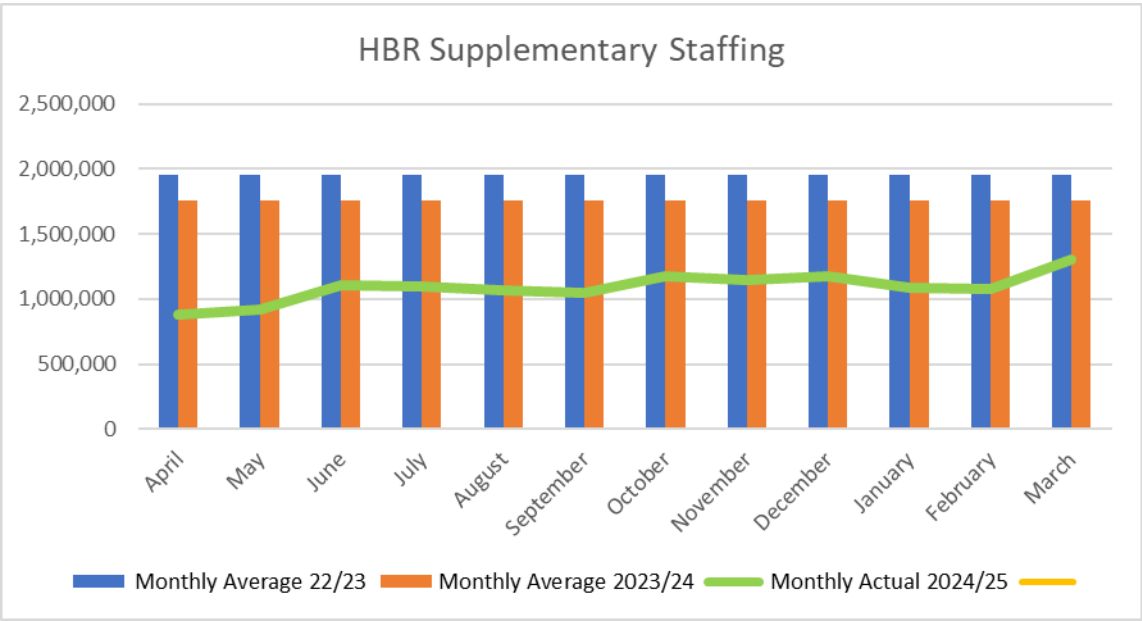
The chart above tracks the spend on supplementary staffing in 2024/25 and demonstrates how spend has consistently been less on average per month than the two previous financial years.

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

Medicines Optimisation

6.4 Medicines Optimisation workstream has delivered in excess of target at the end of March despite the challenges presented with shortages in the availability of some medicines and more expensive alternatives having to be prescribed. Work is underway to scope out opportunities for 2025/26.

Unscheduled Care bundle review

6.5 This scheme is slightly behind target and the level of savings which could be delivered was revised downwards. This position reflects the financial impact of the challenging winter environment the acute hospital is currently operating within. However, spend continues to exceed the funding allocation received from Scottish Government and savings plans continue to be scoped out to reduce expenditure in line with the available funding in 2025/26.

Estates Rationalisation

6.6 The Estates Rationalisation workstream has delivered more than target at the end of March. Significant cost reductions in Rates expenditure were received late in the financial year guaranteeing delivery of the target in the financial year.

Surge Bed Reduction

6.7 Despite the significant effort to reduce and hold the level of unfunded surge capacity challenges with flow across the acute site have resulted in savings not being achieved in line with the planned reduction. The service continues to review the workforce model, and a revised financial plan is expected which would require investment in permanent staff.

Non-Compliant Junior Doctor Rotas

6.8 Rotas continue to be compliant, and a higher level of savings than initially assessed was expected to be delivered. Due to previously unknown costs relating to previous rotations the anticipated year end forecast has not been achieved, however, the in-year level of savings delivered remains well in excess of the original planned target. However, it is essential to ensure work continues to maintain the current rota compliant position in the new financial year to avoid incurring significant unfunded expenditure.

Unfunded Covid Costs

6.9 The use of NRAC funding has significantly reduced the level of unfunded legacy costs. Remaining costs are primarily staff costs and work continues to identify appropriate and timely exit strategies.

Planned Care

6.10 The previously identified cost pressure within planned care has been mitigated by the receipt of additional recurring elective care funding. The new funding has also supported the operational costs of delivering robotic assisted surgery which was previously unfunded. Savings of £2.709m have been delivered which is significantly more than the planned £1.2m target.

External Care Providers

6.11 Approximately £2m of this cost pressure has been confirmed through realignment of budget for external providers for services to the IJB as agreed as part of the financial planning process. The remainder of the target, £3m, is in relation to SLAs predominately with other Scottish Health Boards. A national agreement has been reached on SLA uplifts for 2024/25 which confirms the SLAs with other health boards will not attract a CRES saving and therefore this element of the target will not be delivered.

Procurement

6.12 Whilst procurement savings are slightly behind plan in this financial year, on a recurring basis savings will deliver more than the plan. Savings delivered reflect reductions secured across theatres procurement budgets and other non-pay budgets across the acute services directorate.

Business Transformation

6.13 This savings scheme considers a range of different activities which affect the way we support and deliver clinical and non-clinical services. Several digital savings opportunities alongside vacancy management controls have secured savings to the end of March of £1.728m. Most of the savings secured are non-recurring to support the ongoing work of the business transformation programme which aims to deliver sustainable efficiencies in the subsequent financial year.

7   Brokerage

7.1 NHS Fife were advised by Scottish Government in January 2025, repayable brokerage of up to £37m would be made available to support NHS Fife achieve a balance position in 2024/25. Scottish Government also requested that we continue all our efforts to reduce this requirement as far as possible by the end of the financial year. At the end of the financial year, we will require repayable brokerage of £20.513m from Scottish Government to report a breakeven financial position and achieve our Revenue Resource Limit financial target.   Our final brokerage requirement represents a significant improvement on the original assessment of repayable brokerage required. Outstanding brokerage must be repaid when the NHS Board returns to financial balance. Guidance has been issued that all NHS Boards must report cumulative outstanding brokerage in their Board finance reporting.

Table - 9	£'000
Repayable Brokerage Position	**£'000**
Cumulative Brokerage Received	23,700
Brokerage 2024/25	20,513
Potential Repayable Brokerage by end 2024/25	**44,213**

We recognise that brokerage will not be available in 2025/26 for any Board. All Boards must work towards break-even and where that is not achieved, Boards will require to show a deficit position in the accounts leading to potential qualification and the issue of an Audit Scotland Section 22 report. This will be in addition to consideration of Board escalation status.

8   Capital

8.1 Our initial CRL received for the 2024/25 financial year was £7.764m. We made additional funding bids during the year and were successful in securing an additional £8.066m budget informing a total capital budget of £15.830m. The capital funding is illustrated in the table below. Within capital equipment expenditure three image intensifiers were received, evaluated and rejected as they were not fit for purpose. These items remain a priority, and we have signposted this with the National Equipment Lead, National Infrastructure Board, Scottish Government who has acknowledged this is a priority for 2025/26 for NHS.

Included in our total capital expenditure of £15.830m, was £2.473m spent on upgrading our Mental Health estate and £2.671m on Digital equipment and upgrades. Just over £3.2m was incurred on statutory compliance and backlog maintenance including Ward 6 at VHK, the QMH Gynaecology unit reconfiguration, Roads & Car parks, LED lighting alongside numerous other smaller schemes. Expenditure on capital equipment totalled just over £6m which included significant expenditure on radiology equipment.

The table below reflects a balanced position our capital budget securing delivery of the Capital Resource limit financial target for 2024/25.

Capital Funding Allocations 2024/25		£'000	£'000
Formula Capital	SG		7,764
Additional Allocations			
Medical Education	NES	944	
HEPMA	SG Support	723	
LIMS	National Share	69	
Greenspace Funding	Sustainability	35	
MRI Software Upgrade	SG	192	
Additonal Funding tranche 1	SG	4,116	
Additonal Funding tranche 2	SG	342	
Additonal Funding tranche 3	SG	1,126	
Laundry Equipment Funding	SG	130	
Mental Health Add Funding	SG	140	
Solar & LED Funding	SG	179	
Additional Endoscopy Funding	SG	562	
Cataract Equipment Funding	SG	407	
Subtotal Additional Allocations		**8,964**	
Capital to Revenue Transfer		(640)	
Equipment funding returned		(258)	
Total Additional Funding			8,066
Total Capital Funding 2024/25			15,830
Capital Spend for 24/25			15,831

9 Recommendation

Members are asked to **take moderate assurance on** the content of the report in relation to:

- The reported core revenue resource breakeven position will only be achieved through requesting brokerage of £20.513m from Scottish Government
- Over achievement of delivery against the in-year savings targets and the positive impact of that on the overall consolidated financial position.
- The reported overspend for the Health Delegated Services (IJB) of £16.17m and risk share transfer from Fifie Council of £4.728m, total £20.893m.
- Achievement of the Cash Requirement and Capital Resource Limit financial targets.

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

Appendix A – Supplementary Staffing

Supplementary Staffing April to March 2025

		April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Total	2024/25 Average per Month	2023/24 Average per Month	2022/23 Average per Month incl C-19
Health Board Retained	Medical NHS Locum	167,687	241,265	272,346	306,962	297,953	290,634	246,298	309,609	238,428	329,108	301,613	263,563	3,265,466	326,547	226,061	209,307
	Medical Agency	250,222	283,273	379,682	261,800	323,327	265,445	270,704	257,563	294,940	249,798	229,301	274,972	3,341,028	334,103	447,248	557,773
	Nurse Agency	163,400	29,917	53,835	13,978	39,763	37,962	51,818	13,230	63,359	58,982	29,313	37,268	592,823	59,282	519,260	632,325
	Nurse Bank	299,121	366,528	402,595	515,209	404,666	449,232	607,823	562,177	576,005	447,361	513,600	723,770	5,868,087	586,809	564,298	558,170
	Sub Total HBR	880,430	920,983	1,108,458	1,097,949	1,065,710	1,043,273	1,176,642	1,142,579	1,172,733	1,085,250	1,073,826	1,299,573	13,067,404	1,306,740	1,756,867	1,957,575
Health Delegated (H&SCP)	Medical NHS Locum	203,432	199,228	181,472	189,705	150,799	120,497	158,361	115,917	119,329	148,160	99,827	105,188	1,791,916	162,901	245,321	208,792
	Medical Agency	921,999	989,750	1,109,614	1,066,421	1,158,034	879,276	1,175,085	769,237	732,683	726,454	764,109	796,831	11,089,494	1,008,136	913,579	452,483
	Nurse Agency	441,085	336,583	220,756	242,605	265,659	224,574	124,256	9,903	38,367	39,879	55,456	26,816	2,025,939	184,176	505,706	602,075
	Nurse Bank	932,889	1,021,584	977,873	1,263,081	1,038,393	1,021,635	1,217,412	1,277,575	960,747	822,358	884,276	1,276,057	12,693,878	1,153,989	979,358	809,198
	Sub Total H&SCP	2,499,405	2,547,145	2,489,714	2,761,812	2,612,885	2,245,982	2,675,114	2,172,632	1,851,127	1,736,851	1,803,668	2,204,892	27,601,227	2,509,202	2,643,964	2,072,547
	Total	3,379,835	3,468,128	3,598,173	3,859,761	3,678,595	3,289,255	3,851,756	3,315,210	3,023,859	2,822,100	2,877,493	3,504,465	40,668,631	3,815,943	4,400,831	4,030,122

HBR Supplementary Staffing

Legend: Monthly Average 22/23 — Monthly Average 2023/24 — Monthly Actual 2024/25
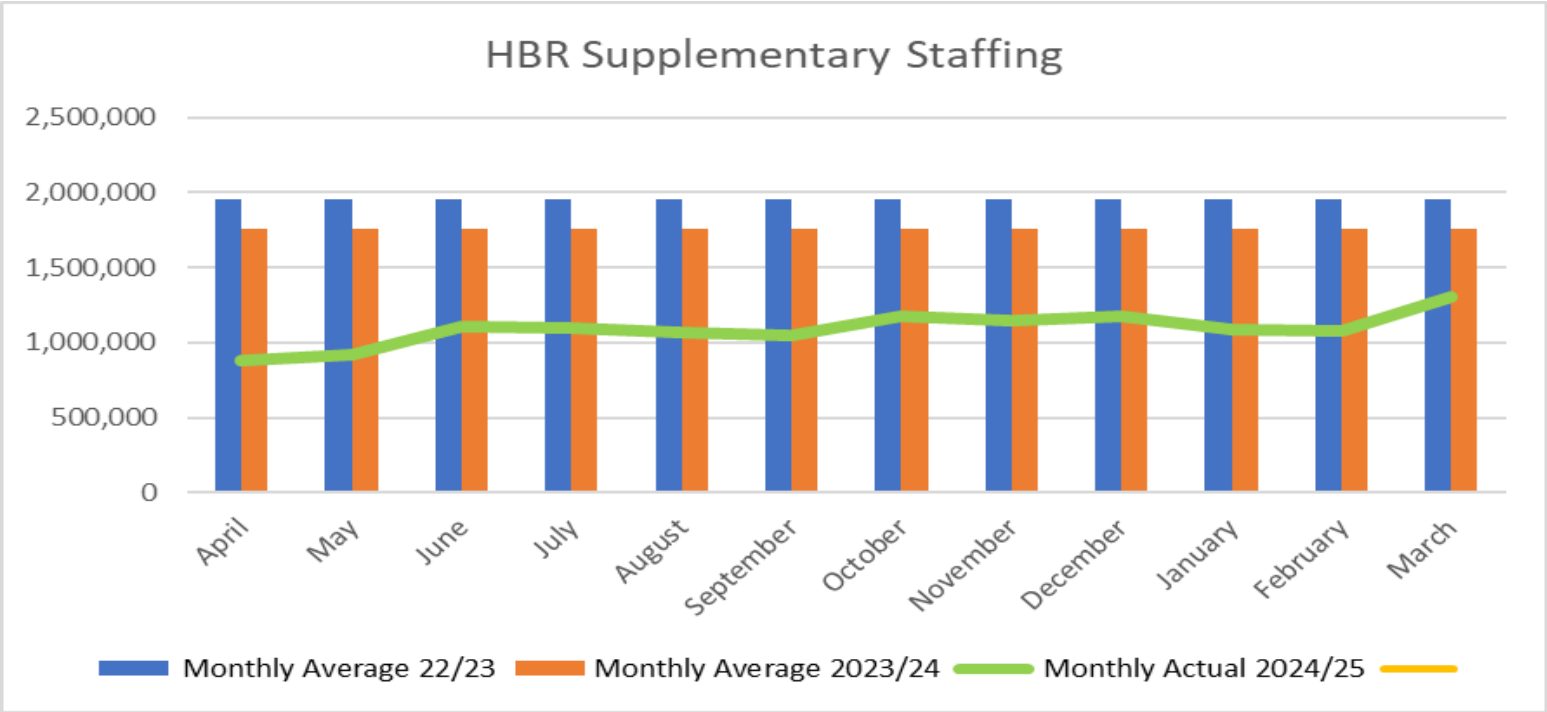
Appendix A Supplementary staffing contd.
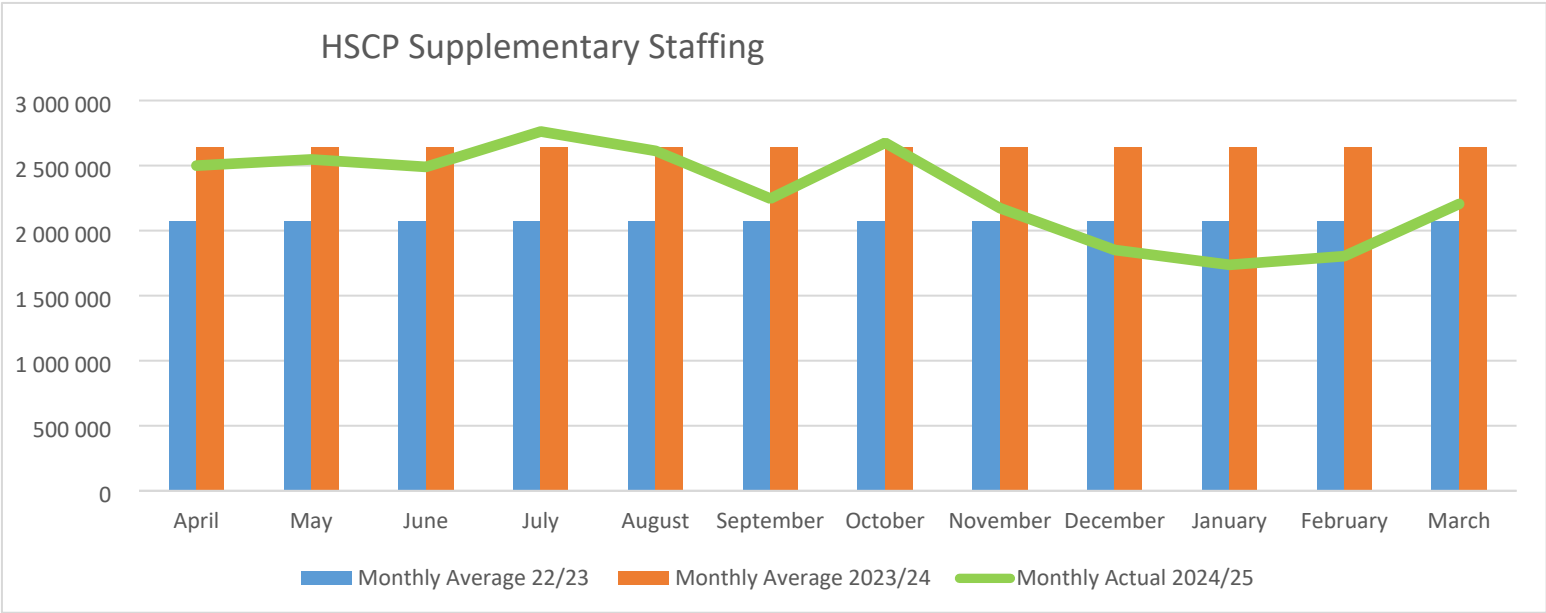
Bank and Agency Spend to March 2025	AGENCY AHP	BANK AHP	Total
	£	£	£
Medical Directorate	0	0	0
Surgical Directorate	4,182	16,694	20,876
Women, Children + Clinical Serv.	616,030	0	616,030
Corporate Services	0	0	0
Health Board retained	**620,212**	**16,694**	**636,906**
Community Care Services	217,101	0	217,101
Complex And Critical Services	0	0	0
Primary Care + Prevention Serv	0	0	0
Professional/business Enabling	0	0	0
H&SCP	**217,101**	**0**	**217,101**
Grand Total	**837,313**	**16,694**	**854,007**

Appendix B – Subjective Analysis
Health Board Retained

March 2025

Cost Type	Annual Budget £'000	YTD Budget £'000	YTD Spend £'000	YTD Variance £'000	Staff Est	Ave WTE	Current Month
Admin & Clerical	47,480	47,480	44,946	2,534	970.30	945.88	935.70
Allied Health Professionals	16,079	16,079	14,810	1,269	244.99	239.64	240.07
Budget Reserves -pay	2,665	2,665	7,365	-4,700		0.08	
Healthcare Sciences	11,040	11,040	10,730	310	175.68	172.56	169.63
Medical & Dental	93,140	93,140	94,903	-1,763	628.85	607.04	612.81
Medical Dental Support	3,092	3,092	3,214	-122	56.80	59.05	60.50
Nursing & Midwifery	128,284	128,284	130,595	-2,311	2,192.72	2,270.26	2,255.73
Other Therapeutic	16,060	16,060	15,200	860	283.97	255.80	272.47
Personal Social Care	892	892	1,216	-324	6.94	14.21	14.48
Senior Managers	1,978	1,978	1,935	43	25.00	21.12	21.13
Support Services	34,685	34,685	34,925	-240	889.37	840.83	923.72
Total Pay	**355,394**	**355,394**	**359,839**	**-4,445**	**5,474.62**	**5,426.48**	**5,506.24**
Budget Reserves Non Pay	1,850	1,850	-46	1,896			
Financial Flexibility	17,704	17,704	-1,979	19,683			
Cssd/diagnostic Supplies	5,832	5,832	6,928	-1,096			
Drugs	38,904	38,904	39,379	-475			
Equipment	8,410	8,410	9,911	-1,501			
Heating Fuel And Power	10,482	10,482	10,602	-121			
Hotel Services	6,392	6,392	7,494	-1,101			
Other Admin Supplies	10,664	10,664	11,455	-790			
Other Supplies	6,675	6,675	6,650	25			
Other Therapeutic Supplies	2,243	2,243	1,832	411			
Property	10,111	10,111	10,840	-730			
Surgical Sundries	20,978	20,978	23,206	-2,228			
Total Non Pay	**140,244**	**140,244**	**126,272**	**13,972**			
Purchase Of Healthcare	140,819	140,819	**149,170**	-8,352			
Total Purchase of Healthcare	**140,819**	**140,819**	**149,170**	**-8,352**			
Board Administration	0	0	**0**	1			
Family Health Services	6,811	6,811	**6,787**	24			
Total Family Health Services	**6,811**	**6,811**	**6,787**	**25**			
Other (inc Depreciation)	24,674	24,674	**24,674**	0			
Savings	-1,450	-1,450	0	-1,450			
Total Other	**23,224**	**23,224**	**24,674**	**-1,450**			
Right of use Asset/IFRS16	1,608	1,608	1,738	-130			
Total Expenditure	**668,101**	**668,101**	**668,481**	**-379**	**5,474.62**	**5,426.48**	**5,506.24**
Income	-45,155	-45,155	-45,915	760			
Total Net Expenditure	**622,946**	**622,946**	**622,566**	**380**	**5,474.62**	**5,426.48**	**5,506.24**

Appendix B contd– Subjective Analysis
Health Board Delegated

March 2025

Cost Type	Annual Budget £'000	YTD Budget £'000	YTD Spend £'000	YTD Variance £'000	Staff Est	Ave WTE	Current Month
Admin & Clerical	19,788	19,788	19,501	287	432.00	438.03	411.64
Allied Health Professionals	31,408	31,408	29,088	2,320	553.59	482.03	484.71
Budget Reserves -pay	115	115	0	115			
Healthcare Sciences	257	257	265	-8	5.39	5.11	4.48
Medical & Dental	27,109	27,109	32,013	-4,904	151.34	123.57	124.65
Medical Dental Support	2,864	2,864	2,664	200	69.37	57.96	60.02
Nursing & Midwifery	121,695	121,695	121,323	372	2,149.70	2,157.93	2,174.93
Other Therapeutic	11,193	11,193	11,366	-173	132.84	150.27	132.11
Personal Social Care	2,320	2,320	1,961	359	41.18	34.60	34.37
Senior Managers	170	170	119	51	1.00	0.73	1.00
Support Services	678	678	1,178	-500	1.81	17.36	15.74
Total Pay	**217,598**	**217,598**	**219,478**	**-1,880**	**3,538.22**	**3,467.58**	**3,443.65**
Allocations Awaiting Distribution	5,289	5,289	0	5,289			
Cssd/diagnostic Supplies	249	249	421	-172			
Drugs	12,259	12,259	13,540	-1,281			
Equipment	1,562	1,562	2,455	-893			
Heating Fuel And Power	85	85	-11	96			
Hotel Services	349	349	790	-442			
Other Admin Supplies	5,241	5,241	5,469	-229			
Other Supplies	507	507	325	182			
Other Therapeutic Supplies	372	372	178	194			
Property	380	380	660	-279			
Surgical Sundries	4,207	4,207	4,248	-41			
Total Non Pay	**30,499**	**30,499**	**28,075**	**2,424**			
Purchase Of Healthcare	51,969	51,969	60,261	-8,292			
Resource Transfer	21,459	21,459	21,444	15			
Total Purchase of Healthcare	**73,428**	**73,428**	**81,705**	**-8,276**			
Gds	29,510	29,510	29,510	0			
Gms	66,182	66,182	64,374	1,808			
Gos	8,911	8,911	8,911	0			
Gps	102,937	102,937	108,461	-5,524			
Total Family Health Services	**207,541**	**207,541**	**211,257**	**-3,716**			
Other (inc Depreciation)	49	49	49	0			
Savings	-9,443	-9,443	0	-9,443			
Total Other	**-9,394**	**-9,394**	**49**	**-9,443**			
Social Work Healthcare	7	7	8	-1			
Social Work Healthcare	**7**	**7**	**8**	**-1**			
Total Expenditure	**519,679**	**519,679**	**540,571**	**-20,893**	**3,538.22**	**3,467.58**	**3,443.65**
Income	-70,657	-70,657	-70,656	-1			
Total Net Expenditure	**449,022**	**449,022**	**469,915**	**-20,893**	**3,538.22**	**3,467.58**	**3,443.65**

NHS Fife

Meeting:	**Fife NHS Board**
Meeting date:	**27 May 2025**
Title:	**Appropriately Trained: Recovery Plans for Core Skills / Mandatory Training & PDPR Compliance Rates**
Responsible Executive:	**David Miller, Director of Workforce**
Report Author:	**Jackie Millen, Learning and Development Manager**

Executive Summary

This paper provides an update on current performance metrics of both Personal Development Plan Review (PDPR) completion and core skills/mandatory training compliance rates across the organisation.

This paper captures the progress made in the recovery plan implemented in December 2024 to drive up performance against two of NHS Fife's corporate objectives for 2024/25, i.e.;

    a) 80% compliance achieved by 31st March 2025 for all staff across our core skills/mandatory training suite and

    b) 60% of staff having completed a PDPR by 31st March 2025.

Appendix 1 illustrates the outstanding actions identified in December 2024 and progressed prior to 31st March.

The paper also includes a long-term sustainability plan identifying actions required to increase performance metrics into the 2025-26 reporting period as seen in Appendix 2.

The recovery plan and ongoing sustainability plan both outline a complex suite of activities, relying on multiple stakeholders and opportunities to remove barriers now, and for the longer term. The barriers are illustrated as either understood or likely at this time, with a view to continued investigation and resolution for increased performance now and longer-term sustainability, over time.

This paper provides a Limited level of assurance for PDPRs and a Moderate level of assurance for Core Skills / Mandatory Training.

1. Purpose

This report is presented for:
- Assurance

This report relates to:
- Legal requirement
- Local policy
- NHS Board Strategic Priority 3 To improve Staff Experience and Wellbeing

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

2. Report Summary

2.1 Situation

NHS Fife shows an overall core skills compliance rate of **66%** as at March 2025. The 2024/25 corporate target for core skills compliance rates is **80**% by 31st March 2025. NHS Fife has a shortfall of **14**%.

NHS Fife has a completion target of **60%** against PDPR completion rates. NHS Fife shows an overall compliance rate of **44.2%** against PDPRs as at 31st March 2025. NHS Fife has a shortfall of **15.8%.**

2.2 Background

Ensuring staff have an annual appraisal of performance is an integral strand of the Agenda for Change national agreement and staff governance standard 2 "appropriately trained". The core element is the Personal Development Plan and Review (PDPR) process underpinned by an electronic recording and monitoring system TURAS. It has been recognised that the most important element of the PDP process is the quality "face to face", meaningful discussion between reviewer and reviewee.

NHS Fife defines Mandatory core training as any training our employees must complete which complies with statutory legislation, national guidance, and regulatory frameworks. The Board's workforce is expected to comply with all mandatory core training requirements associated with their role.

2.3 Assessment

Achieving compliance with core skills and PDPR completion rates is challenging and requires dedication from every manager, employee, and NHS Fife. It is essential for everyone to recognise the significance of these metrics and our collective responsibilities in meeting them.

In December 2024, following the NHS Fife Board committee meeting held on 26th November, a short-term recovery plan was implemented. By the end of March 2025, a range of activities identified through this plan have been completed. However, a longer-term plan

is also required to redress and support the adoption of good practices as the norm across the organisation.

The progress made at 31st March 2025 in relation to the Action Plan activities include:

1. Data Reconciliation

- Regular email communications with reviewers and reviewees to reduce incomplete appraisal signoffs.
- Securing confirmation from managers that all paper-based appraisal conversations are accurately reflected in Turas Appraisal to support compliance reporting.
- Integrating 'standalone' Turas accounts into NHS employments. Between December 2024 and March 2025, 620 standalone accounts were linked to NHS Fife employments and are now included in Core Skills reporting.

2. Appropriate training provision

- Ensuring core skills training capacity was appropriate to meet demand levels. Training providers confirmed the number of spaces available up to 31st March 2025 will meet the levels required.
- Increased number of Turas Appraisal training session to meet anticipated level of demand in this area.
- Communications provided directly to all managers outlining Corporate Induction completion requirements. This has resulted in increased activity from managers requesting Corporate Induction packs for their new members of staff.

3. Service Engagement

- Core Skills and PDPR compliance reports provided to all Executive Directors detailing current Core Skills and PDPR compliance rates for all employees within their own services.
- Corporate Services managers informed of the expectation that 100% compliance is reached across both Core Skills and PDPR by 31st March 2025.
- Core Skills and PDPR compliance reports provided to all NHS Fife managers detailing current Core Skills and PDPR compliance rates for all employees within their own teams.
- Launch of eESS OBIEE Manager Compliance reporting dashboard and guidance for all NHS Fife managers. This dashboard enables managers to verify Core Skills compliance for their team members at a local level.
- Provision of Turas Appraisal reporting guidance to all managers.
- Core Skills diary launched detailing the learning required each year for all employees. This diary included the approximate completion times each year to support effective management of PLT and enhance PDPR conversations.

These initiatives have already yielded positive outcomes, with increases in both Core Skills and PDPR compliance by the end of March. Although, PDPR engagement has decreased by 0.1% from the 44.3% achieved in February, compliance levels at 31st March are 3.5% above the level achieved in March 2024. Organisationally, Core Skills compliance rose by 2% in March, reaching 66% by year-end.

Although an increase in overall compliance levels continues, attendance at practical training events is still challenging. During March, both Fire and Resuscitation training events reflected cancellation levels of 1% and 1.5% respectively. Additionally, the number of

spaces secured on Fire, Resuscitation and Manual Handling prior to delivery of training also decreased significantly in March with vacant places showing as 96 (Fire), 65 (Manual Handling) and 282 (Resus). Historically, training events were often fully booked but experienced high non-attendance however, during March non-attendance was less than 0.5% for all three topics.

Recovery plans 2024/25

Appendix 1 illustrates the updated recovery plan outlining the remaining actions in play to redress performance in the short term (i.e. up to 31st March 2025).

Results from the short-term recovery plan:

PDPR completion rates: Despite the increased actions identified in the recovery plan, the required 60% compliance level was not met by 31st March. Achieving the 65% compliance level by 31st March 2026 will require the extended efforts of all managers and employees in the HSCP & Acute services.

Core skills compliance rates: Although the enhanced level of activity across NHS Fife has resulted in an increase in compliance levels, the required target of 80% by 31st March has not been met. There may be further increases to this level through ongoing work to address standalone accounts, however the number of outstanding accounts may not be at a level to fully meet the 14% shortfall. To improve compliance levels are increased during 2025/26, extended efforts of all managers and employees in the HSCP & Acute services is required.

Recovery plans 2025/26

Appendix 2 illustrates some of the actions and opportunities to secure sustainable improvements in both performance metrics in 2025/26.

The actions that will be taken in relation to the Action Plan this year include, but are not limited to:

Data Reconciliation

- One-dotters: There are currently 279 'one-dotters' remaining however this may not be reflective of the previous work completed in this area as some of these may be more recent additions. Although any new joint agreements cannot be considered for the 2024/25 reporting period, work will continue to reduce this current level for 2025/26.
- Stand-alone accounts: Work will continue in this area to ensure all relevant standalone accounts are linked and included in Core Skills reporting in 2025/26. It is likely that this work will also contribute to an increase in compliance levels for 2024/25.
- Exploration of the 'gold file' upload with the eESS national team. SWISS data in Turas often reflects historical information and the provision of this file will address any discrepancies in data allowing for more accurate reporting on this platform.

2. Appropriate training provision

- Ensuring core skills training capacity continues to meet demand levels and that information delivered during these training events meets national, organisational and

legislative requirements. This will require ongoing commitment from all core skills training providers.

- Increased number of Turas Appraisal training sessions to meet anticipated level of demand in this area. This will include the recording of an instructor-led session, providing an alternative resource to eLearning for learners who cannot attend the online events.
- Introduction of refreshed Core Skills eLearning resources. This will include the new Once for Scotland resources currently under development through the national Protected Learning Time group and associated workstreams. This work will result in a change in Core Skills topics to align with those detailed in the PLT Circular however, this will be managed effectively on a local basis to ensure core skills compliance levels are not significantly impacted on a long-term basis.
- Implementation of the new Corporate Induction programme from May 2025. This programme will ensure new members of staff receive all core skills training required for their role prior to joining their teams. This will include CyberSecurity and Counterfraud eLearning to ensure effective transition to the new Core Skills requirements outlined in the PLT circular for this group.

3. Service Engagement

- PDPR and Core Skills workshops with Acute Services, HSCP and E&F teams to directly support effective management and engagement in PLT, Core Skills training and PDPR conversations. Early focus will be directed to teams or services where engagement levels in PDPR or core skills compliance is below 40%.
- Implementation of Turas Learn Manager reporting functionality enabling managers to verify training compliance on a live time basis for members of their team. These reports can be used alongside the eESS OBIEE manager dashboard report to form complete training histories for individual members of staff.
- Regular communications through available forums to encourage managers and employees to engage in PDPR and core skills learning to ensure compliance levels are increased.
- Communications to managers and employees to raise awareness of upcoming changes to Core Skills topics and encourage early engagement with new topics.
- Updating of Core Skills diary to reflect changes to Core Skills topics.

This report provides the following Level of Assurance:

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

2.3.1 Quality, Patient and Value-Based Health & Care

Providing quality care will be enhanced by a well-skilled workforce. Maintaining core skills compliance, and rates which reflect quality PDPR conversations, will ensure that all care is provided with up-to-date, relevant knowledge and skills at all times.

2.3.2 Workforce

Providing workforce with opportunities to enhance, or refresh, skills and knowledge will support the Staff Governance Standard for staff to be well informed, appropriately trained and provided with a continuously improving and safe working environment. It will also support the strategic priority of the Board to improve staff experience and wellbeing leading to an engaged and positive workforce.

2.3.3 Financial

The recovery plan outlined in this report is not expected to have any financial impact.

2.3.4 Risk Assessment / Management

Ongoing service pressures are a significant factor in the reduced level of training compliance. Improvements in training monitoring and reporting noted above are being progressed to address this issue and allow services to target their improvement work. Manager reports detailing Core Skills compliance and PDPR engagement are being issued with OBIEE reporting capacity now available.

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

The equality, diversity and human rights training introduces staff to equality legislation and explains how it protects different groups of people from discrimination and unfair treatment.

2.3.6 Climate Emergency & Sustainability Impact

No impact.

2.3.7 Communication, involvement, engagement and consultation

The proposed improvement actions were developed in consultation with the Director of Estates and Facilities and Director of Workforce. The paper was revised by the Associate Director of Culture, Development and Wellbeing.

2.3.8 Route to the Meeting

The Core Training Compliance updates and PDPR completion rates have previously been considered by the Executive Directors Group, Staff Governance Committee, Area Partnership Forum and NHS Fife Board in the last governance cycle i.e.;

- Executive Directors Group – 20 December 2024
- Staff Governance Committee – 7 January 2025
- Area Partnership Forum – 22 January 2025
- NHS Fife Board – 30 January 2025

This recovery plan instigated from the NHS Fife Board meeting on 26th November, will progress the governance cycle in the next quarter via;

- Executive Directors Group – 24 April 2025
- Staff Governance Committee – 13 May 2025
- Area Partnership Forum – 21 May 2025
- NHS Fife Board – 27 May 2025

2.4 Recommendation

This paper is provided to members for:

- **Assurance** – This report provides a Limited Level of Assurance for PDPRs and a Moderate level of assurance for Core Skills / Mandatory Training.

3. List of Appendices

There are 2 appendices with this report:

Appendix 1 illustrates the recovery plan and the actions that have been completed to date.

Appendix 2 illustrates some of the actions and opportunities to secure sustainable improvements in both performance metrics into 2025/26.

Report Contact:

Jackie Millen
Learning and Development Manager
Email: jacqueline.millen@nhs.scot

Appendix 1 illustrates the updated recovery plan outlining the remaining actions in play to redress performance in the short term (i.e. up to 31st March 2025).

NHS FIFE CORE SKILLS AND PDPR RECOVERY PLAN 2024-25

Mission	Vision	Strategic Outcomes	Specific Outcomes	Expected Outcomes
WHAT IS OUR ROLE AS AN NHS BOARD?	WHAT DOES OUR CORE PURPOSE NEED TO BE?	WHAT ARE THE BIGGEST FACTORS THAT WILL HELP TO ACHIEVE OUR MISSION?	WHAT DO WE NEED TO WORK ON, FOR EACH OF OUR STRATEGIC OUTCOMES, TO ACHIEVE OUR MISSION?	WHAT WILL BE DIFFERENT AS A RESULT?

To achieve 60% PDPR and 80% Core Skills Compliance levels by 31st March 2025

To foster a culture where every employee feels valued and engaged, and where prioritising learning and development ensures our workforce's safety by staying up-to-date and compliant with all mandatory training.

DATA RECONCILIATION

We will ensure all employee Core Skills learning data is reportable.

- Ensure all employee are assigned to the correct manager in Turas Appraisal
- Ensure accuracy of Manager reports before distribution in AS and HSCP
- Reduce number of partial appraisal sign-offs
- Reduce number of Standalone Turas accounts.

Employee data accuracy is increased thus building trust in managers around reporting functionality.
Core Skills engagement levels increase through Turas account – employment association.

TRAINING PROVISION

We will ensure training provision meets organisational requirements.

- Core Skills practical training providers ensure capacity levels are appropriate to meet demand.
- Increased number of Turas Appraisal training sessions provided.
- PLT Information sessions for managers provided.
- Provide information to managers through various communications forums on the associations between PDPR and Professional Registration requirements,

Increases in Core Skills compliance and PDPR engagement levels.

SERVICE ENGAGEMENT
We will ensure managers and employees are aware of their responsibilities in relation to PLT, Core Skills compliance and PDPR engagement.

- Issue Core Skills and PDPR reports to managers in AS and HSCP
- Launch eESS OBIEE reporting dashboard to NHS Fife and HSCP managers
- Ensure all new employees engage in current Corporate Induction programme.
- Encourage managers to redistribute PDPR/Appraisal conversations to responsible team members.
- Provide managers with guidance on accessing and interpreting Core Skills and PDPR reports.
- Sustainable recovery plans discussed with

Early initiation of sustainable results and resetting learning as a priority.
Short-term increase in Core Skills and PDPR engagement to meet March compliance deadlines.

Appendix 2 illustrates some of the actions and opportunities to secure sustainable improvements in both performance metrics into 2025/26.

NHS FIFE CORE SKILLS AND PDPR RECOVERY PLAN 2025-26

Mission	Vision	Strategic Outcomes	Specific Outcomes	Expected Outcomes
WHAT IS OUR ROLE AS AN NHS BOARD?	WHAT DOES OUR CORE PURPOSE NEED TO BE?	WHAT ARE THE BIGGEST FACTORS THAT WILL HELP TO ACHIEVE OUR MISSION?	WHAT DO WE NEED TO WORK ON, FOR EACH OF OUR STRATEGIC OUTCOMES, TO ACHIEVE OUR MISSION?	WHAT WILL BE DIFFERENT AS A RESULT?

To achieve 65% PDPR and 80% Core Skills Compliance levels by 31st March 2026

To foster a culture where every employee feels valued and engaged, and where prioritising learning and development ensures our workforce's safety by staying up-to-date and compliant with all mandatory training.

DATA RECONCILIATION

We will ensure all employee Core Skills learning and PDPR data is accurate and reportable.

- Implement clear processes for managers to provide updates to employee information (Turas)
- Reduce, and minimise the number of Standalone Turas accounts.
- Actively promote the reporting capabilities emphasizing the responsibilities of line managers and the commitments required from employees moving forward.

Employee data accuracy is increased thus building trust in managers around reporting functionality.
Core Skills engagement levels increase through Turas account – employment association.

TRAINING RESOURCES (all training providers)
We will ensure all training provision meets organisational requirements. We will ensure every employee has the resources needed to meet and maintain their Core Skills and PDPR compliance levels.

- Deliver refreshed Core Skills learning resources
- Deliver new Corporate Induction programme
- Create a Core Skills diary to inform learners of annual requirements.
- Provide combined core skills practical training sessions to support effective workforce planning for clinical teams.

Increases in Core Skills compliance and PDPR engagement levels.
Quality PDPR conversations.
Effective provision of Protected Learning Time

SERVICE ENGAGEMENT
We will ensure managers continue to provide opportunities, and monitor engagement, in Core Skills training and PDPR conversations.

- Engage in workshops with Acute Services, E&F and HSCP teams during February and March 2025 to support effective management of PLT, Core Skills training and PDPR engagement during 2025-26.
- Encourage managers to create their own Plan on a Page outlining their individual recovery and maintenance actions for Core Skills and PDPR.
- Deliver manager reporting functionality in eESS and Turas to support local and service reporting requirements.
- Support managers in using the NHS Fife Leadership Framework when engaging in PDPR conversations.
- Directly engage with teams/services where

Managers will take full responsibility for Core Skills training and PDPR engagement for their teams/service, ensuring that ensure every employee is appropriately trained and engaged in development conversations timeously.

NHS Fife

Meeting:	**Fife NHS Board**
Meeting date:	**27 May 2025**
Title:	**Corporate Risk Register**
Responsible Executive:	**Dr Christopher McKenna, Medical Director, NHS Fife**
Report Author:	**Dr Shirley-Anne Savage, Associate Director for Risk and Professional Standards, NHS Fife**

Executive Summary

- The report highlights a number of updates to existing risks and also reflects potential risks emerging in the system.
- Hospital Acquired Harm, Substance Related Morbidity and Mortality and Oral Health are here for consideration for adoption by the Board.
- This report provides the latest position in relation to the management of corporate risks. Members are asked to take a **"moderate" level of assurance** that, all actions, within the control of the organisation, are being taken to mitigate the risks as far as is possible to do so.

1   Purpose

This report is presented for:

- Assurance

This report relates to:

- Annual Delivery Plan
- Emerging issue
- Local policy
- NHS Board / IJB Strategy or Direction / Plan for Fife
- NHS Fife Board Strategic Priorities
  - To Improve Quality of Health & Care Services
  - To Deliver Value and Sustainability
  - To Improve Health & Wellbeing
  - To Improve Staff Experience and Wellbeing

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

This paper provides an update on the Corporate Risk Register since the last report to the Board on September 2024. The information reflects the risks being reported through the May 2025 round of governance committee meetings.

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.

2.3 Assessment

The corporate risks are summarised in Table 1 below and at Appendix 1.

Risk Title	Target Score	Current Score	Feb 2025	Dec 2024	Oct 2024	Aug 2024	June 2024	April 2024	Risk Appetite
1. Population Health & Wellbeing Strategy	12	12	12	12	12	12	12	12	Below
2. Health Inequalities	16	16	16	20	20	20	20	20	Within
4. Policy obligations in relation to environmental management and climate change	10	12	12	12	12	12	12	12	Below
6. Whole System Capacity	16	20	20	20	20	20	20	20	Above
7. Access to outpatients, diagnostic and treatment services	16	20	20	20	20	20	20	20	Above
8. Cancer Waiting Times	12	15	15	15	15	15	15	15	Within
9. Quality & Safety	6	12	12	12	12	12	12	12	Within
10. Primary Care Services	12	12	16	16	16	16	16	16	Within
11. Workforce Planning and Delivery	8	16	16	16	16	16	16	16	Above
12. Staff Health and Wellbeing	8	16	16	16	16	16	16	16	Above
13. Delivery of a balanced in year financial position	25	25	25	25	25	25	25	16	Above
14. Delivery of recurring financial balance over the medium-term	20	25	25	25	25	25	25	16	Above
15. Prioritisation and management of capital funding	8	12	12	12	12	12	12	12	Within
17. Cyber resilience	12	16	16	16	16	16	16	16	Above
18. Digital and Information	12	15	15	15	15	15	15	15	Within
19. Implementation of Health and Care (Staffing) (Scotland) Act 2019 [HCSA]	9	9	9	9	9	12	12	12	Within
20. Reduced Capital Funding	12	20	20	20	20	20	N/A	N/A	Above
21. Pandemic Risk	20	20	20	20	20	N/A	N/A	N/A	Within
22. Hospital Acquired Harm (Awaiting endorsement)	12	15	15	N/A	N/A	N/A	N/A	N/A	Within
23. Substance Related Morbidity and Mortality (Awaiting endorsement)	15	20	20	N/A	N/A	N/A	N/A	N/A	Within
24. Oral Health (Awaiting endorsement)	16	20	N/A	N/A	N/A	N/A	N/A	N/A	Within

- The risk level breakdown is - 12 high and 6 moderate
- Three new risks are here to seek agreement from the Board for adoption
  - Risk 22 Hospital Acquired Harm (currently high) – deep dive discussed at CGC on the 7 March 2025 and supported on 13 March 2025 at the ARC meeting.
  - Risk 23 Substance Related Morbidity and Mortality (currently high) – deep dive discussed at PHWC on 13 January 2025 and discussed and supported at the 15 May 2025 ARC meeting
  - Risk 24 Oral Health – deep dive discussed at the PHWC on the 12 May 2025 and supported at the15 May 2025 ARC meeting.

4 risks align to *Strategic Priority 1: To improve health and wellbeing.*
The Board has a Hungry appetite for risks in this domain. Three risks are within and two risks below risk appetite.

6 risks align *Strategic Priority 2: To improve the quality of health and care services.*
The Board has an Open appetite for risks in this domain. Two risks are above risk appetite and five within.

2 risks align to Strategic Priority 3: *To Improve Staff Experience and Wellbeing.* The Board has an open appetite for risks within this domain. Both are above risk appetite.

6 risks align to *Strategic Priority 4: To Deliver Value and Sustainability.*
The Board has an Open appetite for risks in this domain. Fife risks are above risk appetite and one within.

With the agreement of the new risk appetite, it is timely to give consideration as to how we can use the risk appetite to help manage our corporate risks and start to include this within our discussions. This will be a priority during 2025/26.

Key Updates

Risk 1 – Population Health & Wellbeing Strategy
The PHW Strategy Annual Report is due in May 2025.

Risk 2 – Health Inequalities
The Deep Dive has been refreshed and will be brought to PH&WB for July meeting.

Risk 7 – Access to Outpatients, Diagnostics and Treatment Services
Planning for delivery of the targets for 25/26 completed with additional funding bids submitted to SG. Early indication that bids have been successful for all specialties (apart from Vascular), however formal letter of funding guarantee yet to be received. Risk – delay in start to delivery of plans could adversely affect ability to reach SG target of no patients waiting over 52 weeks by March 2026.

Risk 9 - Quality and Safety
The Organisational Learning Leadership Group (OLLG) is starting to shape the workplan for 2025/2026. A key focus of this work is the Clinical Organisational Learning Event which launched on 9th April. This event extrapolates learning of organisational significance and brings multiprofessional groups together across the NHS Fife healthcare system to share learning as a collective. Topics presented at the event will be referred from the Significant Adverse Event Panel, Clinical Governance Meetings and individuals who are eager to share learning. Each meeting will have topics under the following themes:

-     Learning from celebrating success
-     Learning from things that haven't gone well
-     Micro learning e.g. human factors or the Infected Blood Inquiry

The content of presentations and recording of the presentation will be shared on the Organisational Learning Blink page. Topics which are not presented but are of significance will also be uploaded to this page.

Risk 10 – Primary Care Services

The Performance and Assurance Framework is now in place with regular reporting to PCGSOG. This was ratified by PCGSOG on 4 April 2025.

The risk level improved from high 16 to moderate 12 reaching its target, with the aim to maintain this level over the coming year.

Risk 13 – Delivery of a Balanced In-Year Financial Position

At the end of period 11 there is a reasonable level of confidence we will achieve the full 25M (3%). The overspend for the health board retained budget to the end of February of £17.057m includes a continuation of the underlying and current cost pressures described in the financial plan.

At the end of February, the projected overspend for health board retained is much improved when compared with the original planned residual deficit. This improvement is however limited to the health board retained budget position.

The IJB position has deteriorated further with their current forecast outturn (January position) indicating a projected deficit of £36.990m but with further additional risk of £1.650m identified in respect of GP prescribing and a particularly high cost patient requiring specialist out of area treatment.

The increasing deterioration in the IJB position will make it very difficult for the overall Board position to meet or improve on the forecast deficit reported in the financial plan in March 2024.

Scottish Government have confirmed a maximum amount of repayable brokerage will be available to NHS Fife for 2024-25 of up to £37m but have requested we continue to collaborate with partners to reduce this requirement as far as possible throughout the remainder of the financial year.

This risk will be re-set at the next round of committees to reflect the coming year 2025/26.

Risk 14 – Delivery of a Balanced In-Year Financial Position

The Board approved the Medium-Term Financial Plan 2025/26 to 2027/28 at the end of March 2025.

The plan incorporates the one-year funding settlement advised by Scottish Government on 4 December 2024. Additionally, the plan includes further funding announcements advised by Scottish Government in relation to additional New Medicines Funding and Sustainability Allocations since December 2024.

Both Acute and IJB services continue to be under significant financial and service pressure resulting from underlying deficits compounded by demand and capacity challenges. We will require to continue to work collaboratively across the health and care system to ensure the best possible use of resources and capacity, address variation and improve productivity and efficiency.

The inclusion of the sustainability payments announced by Scottish Government for 2025/26 alongside an improved underlying recurring deficit and increased savings opportunities, has significantly improved the financial position for the board leaving a residual unidentified savings gap of £9.2m to be scoped out equivalent to 0.98% of our baseline Revenue Resource Limit.

Our approach to financial recovery will be delivered by our new Re-form, Transform and Perform Framework Year 2 (RPT2). Targeting recurring savings of £28.573k in 2025/26.

Further work will continue to improve on the level of identified savings with a particular emphasis on the impact of transformation on our cost
base in the latter 2 years of the plan.

SG approval of the of our MTFF was received on the 31 March 2025.

Risk 18 – Digital & Information
A strategy completion report was presented to the NHS Fife Board in November 2024 outlining the scale of demand.

Digital and Information operate within the financial governance structure of NHS Fife and participate in the planning and governance work of FCIG, where capital allocations are agreed, following consideration of risk, to support Infrastructure lifecycle activities.

A revised Digital Framework is being created via the Digital Information Board and will be presented to governance committees for review and comment in 2025 and will outline financial pressures and workforce planning, to support the mitigation of this risk.

Work continues of service lead prioritisation of digital activities.

Risk 15 - Prioritisation and management of capital funding & Risk 20 - Reduced Capital Funding
Consideration is being given as to whether these two risks can be merged.

Risk 19 - Implementation of Health and Care (Staffing) (Scotland) Act 2019 [HCSA]
Consideration is being given as to whether this risk can now be closed.

Risk 23 – Substance Related Morbidity and Mortality

Implementation of the Medication Assisted Treatment (MAT) Standards 2021.
ADP have completed its fourth year of the programme and are able to comply with Public Health Scotland assessments to measure implementation progress across the system of care. Fife ADP and NHS Fife's progress will be published in a national report in July 2025

Implementation of the New Fife Alcohol and Drug Partnership Strategy 2024-2027.
ADP have completed their 1st year delivery plan with partners including NHS Fife. Most actions are completed, and others have continued into the second year.

Development of the New Drug Alert Process and Protocol & Communication Strategy 2024.
Completed in partnership with NHS Fife Public Health and approved by the ADP Committee. A library of alerts are in development with support from HSCP Comms. ADP are able to identify, assess and respond to new and emergent risk on a national and local level within agreed timescales.

Ensure appropriate testing and referral pathways for SH&BBV.
Completed workshop based on latest data from NESI (National Needle Exchange Survey Initiative) focussing on improvements needed to address increased crack-cocaine smoking, lower rates of Hep C testing in Fife, increased severe soft tissue

infection and low foil uptake. An action plan is in development. Furthermore, NHS Fife Addictions are developing testing protocols and refocussing workforce to increase testing rates with NHS SH&BBV support.

High Risk Pain Medication

Data has been gathered from patients with lived/living experience in NHS Fife Addictions Service and their use of HRPM to provide a clearer understanding of their risks. Data yet to be analysed and themed but likely to have a substantial impact on improvement plan for safety and reduce of risk to this patient group. NHS Fife wide consultation planned to share learning from recent Drug Related Deaths to include broader actions for prevention.

Improvement from prison/police custody to NHS Addictions Service pathways for patients liberated.

Liberation Right subgroup established within ADP structure. Over 50 people have been discussed within the first quarter. The discussions have supported people returning to Fife to register with GPs before leaving custody as well as continuing their addiction treatment and sourcing appropriate housing. Further outcomes will be developed for the 6-month evaluation. NHS Fife contributed fully to these meetings.

Details of all risks are contained within Appendix No. 1.

Next Steps

The Corporate Risk Register will continue to evolve in response to feedback from this Committee and other stakeholders, including via Internal Audit recommendations. The Register will require to adapt to reflect the current operating landscape, and our risk appetite in relation to changes in the internal and external environment including developments associated with the Reform, Transform, Perform Programme.

The Risks and Opportunities Group will seek to enhance its role in the identification and assessment of emergent risks and opportunities and make recommendations on the potential impact to the Board's Risk Appetite position. The Group will also contribute to the development of the process and content of Deep Dive Reviews.

This report provides the following Level of Assurance:

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

2.3.1 Quality, Patient and Value-Based Health & Care

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

2.3.2 Workforce

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

2.3.3 Financial

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

2.3.4 Risk Assessment / Management

Management and oversight of the corporate risks continue to be maintained, with risk reporting provided regularly to the relevant groups and committees.

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

There are not considered to be any direct implications associated with this report.
However, equality and diversity, health inequalities and anchor institution ambitions are considered as part of the review and deep dive process for individual corporate risks.

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 particularly in relation to Risk 4 - Policy obligations in relation to environmental management and climate change.

2.3.7 Communication, involvement, engagement and consultation

This paper reflects engagement with Executive and Non-Executive Directors, the Director of Digital & Information, the Associate Director for Risk & Professional Standards and discussions within the Risks and Opportunities Group.

2.3.8 Route to the Meeting

- Christopher McKenna Medical Director on 29 April 2025
- Audit and Risk Committee 15 May 2025

2.4 Recommendation

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

- The Board are asked to give consideration for adoption of the Hospital Acquired Harm, Substance Related Morbidity and Mortality and Oral Health risks onto the Corporate Risk Register.

3 List of appendices

Appendix 1 - NHS Fife Corporate Risk Register as at 22 April 2025

Report Contact
Dr Shirley-Anne Savage
Associate Director for Risk and Professional Standards
Email shirley-anne.savage@nhs.scot

No	Strategic Priority and Risk Appetite	Risk Title and Description	Mitigation	Risk Appetite Status	Current Risk Level/ Rating	Target Risk level & rating by dd/mm/yy	Current Risk Level Trend	Risk Owner	Primary Committee
1	HUNGRY	**Population Health and Wellbeing Strategy** There is a risk that the ambitions and delivery of the new organisational Strategy do not deliver the most effective health and wellbeing and clinical services for the population of Fife.	The strategy was approved by the NHS Fife Board in March 2023. This is in the context that the management of this specific risk will span a number of financial years. The service, workforce and financial challenges may have an impact on the scope and pace of the delivery of the ambitions within the Strategy. Reporting of progress against the strategy is through the published PHW Annual and Mid-Year Reports including public health metrics and case studies. The PHW Strategy Annual Report is due in May 2025. In 2024/25, assurance of delivery can be evidenced through the Annual Delivery Plan 2024/25, Corporate Objectives and RTP. Regular Board updates describe the progress against these plans. The transformation agenda taken forward through RTP will inform opportunities to work towards the delivery of the strategic ambitions and reshape if necessary.	Below	Mod 12	Mod 12 by 31/03/26	◄►	Chief Executive	Public Health & Wellbeing (PHWC)
2		**Health Inequalities** 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,	Public Health and Wellbeing Committee established, with the aim of providing assurance that NHS Fife is fully engaged in supporting wider population health and wellbeing for the local population.	Within	High 16	High 16 by 31/07/25	◄►	Director of Public Health	Public Health & Wellbeing (PHWC)

		HUNGRY	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.	The Population Health and Wellbeing Strategy is monitoring actions which will contribute to reducing health inequalities. Consideration of Health Inequalities within all Board and Committee papers. Leadership and partnership working to influence policies to 'undo' the causes of health inequalities in Fife. Development of Anchors strategic plan with links to addressing determinants of health inequalities. Key achievements to date: - Real Living Wage accreditation achieved - 100% of newly awarded contracts of 50K and over are with Real Living Wage accredited businesses - Eight employability programmes in place and engaging with Local Employability partnership - Baseline reporting in place to track spend on local businesses within Fife Fife Partnership are preparing to refresh their 10-year plan, with a focus on the Marmot principles. They are working to identify which interventions are most impactful in closing the health inequalities gap. This will also provide an opportunity to learn from other areas. Prevention and early intervention strategy has recently been ratified by the NHS Board. Public Health supported development of the 'Fair financial decision making' checklist to ensure that financial decisions under RTP take into account impacts on protected characteristics and inequalities.						

| | | | A workshop to explore development of Inclusion Health Network has taken place that will seek to provide a focal point for a range of partners, including the Third sector. This network will advocate for the resolution of issues faced by inclusion health groups such as those who are homeless.

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

The Deep Dive has been refreshed and will be brought to PH&WB for July meeting. | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 4 | **HUNGRY** | **Policy obligations in relation to environmental management and climate change**

There is a risk that if we do not put in place robust management arrangements and the necessary resources, we will not meet the requirements of the 'Policy for NHS Scotland on the Global Climate Emergency and Sustainable Development, Nov 2021.' | Robust governance arrangements remain in place including an Executive Lead and a Board Champion. Further appointments have been made which include a lead for Clinical Sustainability and a non-exec Sustainability Champion.

Regional working group and representation on the National Board is ongoing. The RTP infrastructure and change board has evolved to now include sustainability projects designed in response to the NHS Scotland Climate Change Emergency & Sustainability Strategy 2022 – 2026.

Active participation in Plan 4 Fife continues.

The NHS Fife Climate Emergency Report and Action Plan have been developed. These form part of the Annual Delivery | Below | Mod 12 | Mod 10 by 01/10/25 | ◄► | Director of Property & Asset Management | Public Health & Wellbeing (PHWC) |

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Plan (ADP). The Action Plan includes mechanics and timescales.

Our objectives are set out and monitored through Section 10 of the ADP

Work is ongoing with SG, Fife Council and East Region to include innovation in energy generation etc.

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

The Board's Climate Change Annual Report was prepared for submission to PHWC in January 2024 and thereafter to Scottish Government (SG) and has been published as per the requirements of the policy DL38.

Resource in the sustainability team has increased to 4 FTE's in total including an energy manager who will be key in supporting the requirements of the strategy and policy.

A partnership plan for Fife Council, Fife College and University of St Andrews has progressed and was agreed by Fife Leadership Board March 2025. This set out the agreed objectives and milestones discussed in the 'addressing the climate emergency working group' and formally creates joint actions we will work on as part of the climate emergency in Fife.

A corporate risk deep dive was produced in October 2024 on the risk of Environmental Management & Climate change. This was to ensure there will be

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| 6 | OPEN | **Whole System Capacity**

There is a risk that NHS Fife may be unable able to provide safe and effective care to the population of Fife as a result of workforce capacity, significant and sustained unscheduled care and planned admission activity to the Victoria Hospital, as well as challenges in achieving timely discharge to downstream wards and provision of social care packages. | effective management of the risk that will allow us to meet our strategic priorities.

The risk descriptor has been updated. The updated wording of the risk reflects the ongoing significant and sustained admission activity to acute services, combined with challenges in achieving timely discharge to downstream wards and/or provision of social care packages, that the management of Acute hospital capacity and flow will be severely compromised.

Management data from winter demonstrates re-direction via FNC and NHS 24 is having an impact in reducing demand month on month and our work to embed Discharge Without Delay (DWW) and Home First continues to provide improvements and learning. A system wide lessons learnt & planning workshop was held on 26/2/25 which identified further system wide improvements.

The combination of application of our OPEL process on a daily basis and the improvement work through our Integrated Unscheduled Care and Planned Care programmes provides the operational and strategic response to the challenges posed through this risk.

The System Flow Operational Group meets weekly with senior operational managers to review and plan capacity and flow across the Fife health and care system with escalation to the Integrated Unscheduled Care Board.

Whole System Essential Flow Verification provides assurance that all patients identified as clinically fit or with a Planned Date of Discharge are reviewed daily. Weekly ASD Long Length of Stay (LoS) verification group to review and action | Above | High 20 | High 16 by 31/03/26 | ◄► | Director of Acute Services | Finance, Performance & Resources (F,P&RC) |

| 7 | OPEN | **Access to outpatient, diagnostic and treatment services**

There is a risk that patient outcomes may be adversely impacted by NHS Fife's challenge in delivering the waiting times standards due to ongoing unscheduled care pressures and demand exceeding current capacity. | LoS. Weekend verification group reviews the number of discharges and staffing ahead of weekend.

Planning for 2024/25 has been completed in line with planning guidance letter received on 24/01/24.

The issue of the confirmed funding being 1M less than the committed staff costs has now been resolved as the Scottish Government have confirmed a further 3.4M to maintain 2023/24 activity levels. The Board has also successfully secured non-recurring funding from the 30M available nationally to support elective waiting times.

The Planned Care Plan was approved by the FP&R Committee at the July meeting. This includes additional clinics, enhanced vetting and increased theatre capacity as well as funding additional medical posts (urology, neurology, gynaecology and ENT).

The Integrated Planned Care Programme Board continues to oversee the productive opportunities work and this along with ongoing waiting list validation seeks to maximise available capacity.

Speciality level plans in place outlining local actions to mitigate the most significant areas of risk. Focus remains on urgent and urgent suspicious of cancer patients however routine long waiting times will increase.

Weekly waiting times meetings to review and action long waits. Monthly meeting to review and develop longer term plans to improve waiting times. | Above | High 20 | High 16 by 31/03/26 | ◄► | Director of Acute Services | Finance, Performance & Resources (F,P&RC) |

			Monthly meetings with Scottish Government to monitor delivery against the annual plan. The governance arrangements supporting this work continue to inform the level of risk associated with delivering against these key programmes and mitigate the level of risk over time. Discussions continue with Scottish Government around the need for additional funding to help reduce the waiting times for long waiting routine patients. Confirmation was received from Scottish Government in September that no further additional funding will be received for this financial year. December 24 Outpatient and IPDC services continue to work within trajectories however risk of cancellations during winter pressures could adversely impact performance against previously submitted plans. The anticipated Q2, Q3 and Q4 funding for Radiology with the exception of mobile imaging monies submitted against bids for 30m non-recurring funding has ceased. This will adversely affect performance in the latter part of the year particularly impacting ultrasound waiting times where there has been significant improvement in Q1. Projected 90% of patients waiting less than 6 weeks will not be sustained. Priority continues to focus on our urgent and urgent suspicion of cancer patients as well as treating patients based on clinical prioritisation, validating waiting lists and reprioritising patients where						

			indicated and reducing the number of long waiting patients. February 25 Further to planning guidance received from SG on 20th December 24, NHS Fife has submitted first draft of trajectories for 25-26. This includes RAG status against the likelihood of delivering planned care targets for TTG and OPs – no waits over 52 weeks by March 26 and for delivering standards for diagnostics and cancer. Discussions with SG are ongoing. Priority continues to focus on treating our urgent and urgent suspicion of cancer patients as well as reducing the number of long waiting patients. April 2025 Planning for delivery of the targets for 25/26 completed with additional funding bids submitted to SG. Early indication that bids have been successful for all specialties (apart from Vascular), however formal letter of funding guarantee yet to be received. Risk – delay in start to delivery of plans could adversely affect ability to reach SG target of no patients waiting over 52 weeks by March 2026.						
8	OPEN	**Cancer Waiting Times (CWT)** There is a risk that patient outcomes may be adversely impacted by NHS Fife's ongoing challenge in meeting the cancer waiting times standards due to increasing patient referrals, complex cancer pathways and service capacity.	Operational risks around Pharmacy and SACT nursing capacity has been escalated. A review of the SACT Unit and nursing workforce is underway. Two ANPs and a Pathway Navigator has been recruited. There has been a Specialty Doctor recruited in Haematology and the consultant vacancy is supported by agency locums.	Within	High 15	Mod 12 by 31/03/26	◄►	Director of Acute Services	Finance, Performance & Resources (F,P&RC)

| | | | | The prostate project group is under review to incorporate learning from the Lanarkshire Model.
The Nurse-led model went live in August 2023 however there has been reduced activity due to training of a replacement staff member. The Evaluation of this project currently being undertaken with an update from University of Stirling expected.

Introduction of consultant lead specific to cancer services in Urology. 1 session per month, with a cancer meeting bi-monthly. There will be an increased focus on challenged cancer pathways within the speciality, focussing on the prostate pathway and MRI/TP biopsy delays. A Urology surgeon is being trained training in Prostate modality to increase RALP capacity. There will be an increased focus on renal and bladder pathways. The team are looking at the potential to carry out bladder cancer in QMH increasing capacity and reducing waiting lists.

Funding for channelled endoscopes has been supported to improve waits in the head and neck pathway.

Forth Valley supports mutual aid breast clinics to ensure performance is maintained. Radiology are aiming to recruit a general radiologist with a breast sub specialty. The team are collaborating with radiology to expedite hormone results to ensure timely treatment.

Upper GI pathway has been challenged due to vacancies, however, final interview for specialist nurses in February 2025 with opportunities for improvement being continually sought | | | | | | |

			Fortnightly meetings with Scottish Government (SG) and quarterly monitoring of the Effective Cancer Management Framework is currently under review. Single Point of Contact Hub (SPOCH) continues to effectively support initiation of the Optimal Lung Cancer and support the negative qFIT pathway. To remove patients from the lung pathway in a timely manner the Hub advises patients of 'good news' albeit the service has had both sickness and vacancy challenges. Support from Health Records has helped timely appointments for patients referred urgent suspected cancer. The Cancer Framework is under review to ensure alignment with the Scottish Cancer Strategy. The Actions for 2025-26 are being agreed. The governance arrangements supporting this work will inform the level of risk associated with delivering against these key programmes and reduce the level of risk over time. Cancer Waiting Times funding will be provided on a recurring basis from 2024-25. Bids have been prioritised to support improvement. A review of funding will take place for 2025-26 ADP Actions for 2025/26 have been drafted.						
9	OPEN	**Quality & Safety** There is a risk that if our governance, arrangements are ineffective, we may be unable to recognise a risk to the quality of services provided, thereby being unable to provide adequate assurance and possible impact to	Effective governance is in place and operating through the Clinical Governance Oversight Group (CGOG) providing the mechanism for assurance and escalation of clinical governance (CG) issues to Clinical Governance Committee (CGC).	Within	Moderate 12	Low 6 by 31/10/25	◀▶	Medical Director	Clinical Governance (CGC)

| | | the quality of care delivered to the population of Fife. | There are also effective systems & processes to ensure oversight and monitoring of national & local strategy / framework / policy /audit implementation and impact.

One of the root causes of this risk is that there are "no effective system of supporting effective organisational learning".

The Organisational Learning Leadership Group (OLLG) is is starting to shape the workplan for 2025/2026. A key focus of this work is the Clinical Organisational Learning Event which launched on 9th April. This event extrapolates learning of organisational significance and brings multiprofessional groups together across the NHS Fife healthcare system to share learning as a collective. Topics presented at the event will be referred from the Significant Adverse Event Panel, Clinical Governance Meetings and individuals who are eager to share learning. Each meeting will have topics under the following themes:

- Learning from celebrating success
- Learning from things that haven't gone well
- Micro learning e.g. human factors or the Infected Blood Inquiry

The content of presentations and recording of the presentation will be shared on the Organisational Learning Blink page. Topics which are not presented but are of significance will also be uploaded to this page.

Another change which aligns to the work of the OLLG and the Adverse Events Improvement Plan is that from 1st August all significant adverse events graded as a 4 (i.e. ("*A different plan and or delivery of* | | | | | | |

10									

#	Risk Diagram	Risk Title & Description	Assurance / Controls		Current Risk	Target Risk	Trend	Lead	Committee

Row 10:

care, on balance of probability, would have been expected to result in a more favourable outcome, i.e. how case was managed had a direct impact on the level of harm") will now have the associated improvement plans returned to the Executive SAER panel for oversight and monitoring of improvement actions.   The next phase of this work is to embed governance processes for outcomes 1-3 within divisional clinical governance structures.

The intention is to redefine the risks relating to Quality and Safety beyond the process/governance focus that we currently have.

10

OPEN

Primary Care Services

There is a risk that due to a combination increasing demand on Primary Care services, resource challenges including workforce and finance and adequate sufficient premises, service delivery may be compromised impacting on sustainability and quality of care to the population of Fife

A Primary Care Governance and Strategy Oversight Group (PCGSOG) is in place.

A Primary Care Strategy was developed following a strategic needs analysis and wide stakeholder engagement. This was approved at IJB in July 2023 and is now moving to implementation. This is a 3-year strategy focused on recovery, quality and sustainability. The Annual Report for year one of delivery of the strategy was presented and approved at the PCGSOG on 16 August 2024 has now progressed to the IJB and NHS Fife Board. Of 41 actions, 25 are complete and the remaining 16 are on track as we move into year two of the plan. Year 2 plan is on track

Performance and Assurance Framework now in place with regular reporting to PCGSOG. This was ratified by PCGSOG on 4 April 2025

A Primary Care Improvement Plan (PCIP) is in place; subject to regular monitoring and reporting to General

Above | Moderate 12 | Mod 12 by 31/03/26 | ▲ | Director of Health & Social Care | Public Health & Wellbeing (PHWC)

			Medical Services (GMS) Board, Quality & Communities (Q&C) Committee, IJB NHS Board and Scottish Government. In line with MOU2, pharmacotherapy and CTAC models for care continue to be developed and implemented throughout 2025/26. A General Practice Pharmacy Framework has been issued by the Directors of Pharmacy which outlines the vision to transform the pharmacy service in GP Practices. Pharmacotherapy, CTAC and In Hours Urgent Care have been accepted to HIS Primary Care Improvement Collaborative. End date recommended and endorsed by GMS implementation group - Q1 of 26/27. NHS Fife PHW Committee has suggested that a specific high level corporate risk is considered regarding access to general dentistry across Fife. This risk has been articulated and proposed to the PCGSOG and will be presented to PHWC in May 2025. Primary Care Strategic Communication Plan has been developed and approved at PCGSOG and is now in implementation phase as a key deliverable of the year two strategy. An interface group between primary and secondary care will be formally constituted by April 2025 to focus on whole system quality improvement. This will now be a deliverable in line with the ADP 25/26.						
11		**Workforce Planning and Delivery** There is a risk that the current supply of a trained workforce is insufficient to meet the anticipated whole system capacity	Continued development of the workforce elements of the Annual Delivery Plan, Population Health & Wellbeing Strategy and Strategic Framework; the development of the imminent Workforce Plan for 2025 to 2026 alongside service-based workforce plans to the RTP	Above	High 16	Mod 8 by 31/03/25	◄►	Director of Workforce	Staff Governance (SGC)

	OPEN	challenges, or the aspirations set out within the Population Health & Wellbeing Strategy, which may impact on service delivery	Programme and agreed workstreams, aligned to ADP and financial planning cycles. Continued development of Service Level Workforce Plans, taking account of the 2024/2025 ADP submissions to establish the projected workforce gap between supply, demand, the financial envelope and identifying workforce and non-workforce solutions which services are progressing to mitigate workforce risks and balance service delivery. Updates now provided to each Staff Governance Committee meeting and at regular intervals to NHS Fife. Board Implementation of the Health & Social Care Workforce Strategy and Plan for 2022 to 2025 to support the Health & Social Care Strategic Plan for 2023 to 2026, the Plan for Fife and the integration agenda. HSCP Workforce Plan for 2025 to 2026 also underdevelopment for March 2025 submission. Implementation of the NHS Fife Board Strategic and Corporate Objectives, particularly the "exemplar employer / employer of choice" and the associated values and behaviours and aligned to the ambitions of an Anchor Institution, e.g. Employability agenda / Modern Apprenticeships, with bespoke health focused Careers Events planned for March 2025, in conjunction with the Developing the Young Workforce Fife Board. This will showcase health career opportunities and support subject choices for the senior school phase. Repeat sessions to be run in September 2025 and on an annual basis thereafter. The new EMERGE programme in conjunction with Levenmouth Academy,						

| | | | Fife College and NES, which commenced in August 2024 now has 6 pupils studying on the course who are interested in health-related careers, with NHS Fife work tasters held in January and February 2025, followed by work placements planned for Spring 2025.

University of St Andrews MBChB (ScotCOM): Widening Participation. Following the partnership agreement in April 2024, various widening participation programmes were planned and delivered. The Summer Programme (Experience Medicine) ran for 7 weeks during the Fife Council school holiday period – July and August 2024. There were approximately 6 students per week, alongside some additional pre-med students. The events planned for September 2024 were delayed until December 2024 and were held over two sites (QMH and Cameron), on 4 and 5 December 2024, accommodating approximately 75 students across the two days. These "Carousel" events were introduced as a way to engage students at an earlier stage, with a view of moving onto the Summer Programme during their S5 year and finally into Gateway to Medicine in the equivalent of their S6 year. Planning for this to be an annual event.

Gateway placements were scheduled and delivered week commencing 20th January 2025, accommodating 9 students over 4 days, with both simulation and clinical shadowing experience.

A Widening Participation Lead is in the costing plan for ScotCOM to bring the various initiatives together and develop a coherent programme for future academic years. | | | | | | |

| | | | The HSCP Anchor group is meeting quarterly and refreshed, integrated membership includes commissioning, college and community wealth building, social care, nursing, business enabling and administrative services. Public Health input and direction to support the group to develop a plan which connects to the Anchor Progression Framework within NHS Fife and community partners.

Ongoing consideration of impact of planned reduction in Agenda for Change staffs' full time working week from 37.5 hours to 36 hours per week on workforce numbers and service capacity, with modelling being undertaken in line with National implementation plans.

Continued consideration and modelling of impact of non-pay elements of Agenda for Change staff pay award for 2023/2024 in respect of Band 5/6 nursing review.

Continued consideration of impact of non-pay elements of Agenda for Change staff pay award for 2023/2024 in respect of protected learning time (PTL) has resulted in various approaches to support implementation of PLT.

60% PDPR completion rates and 80% mandatory/core skills compliance rates are corporate priorities for 2024/25 and will continue to be priorities for 2025/26, with PDPR rates moving to 65%.   NHS Fife's performance against both of these metrics was escalated to NHS Fife Board in November 2024.   A short-term recovery plan (up to 31/03/2025) is in play to drive up performance, and primarily focused on all Corporate services, the quality of the data and accessible/timely line manager reporting, through a new report generated by OBILEE. Further efforts to generate momentum and | | | | | | |
|---|---|---|---|---|---|---|---|---|---|

			continually sustain performance metrics are being pursued with the HSCP, Acute and Estates & Facilities.						
12	OPEN	**Staff Health and Wellbeing** There is a risk that if due to a limited workforce supply and system pressure, we are unable to maintain the health and wellbeing of our existing staff we will fail to retain and develop a skilled and sustainable workforce to deliver services now and in the future.	Working in partnership with staff side and professional organisations across all sectors of NHS Fife to ensure staff health and wellbeing opportunities are maximised, to support attraction, development and retention of staff. The Staff Health & Wellbeing Framework and Action Plan for 2022 to 2025, setting out NHS Fife's ambitions, approaches and commitments to staff health and wellbeing, are both in place in order to deliver these commitments and will be revised to take account of forthcoming IWWC in action guidance. Fife HSCP has developed a Wellbeing Action Plan 2024-25, created with colleagues from NHS Fife and other stakeholders to add value to the corporate employers' wellbeing work. Consideration and review of staff support priorities for 2022-2025 being progressed via Staff Health & Wellbeing Group and other fora, aligned to Action Plan and new IWWC actions. Current focus on stress, with the HSCP Stress Survey underway and action planning during January 2025. 1453 responses received to date. An Exit Interview Pilot is underway within HSCP using a person centred approach to obtain data on workforce movement and reasons. Mentally Healthy Workplace training continues to be delivered for all HSCP managers / supervisors. Further dates planned for 2025.	Above	High 16	Mod 8 by 31/03/25	◄►	Director of Workforce	Staff Governance (SGC)

			Work progressing on Promoting Attendance improvement actions to support reductions in staff absence and promote staff wellbeing. This includes proposals on the handling of absence management cases, with the introduction of the use of triggers and 3 stages for long term absence cases in line with the OfS Attendance Policy. Three teams that fall into high priority areas to consider implementing recommendations from a multifactorial review within HSCP Work also ongoing to triangulate absence data with post codes and other relevant data to assist any future work in this area.						
13	**OPEN**	**Delivery of a balanced in-year financial position** There is a risk that due to the ongoing impact of the pandemic combined with the very challenging financial context both locally and nationally, the Board will not achieve its statutory financial revenue budget target in 2024/25 without further planned brokerage from Scottish Government.	Our approach to financial recovery will be delivered by our new Re-form, Transform and Perform Framework (RPT). The overall opening financial gap reduced from £54.750m to £51.350m in July 2024 as a consequence of allocation increases notified since the financial plan was approved by the NHS Fife Board in March 2024. At the end of period 11 there is a reasonable level of confidence we will achieve the full 25M 3%. , The overspend for the health board retained budget to the end of February of £17.057m includes a continuation of the underlying and current cost pressures described in the financial plan. At the end of February, the projected overspend for health board retained is much improved when compared with the original planned residual deficit. This improvement is however limited to the health board retained budget position. The IJB position has deteriorated further with their current forecast outturn (January position) indicating a projected	Above	High 25	High 25 by 31/03/25	◄►	Director of Finance & Strategy	Finance, Performance & Resources (F,P&RC)

			deficit of £36.990m but with further additional risk of £1.650m identified in respect of GP prescribing and a particularly high cost patient requiring specialist out of area treatment The increasing deterioration in the IJB position will make it very difficult for the overall Board position to meet or improve on the forecast deficit reported in the financial plan in March 2024. Scottish Government have confirmed a maximum amount of repayable brokerage will be available to NHS Fife for 2024-25 of up to £37m but have requested we continue to collaborate with partners to reduce this requirement as far as possible throughout the remainder of the financial year.							
14	 **OPEN**	**Delivery of recurring financial balance over the medium-term** There is a risk that NHS Fife will not deliver the financial improvement and sustainability programme actions required to ensure sustainable financial balance over the medium-term.	Recurring and sustained delivery of our programme of work and supporting actions to achieve a target of 3% recurring savings on baseline budgets £28m in 2025/26 into future years. The Board approved the Medium-Term Financial Plan 2025/26 to 2027/28 at the end of March 2025. The plan incorporates the one-year funding settlement advised by Scottish Government on 4 December 2024. Additionally, the plan includes further funding announcements advised by Scottish Government in relation to additional New Medicines Funding and Sustainability Allocations since December 2024. Both Acute and IJB services continue to be under significant financial and service pressure resulting from underlying deficits compounded by demand and capacity	Above	High 25	High 20 by 31/03/27	◄►	Director of Finance & Strategy	Finance, Performance & Resources (F,P&RC)

challenges. We will require to continue to work collaboratively across the health and care system to ensure the best possible use of resources and capacity, address variation and improve productivity and efficiency.

The inclusion of the sustainability payments announced by Scottish Government for 2025/26 alongside an improved underlying recurring deficit and increased savings opportunities, has significantly improved the financial position for the board leaving a residual unidentified savings gap of £9.2m to be scoped out equivalent to 0.98% of our baseline Revenue Resource Limit.

Our approach to financial recovery will be delivered by our new Re-form, Transform and Perform Framework Year 2 (RPT2). Targeting recurring savings of £28.573k in 2025/26.

Further work will continue to improve on the level of identified savings with a particular emphasis on the impact of transformation on our cost base in the latter 2 years of the plan.

SG approval of the of our MTFF was received on the 31st March 2025.

| 15 | | **Prioritisation & Management of Capital funding**

There is a risk that lack of prioritisation and control around the utilisation of limited capital and staffing resources will affect our ability to manage and mitigate risk and to support the developing Population Health and Wellbeing Strategy. | Ongoing governance through FCIG with capital plan being submitted through FP&R and the Board.

Annual Property and Asset Management Strategy (PAMS) updates to provide strategic direction now being replaced with the Whole System Initial Agreement development over the next 2 years. | Within | Mod 12 | Mod 8 (by 01/04/26 at next SG funding review) | ◄► | Director of Property & Asset Management | Finance, Performance & Resources (F,P&RC) |

OPEN

			Rolling 5-year equipment programme and implementation of medical devices database. Implementation of medical devices database. Rolling 5-year Digital & Information programme linked to D&I strategy. Ongoing management of estate risks using the Estate Asset Management System (EAMS). Use of Business Case template to present new schemes for consideration. Future consideration/development of prioritisation investment tool. Fleet and sustainability requests will be linked to plans/strategy and presented through SBARs to Fife Capital Investment Group (FCIG).						
17 OPEN		**Cyber Resilience** There is a risk that NHS Fife will be overcome by a targeted and sustained cyber attack that may impact the availability and / or integrity of digital and information required to operate a full health service.	The Network Information System Directive (NISD) and now Cyber Resilience Framework Audit has concluded for 2024. The compliance rate has increased to 93%, up from 77% from the previous year. The action plan for improvement will be presented to the Information Governance and Security Steering Group for review and progress tracking. The associated and linked Risks for Cyber Resilience will be reviewed in line with the Audit report. Management actions continue to be progressed.	Above	High 16	Mod 12 by 30/09/25	◄►	Director of Digital and Information	Clinical Governance (CGC)
18		**Digital & Information**	A strategy completion report was presented to the NHS Fife Board in	Within	High 15	Mod 12 30/04/25	◄►	Director of Digital and Information	Clinical Governance (CGC)

	OPEN	There is a risk that the organisation maybe unable to sustain the financial investment necessary to deliver its D&I Strategy and as a result this will affect our ability to enable transformation across Health and Social Care and adversely impact on the availability of systems that support clinical services, in their treatment and management of patients.	November 2024 outlining the scale of demand. Digital and Information operate within the financial governance structure of NHS Fife and participate in the planning and governance work of FCIG, where capital allocations are agreed, following consideration of risk, to support Infrastructure lifecycle activities. A revised Digital Framework is being created via the Digital Information Board and will be presented to governance committees for review and comment in 2025 and will outline financial pressures and workforce planning, to support the mitigation of this risk. Work continues of service lead prioritisation of digital activities.						
19	OPEN	**Implementation of Health and Care (Staffing) (Scotland) Act 2019 [HCSA]** Taking account of ongoing preparatory work, there is a risk that the current supply and availability of trained workforce nationally, will influence the level of compliance with HCSA requirements. While the consequences of not meeting full compliance have not been specified, this could result in additional Board monitoring / measures.	NHS Fife Local HCSA Reference Group, with Fife wide, multi-disciplinary and staff representation, is now well established with monthly meetings. HCSA resources continue to be shared widely within NHS Fife. Active MS Teams Channel used to share information outwith meetings. Quarterly progress returns submitted to SG February 2025. HIS engagement meeting supported assessment of reasonable assurance. Enhanced local engagement and reporting achieved via introduction of bespoke excel template, aligned to national reporting framework to capture latest activity in respect of Act requirements. Feedback continues to inform local Board wide action plan. Third quarterly high-cost agency return to 31/12/2024 submitted to SG and second quarterly internal report will be considered at January 2025 SGC and the next NHS	Below	Moderate 9	Mod 9 by 31/03/25	◀▶	Director of Workforce	Staff Governance (SGC)

			Fife Board meetings. Annual report deadline is 30/04/2025. Regular updates provided to APF, EDG and SGC and Fife NHS Board. HSCP implementation group for Part 3 of the Act has been stood down since services were inspected by the Care Inspector and recorded as meeting the requirements of the Act. Representatives from Social Care services attend the Care Inspectorate national group bimonthly. Annual return for Part 3 Care Services is due to be submitted to SG by 30 June 2025. This risk on the preparations for HCSA implementation is monitored and updated via the NHS Fife HCSA Local Reference Group.						
20	**OPEN**	**Reduced Capital Funding** There is a risk that reduced capital funding will affect our ability (scale and pace) to deliver against the priorities set out in our Population Health and Wellbeing Strategy. It may also lead to a deterioration of our asset base including our built estate, digital infrastructure, and medical equipment. There will be less opportunity to undertake change projects/programmes.	Use the capital funding we do receive wisely with requirements being prioritised in a logical manner (see Risk 15). Maintain open communication channels with Scottish Government to facilitate alignment around planning. Submit our Business Continuity & Essential Investment Infrastructure Plan to Scottish Government in January 2025.	Above	High 20	Mod 12 by 30/03/26	◄►	Director of Property & Asset Management	Finance, Performance & Resources (F,P&RC)
21	**HUNGRY**	**Pandemic Risk** There is a risk that a novel pandemic with widely disseminated transmission and significant morbidity and	An NHS Fife Pandemic Framework Group has been established to coordinate management of this risk, including consideration and implementation of measures to reduce the pressures and	Within	High 20	High 20	◄►	Director of Public Health	Public Health & Wellbeing (PHWC)

		mortality may cause significant harm to those infected and cause widespread disruption to healthcare, supply chains, and social functioning.	negative effects a pandemic would cause locally, and to act as a source of advice to the organisation and partners. Work is underway to collate lessons from the COVID-19 response and outputs of related inquiries and implement these locally. Preparation underway to deliver large-scale population immunity and immunisation campaigns.						
22	OPEN	**Hospital Acquired Harm** There is a risk that patients may come to hospital acquired harm (falls, pressure damage, hospital acquired infection, medication) resulting in adverse clinical outcomes as a result of a reduction in resource, availability of workforce and whole system pressures.	Work is underway in the following areas: • Falls Prevention • Pressure Ulcer Prevention • Hospital Acquired Infection • Medicine Incidents • Unscheduled Care Programme Board • Emergency Access • Delayed Transfer of care and Surge	Within	High 15	Mod 12 by 31/03/26	◄►	Medical Director and Nurse Director	Clinical Governance (CGC)
23	HUNGRY	**Substance Related Morbidity and Mortality** There is a risk that people experiencing problem substance use may have a poor patient experience and increased morbidity and mortality due to NHS Fife being unable to provide rapid and appropriate access to all treatment and care due to lack of funding and capacity.	Implementation of the Strategy Drug Mission Priorities 2022-26. Implementation of The National Strategy for Alcohol and Drug use "Rights, Respect, Recovery" November 2018. Implementation of the Medication Assisted Treatment (MAT) Standards 2021. ADP have completed its fourth year of the programme and are able to comply with Public Health Scotland assessments to measure implementation progress across the system of care. Fife ADP and NHS Fife's progress will be published in a national report in July 2025. Implementation of the New Fife Alcohol and Drug Partnership Strategy 2024-2027. ADP have completed their 1st year delivery plan with partners including NHS	Within	High 20	High 15 31/03/26	◄►	Director of Health & Social Care	Public Health & Wellbeing (PHWC)

| | | | Fife. Most actions are completed, and others have continued into the second year.

Development of the New Drug Alert Process and Protocol & Communication Strategy 2024. Completed in partnership with NHS Fife Public Health and approved by the ADP Committee. A library of alerts are in development with support from HSCP Comms. ADP are able to identify, assess and respond to new and emergent risk on a national and local level within agreed timescales.

Ensure appropriate testing and referral pathways for SH&BBV. Completed workshop based on latest data from NESI (National Needle Exchange Survey Initiative) focussing on improvements needed to address increased crack-cocaine smoking, lower rates of Hep C testing in Fife, increased severe soft tissue infection and low foil uptake. An action plan is in development. Furthermore, NHS Fife Addictions are developing testing protocols and refocussing workforce to increase testing rates with NHS SH&BBV support.

A two-year High-Risk Pain Medicines (HRPM) patient safety programme to ensure safe and appropriate prescribing of HRPMs and reduce risk of potential diversion has been delivered. This programme should be embedded into business-as-usual models and continue to implement quality improvement actions. Data gathered from patients | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |

| | | | with lived/living experience in NHS Fife Addictions Service and their use of HRPM to provide a clearer understanding of their risks. Data yet to be analysed and themed but likely to have a substantial impact on improvement plan for safety and reduce of risk to this patient group. NHS Fife wide consultation planned to share learning from recent Drug Related Deaths to include broader actions for prevention.

Improvement from prison/police custody to NHS Addictions Service pathways for patients liberated. Getting Liberation Right subgroup established within ADP structure. Over 50 people have been discussed within the first quarter. The discussions have supported people returning to Fife to register with GPs before leaving custody as well as continuing their addiction treatment and sourcing appropriate housing. Further outcomes will be developed for the 6-month evaluation. NHS Fife contributed fully to these meetings.

Multi-agency resilience response to the potential of mass casualties due to new potent illicit substances mixed into the drug supply. A multi-agency event was held in August 2024 and a recommendation made to SG and PHS to convene a national exercise. | | | | | | |
|---|---|---|---|---|---|---|---|---|

Risk Movement Key

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

NHS Fife

Meeting:	**Fife NHS Board**
Meeting date:	**27 May 2025**
Title:	**Risk Management Annual Report**
Responsible Executive:	**Dr Chris McKenna, Medical Director**
Report Author:	**Dr Shirley-Anne Savage, Associate Director for Risk and Professional Standards**

Executive Summary

- This paper presents the Risk Management Annual Report for assurance.
- The Annual Report forms a component of the governance reporting arrangements for risk management in accordance with the NHS Fife Code of Corporate Governance.
- The Annual report confirms that adequate and effective risk management arrangements were in place throughout the year. It describes progress against key deliverables within the risk management improvement programme
- This report provides a moderate Level of Assurance.

1 Purpose

This report is presented for:

- Assurance

This report relates to:

- Local policy
- NHS Fife Board Strategic Priorities
  - To Improve Quality of Health & Care Services
  - To Deliver Value and Sustainability
  - To Improve Health & Wellbeing
  - To Improve Staff Experience and Wellbeing

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

- Safe
- Effective
- Person Centred

2   Report summary

2.1   Situation

This paper provides the Board with the Risk Management Annual Report and gives an overview of the risk management activity undertaken during the period 2024-2025.

2.2   Background

The Annual Report forms a component of the governance reporting arrangements for risk management in accordance with the NHS Fife Code of Corporate Governance.

2.3   Assessment

The Annual report confirms that adequate and effective risk management arrangements were in place throughout the year. It describes progress against key deliverables within the risk management improvement programme which is intended to enhance the effectiveness of our risk management framework arrangements.

In summary, improvement of the operational risk management approach including:

- Completing the refresh of the Risk Management Framework
- Refining risk management processes
- Reviewing and updating of the Board risk appetite statement
- Improving the content and presentation of risk management reports
- Supporting the continuing development of assurance reporting
- Reviewing the Board Strategic Risk Profile

The Board are asked to take a moderate level of assurance.

This report provides the following Level of Assurance:

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

2.3.1   Quality, Patient and Value-Based Health & Care

Elevating the profile of risk management in NHS Fife will further support delivery of our strategic priorities through improved operational governance and better alignment with the Population Health and Wellbeing Strategy and associated work streams.

2.3.2 Workforce

Effective management of workforce risks will support staff health and wellbeing, and the quality of health and care services.

2.3.3 Financial

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

2.3.4 Risk Assessment / Management

Focus of the paper

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

This paper does not relate to the planning and development of specific health services, nor any decisions that would significantly affect groups of people. There are not considered to be any direct E&D and health inequalities implications associated with this report.

2.3.6 Climate Emergency & Sustainability Impact

This paper does not raise, directly, issues relating to climate emergency and sustainability. These items do form elements of risk for NHS Fife to manage.

2.3.7 Communication, involvement, engagement and consultation

This paper reflects the input of the Risks and Opportunities Group.

2.3.8 Route to the Meeting

Executive Leadership Team – 24 April 2025
Clinical Governance Committee - 2 May 2025
Audit and Risk Committee – 15 May 2025

The report reflects the results of engagement in 2024/25 including with the following:
- Director of Finance
- Executive Directors' Group
- Governance Committees
- Fife NHS Board
- Internal Audit Team
- Risks and Opportunities Group
- Senior Leadership Teams
- Operational Teams

2.4 Recommendation

This paper is provided to members for:
- **Assurance** – Consider and take assurance from the content of the report

This report provides a moderate Level of Assurance

3   List of appendices

The following appendices are included with this report:

Appendix 1 Risk Management Annual Report

Report Contact
Dr Shirley-Anne Savage
Associate Director for Risk and Professional Standards
Email shirley-anne.savage@nhs.scot

Annual Risk Management Report 2024-2025
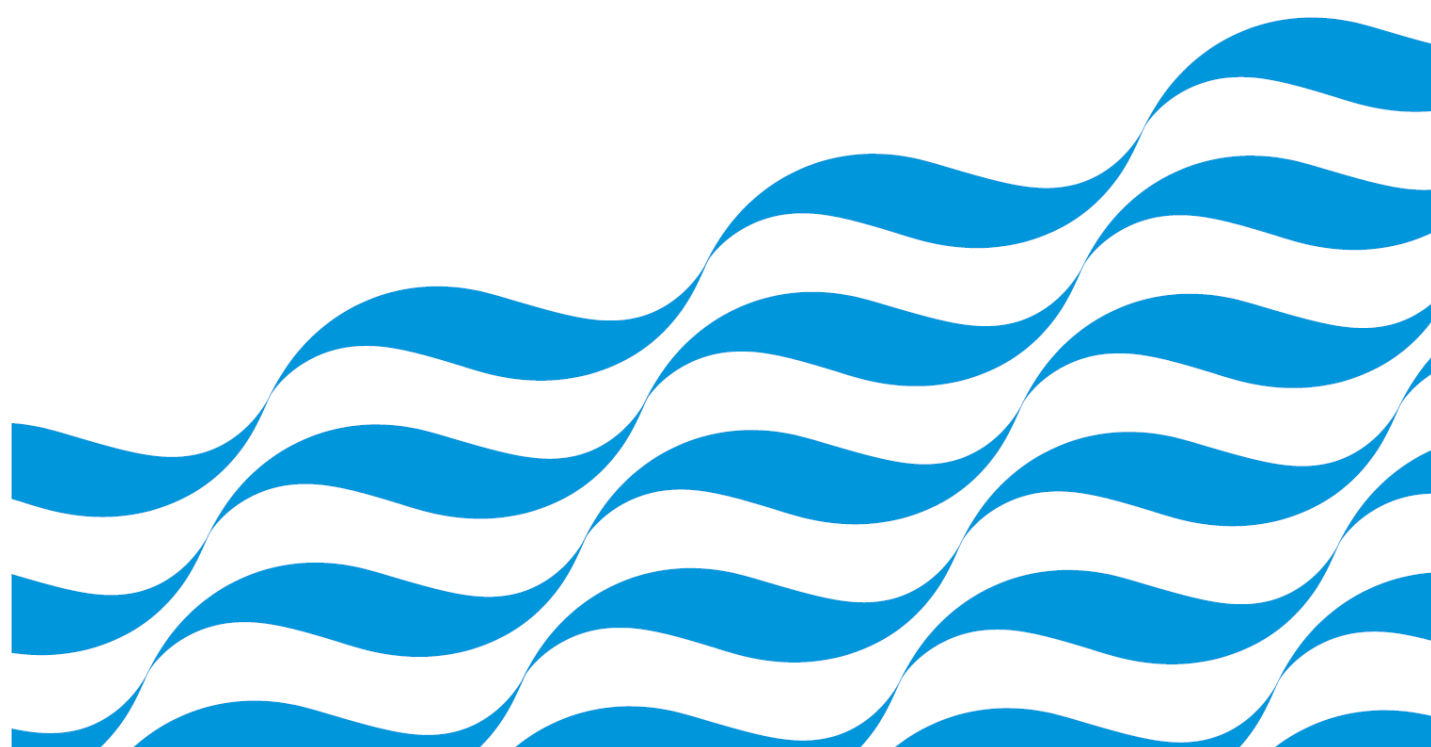
Contents

1. Introduction

NHS Fife is committed to embracing and further developing an organisational culture which recognises the role and contribution of risk management in supporting decision making, strategic planning, and capitalising on opportunities to change in line with our ambitions, aspirations and capabilities.

This commitment is based on our core values of care, compassion, dignity and respect, openness, honesty and responsibility quality and teamwork.

During 2024/25 several initiatives have been implemented to improve the effectiveness of the risk management framework within NHS Fife. This report provides a summary of the activities undertaken and confirms that adequate and effective risk management arrangements were in place throughout the year.

2. Risk Management in 2024/2025

The Director of Finance provided strategic leadership and direction for risk management in NHS Fife during 2024/25.

The Audit & Risk Committee has responsibility for evaluating the overall effectiveness of the risk management arrangements reviewing and challenging how these are operating across the organisation.

During 2024/25, Internal Audit have continued to support the development of the risk management arrangements through constructive challenge and recommendations on specific elements of this work.

3. Risk Appetite

There was recognition that the risk appetite required to be reviewed, with the Board's previous risk appetite being set in July 2022. A dedicated Board Development Session on risk appetite was held in April 2024, followed by a second in June 2024.

This provided opportunity to discuss and reflect on the Board's appetite and consider the changes required in terms of both the risk appetite descriptors, and the levels of risk the Board is prepared to tolerate in the pursuit of its strategic priorities, especially delivery of the Population Health & Wellbeing Strategy. This was particularly relevant as the Board responded and adapted to the challenging financial outlook with new 'Re-form, Transform, Perform' Framework. The new risk appetite statement was agreed by the Board at its meeting in November 2024.

The Corporate Risk papers presented to each standing committee state if risks are within or outwith risk appetite and the reason for that position. Many of the corporate risks are currently outwith risk appetite which reflects the ongoing level of demand across all services within the increasingly challenging financial environment. In line with the focussed work on risk appetite, consideration will be given in the year ahead to the Internal Audit recommendation on how to capture greater detail on how

the risk appetite will affect strategy, decision-making, prioritisation, budget setting and organisational focus.

4. Risk Management Framework

The finalised Risk Management Framework, incorporating the new risk appetite statement, was presented to the Audit & Risk Committee in December 2024 and approved by the Fife NHS Board in January 2025. At the time of writing, work on a Delivery Plan for 2025/26 to support implementation is currently underway.

5. Corporate Risk Register

The corporate risks collectively outline the organisational risks associated with the delivery of the Board's Population Health & Wellbeing Strategy. It is recognised that all risks on the corporate risk register are impacted by and are aligned to the Strategy. All corporate risks are reviewed regularly and reported bi-monthly to the governance committees and twice a year to the Board.

During Financial Year 2024/25, developments of note in relation to corporate risks include the following:

Risks Closed

Optimal Clinical Outcomes: Following consideration of an updated deep dive review at the Clinical Governance Committee's meeting in March 2024, there was further discussion through the Risks and Opportunities Group on whether it was appropriate to close the risk and develop a revised risk or risks. Following this and further discussion at the Clinical Governance Oversight Group, the recommendation was made to the Executive Directors' Group in September 2024 to close the risk and reframe a new risk.

Offsite area Sterilisation and Disinfection Unit Service: This risk was removed from the Corporate Risk Register in November 2024 and moved onto an operational risk register held by Acute Services and the Director of Property & Asset Management.

Risks Opened

Pandemic Preparedness / Biological Threats: A report and an initial deep dive review were progressed through the Public Health Assurance Committee and the Executive Directors' Group in March / April 2024. This review was agreed at the May 2024 Board and the risk now sits under the Director of Public Health and the Board's Public Health & Wellbeing Committee.

Capital Funding - Service Sustainability: The creation of a new risk in this area was approved by the Executive Directors' Group in May 2024 and this is now included on the Corporate Risk Register, aligned to Finance, Performance & Resources Committee.

Potential Risks

A number of new potential corporate risks have been discussed for adoption:

5

Hospital Acquired Harm: Hospital Acquired Harm is a new risk intended to replace the closed Optimal Clinical Outcomes Risk. A draft deep dive was presented for consideration to the Clinical Governance Committee in March 2025.

Substance Related Morbidity and Mortality: Following a direction by the Public Health & Wellbeing Committee, a deep dive was assigned to a small team to ascertain the need for a specific NHS Fife risk with regards to deaths from drugs use. This aims to identify aspects of strategy, policy and delivery within the Board where there is a relevance pertaining to the prevention of drug-related deaths and to recommend actions that reduce the likelihood and consequence. The deep dive has progressed through the Risks & Opportunities Group, the Public Health Assurance Committee and the Public Health & Wellbeing Committee.

Oral Health: The Board's Public Health & Wellbeing Committee has suggested that a specific high-level corporate risk be considered regarding access to general dentistry across Fife. This risk has recently been created, is under review by the Primary Care Governance & Strategy Oversight Group and will be considered by the Public Health & Wellbeing Committee in May 2025.

The table below shows the risk score for each of the corporate risks from April to December 2024 against the target score and against the current risk appetite. Of the 20 open risks (including Substance related Morbidity and Mortality and Hospital Acquired Harm), there are still a significant number above risk appetite (2 are below risk appetite, 8 within risk appetite and 10 above risk appetite).

Risk Title	Target Score	Current Score	Dec 2024	Oct 2024	Aug 2024	June 2024	April 2024	Risk Appetite
1. Population Health & Wellbeing Strategy	12	12	12	12	12	12	12	Below
2. Health Inequalities	16	16	20	20	20	20	20	Within
4. Policy obligations in relation to environmental management and climate change	10	12	12	12	12	12	12	Below
5. Optimal Clinical Outcomes	10	N/A	N/A	15	15	15	15	Within
6. Whole System Capacity	16	20	20	20	20	20	20	Above
7. Access to outpatients, diagnostic and treatment services	16	20	20	20	20	20	20	Above
8. Cancer Waiting Times	12	15	15	15	15	15	15	Within
9. Quality & Safety	6	12	12	12	12	12	12	Within
10. Primary Care Services	12	16	16	16	16	16	16	Above
11. Workforce Planning and Delivery	8	16	16	16	16	16	16	Above
12. Staff Health and Wellbeing	8	16	16	16	16	16	16	Above
13. Delivery of a balanced in year financial position	25	25	25	25	25	25	16	Above
14. Delivery of recurring financial balance over the medium-term	20	25	25	25	25	25	16	Above
15. Prioritisation and management of capital funding	8	12	12	12	12	12	12	Within
16. Off-site area sterilisation and disinfection unit service	6	N/A	N/A	12	12	12	12	Within
17. Cyber resilience	12	16	16	16	16	16	16	Above
18. Digital and Information	12	15	15	15	15	15	15	Within
19. Implementation of Health and Care (Staffing) (Scotland) Act 2019 [HCSA]	9	9	9	9	12	12	12	Within
20. Reduced Capital Funding	12	20	20	20	20	N/A	N/A	Above
21. Pandemic Risk	20	20	20	20	N/A	N/A	N/A	Within
22. Hospital Acquired Harm	12	15	N/A	N/A	N/A	N/A	N/A	Within
23. Substance Related Morbidity and Mortality	15	20	N/A	N/A	N/A	N/A	N/A	Within

6. Strategic Risk Profile

The Strategic Risk Profile, as a dashboard set in the context of the Board's risk appetite, continues to be reported in the monthly Board Integrated Performance & Quality Report.

The full Profile is part of the introductory Corporate Risk Summary section. Extracts related to specific strategic priorities are contained within the Assessment section against the following areas of performance - clinical governance; operational; finance; staff governance; and public health and wellbeing.

7.   Assurance Levels

We continue to use the four-levels of assurance model, and this continues to add consistency to our reporting. The use of the assurance levels continues to evolve, as we seek to enhance the evidence to substantiate the level of assurance being offered.

Reports to the governance committees include a statement on the latest position in relation to the management of risks linked to the respective committees, the proposed 'level' of assurance that members can take from the report and detail on mitigating actions.

8.   Deep Dive Reviews

Corporate Risk Deep Dive reviews continue to form an important component of our risk assurance arrangements and provide a focus for in-depth discussion and scrutiny.

A key characteristic of a risk deep dive review is that it should be carried out at specific points during the life cycle of a risk. Criteria for undertaking a deep dive review have been agreed and include the creation of a new corporate risk, materially deteriorating risks, or the proposed de-escalation / closure of a corporate risk.

The requirement for a deep dive continues to be determined through the Executive Directors' Group and the Risks & Opportunities Group.

9.   Risks & Opportunities Group

The Risks & Opportunities Group was established in September 2022 and supports and embeds an effective risk management framework and culture across the organisation. The Group meet bi-monthly to support the continued development of an effective and consistent approach to the management of operational risk, as well as the ongoing consideration of enhancements to the corporate risk management approach.

The Group has reviewed and updated its Terms of Reference, with the most recent iteration approved in August 2024. At each meeting the Risks & Opportunities Group reviews progress against its Annual Workplan, considers issues for escalation, and receives reports on any other relevant business. The Risks & Opportunities Group has reported on its work to the Audit & Risk Committee in September 2024 and in March 2025.

During 2024/25, the Group's work has included:

• Supporting the development and updates of the Risk Management Framework

- Continuing to inform and support the developments and improvements in relation to the Corporate Risk Register, recommendations on changes or additions to the corporate risks and the broader organisational risk profile, assurance levels and deep dive reviews
- Contributing to the development of a Risk Summary Dashboard and guidance to support and enhance our operational risk management approach and maintain alignment to the principles outlined within the Risk Management Framework
- Reviewing the Risk Assessment Matrix and considering the need for updates to descriptors and terminology, taking account of similar work nationally
- Considered the development of meaningful Key Performance Indicators that could be implemented to demonstrate active risk management.

The Group has undertaken a self-assessment of its own effectiveness, which has been considered at its meeting in April 2025 and thereafter will be reported to the Audit & Risk Committee in May 2025. The assessment covers elements including membership and group dynamics, role clarity and expectations, effectiveness of the scrutiny and challenge function, management of the agenda and impact of the Group in terms of outputs, as well as suggested actions to further improve the Group's effectiveness in respect of delivering its remit.

The Risks & Opportunities Group has developed a workplan for 2025/26 that will drive efforts to further develop a positive and proactive approach to risk management across the organisation.

10. Risk Management System

Datix remains the repository for risks, incidents (adverse events), safety alerts, complaints and claims within NHS Fife. It was previously reported that Datix Cloud IQ was the preferred upgrade path from DatixWeb and that a business case was being developed for NHS Fife. The development of the business case was suspended following a request to all NHS Boards from National Procurement to pause, pending the outcome of a tendering exercise which may lead to a Once for Scotland digital system. The outcome of that exercise was that a new system called Inphase has been awarded the national tender and work is underway within NHS Fife to assess the new system with a view to its adoption.

11. Risk Management Objectives 2024/25

During 2024/25 the Associate Director for Risk and Professional Standards continued to engage with the Executive Directors, Committee Chairs and the Board, and consider the support requirements to develop our risk management arrangements in order to enhance organisational risk maturity.

During 2024/25 the Director of Finance was the Executive Lead for Risk Management and reported on all of the above to the Audit & Risk Committee. From 2025/26, the Executive Lead for risk will move to the Medical Director.

Developments for the forthcoming year will focus on continual improvement of the operational risk management approach including those suggested by Internal Audit.

This will include:

- Continuing to refine risk management processes
- Implementing risk management key performance indicators
- Continuing to enhance the content and presentation of risk reports
- Supporting the continuing development of assurance reporting
- Further develop a risk management training programme for staff according to their roles and responsibilities

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NHS Fife SMS text service number 07805800005 is available for people who have a hearing or speech impairment.

To find out more about accessible formats contact:
Fife.EqualityandHumanRights@nhs.scot or phone 01592 729130

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NHS Fife

Meeting:	Audit & Risk Committee
Meeting date:	15 May 2025
Title:	Committee Chair's Assurance Report

1. Committee's Performance against Annual Workplan

The Committee reviewed the workplan for the financial year 2025/26.

The following items have been deferred and rescheduled:
- Counter Fraud Standards Assessment (Private Session)
- Counter Fraud Annual Report 2024/25 (Private Session)

2. Annual Accounts

Prior to the main agenda session members were provided with a training session relating to the role and function of the Audit Committee pertaining to the annual accounts. Presentation and Question Answer session was delivered by External Audit.

3. The Committee considered the following items of business:

3.1 Annual Accounts

The Committee took a "significant" level of assurance that the draft Annual Accounts have been prepared and provided to the External Auditors as per the planned internal timetable.

3.2 Internal Audit

3.2.1 Global International Accounting Standards Changes in 2025 - Improvement Plan

The committee acknowledged the significant work undertaken by the Chief Internal Auditor and the Internal Audit team to ensure compliance with the new standards noting the comprehensive plan.

The Committee took a "significant" level of assurance that the Internal Audit Improvement Action Plan is sufficient to ensure the internal audit function's conformance with the Global Internal Accounting Standards and progress toward performance objectives.

The Audit & Risk Committee also approved the Internal Audit Improvement Action Plan, noting that progress will be monitored by the Audit & Risk Committee.

3.2.2 Internal Audit Annual Plan

The Committee approved the three-year Strategic and the 2025/26 Operational Plans. The Committee took a "significant" level of assurance from the report.

3.2.3 Internal Audit Framework

The Committee took "significant" level of assurance that the Internal Audit Charter complies with the Global Internal Audit Standards.

The Committee approved the updated Internal Audit Charter and Service Specification for presentation and formal approval by the Audit & Risk committees of each Client Board.

3.2.4 Internal Audit Progress Report

Assurance was provided that the field work for any outstanding audits is expected to be completed to inform the Internal Audit Annual Report. The Committee took a **"moderate" level of assurance** from the report.

3.2.5 Internal Audit – Follow Up Report on Audit Recommendations 2024/25

The Committee considered the status of Internal Audit recommendations recorded within the audit follow up system and took a **"moderate" level of assurance** on the progress being made in implementing actions to address recommendations made in internal audit reports. It was also noted that the audit follow up protocol and approval process is currently under review.

3.2 External Audit

External Audit provided the Committee with a verbal update on progress of the External Auditors Annual Accounts process. No concerns / issues were identified.

3.3 Risk

3.3.1 Draft Annual Risk Management Report

Committee noted that the updated Risk Management Framework has been published and incorporates the updated Board risk appetite statement. Discussion took place on the importance of the deep dive criteria, and the processes in place, to provide assurance to the Committee that all risks are reassessed within defined intervals.

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

3.3.2 Corporate Risk Register including Oral Health Risk

The Committee noted report and in discussion highlighted that risk scores for the Corporate Risks generally remain static. It was agreed that further

consideration is given to ensure that the NHS Fife Board, via the Board's Standing Governance Committees, are accepting the levels of risk and assurances, and that appropriate levels of resource are in place for mitigation.

The role of the Audit & Risk Committee was also highlighted in relation to scrutinising the Corporate Risk Register, with it noted that this differs from other Governance Committees.

The Committee endorsed the three new risks for Hospital Acquired Harm, Substance Related Morbidity & Mortality, and Oral Health for approval by the Board.

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

3.3.3 Risk Management Key Performance Indicators (KPIs) 2024/25

The Committee welcomed the KPIs. A concern was raised in relation to the assurance mechanisms in place, in terms of actively reviewing key dates and outcomes, and a request was made to consider our approach in respect of this.

The Committee took a **"moderate" level of assurance** from the update provided, noting that the Risk & Opportunities Group will continue to refine the associated KPIs.

3.3.4 Risks & Opportunities Group Annual Assurance Statement 2024/25

The Committee took a **"moderate" level of assurance** from the report and noted that a focus for the forthcoming year will be on opportunities to take forward and learning and development opportunities.

3. Governance Matters

3.1 Annual Audit & Risk Committee Assurance Statement 2024/25

The Committee took a "significant" level of assurance and approved the Annual Statement of Assurance, subject to members' comments regarding any amendments necessary.

3.2 Review of Terms of Reference

The Board Secretary presented the review of the Committee Terms of Reference highlighting this reflected the Global Internal Accounting Standards.

The Committee considered the attached remit and endorsed a final version for further consideration by the Board, subject to the update discussed at the meeting.

3.3 Annual Review of Code of Corporate Governance

The Board Secretary reported that the Code of Corporate Governance has been fully reviewed, and that a summary of the main changes is tracked within the document. It was highlighted that there has been remit changes to the Terms of Reference for each Standing Governance Committee, and a change to the Standards of Business Conduct for Staff.

Members agreed to an amendment to clause 3.6 of the Standing Financial Instructions, to remove the reference to Public Sector Internal Audit Standards and replace with Global Internal Accounting Standard.

The monitoring of compliance elements within the Code of Corporate Governance was discussed and it was agreed that a follow up meeting with the Chair, Director of Finance and Head of Financial Services & Procurement, takes place to discuss further and explore opportunities.

The Committee **recommended approval** to the Board of the updated Code, subject to the updates discussed.

3.4 Draft Governance Statement

The Committee **reviewed** the draft Governance Statement noting a further version will come back to the Committee for formal approval with the annual financial statements

3.5 Losses & Special Payments Quarter 4 2024/25

The Head of Financial Services & Procurement presented the report. Following discussion and to strengthen assurance it was agreed that further detail be provided to the Committee on the internal controls in place, for actions taken in relation to potential preventable losses and special payments.

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

3.6 Procurement Tender Waivers Compliance Quarter 4 2024/25

The Head of Financial Services & Procurement outlined the five waivers of competitive tender, in quarter 4 (2024/25).

The Committee took a "significant" level of assurance that the procurement process for the waiver of competitive tenders was correctly applied in the quarter.

4. Items For Assurance

4.1 Audit Scotland General Practice Report

The Medical Director shared the Audit Scotland General Practice Report and

the approach underway within NHS Fife and Fife Health and Social Care Partnership in response to this. The Committee noted that the Health & Social Care Partnership leadership teams plan to comprehensively review the report, and will in turn provide assurance via a paper, that will be considered by the Public Health & Wellbeing Committee at a future meeting.

This was welcomed by the Audit and Risk Committee and it was agreed as good governance and practice to continue to share external reports with the Audit and Risk Committee going forward, for assurance.

5. **Delegated Decisions taken by the Committee**

The Committee **approved** the Internal Audit Improvement Action Plan, in response to the **Global Internal Accounting Standards Changes in 2025**

The Committee **approved** the Internal Audit three-year Strategic and the 2025/26 Operational Plans.

The Committee **approved** the updated Internal Audit Charter and Service Specification for presentation and noted formal approval by the Audit & Risk committees of each Client Board.

The Committee **recommended approval** to the Board regarding Annual Review of Code of Corporate

The Committee **considered the Audit and Risk Committee review of Terms of Reference** for further consideration by the Board

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

No formal issues for escalation to the Board.

Arlene Wood
Chair
Audit & Risk Committee

Fife NHS Board

Unconfirmed

NHS Fife

MINUTE OF THE AUDIT & RISK COMMITTEE MEETING HELD ON THURSDAY 15 MAY 2025 AT 2PM VIA MS TEAMS

Present:
Arlene Wood, Non-Executive Member (Chair)
Anne Haston, Non-Executive Member
Cllr Mary Lockhart, Non-Executive Member *(part)*
Amanda Wong, Vice-Chair of Area Clinical Forum *(deputising for Nicola Robertson / part)*

In Attendance:
Kevin Booth, Head of Financial Services & Procurement
Andy Brown, Principal Auditor
Chris Brown, Head of Public Sector Audit (UK), Azets
Susan Dunsmuir, Director of Finance
Andrew Ferguson, Senior Audit Manager, Azets
Ben Hannan, Director of Planning & Transformation
Barry Hudson, Regional Audit Manager
Jocelyn Lyall, Chief Internal Auditor
Dr Gillian MacIntosh, Associate Director of Corporate Governance & Board Secretary
Dr Chris McKenna, Medical Director
Carol Potter, Chief Executive
Dr Shirley-Anne Savage, Associate Director of Risk & Professional Standards
Hazel Thomson, Board Committee Support Officer (Minutes)

Chair's Opening Remarks

The Chair welcomed everyone to the meeting and extended a welcome to Susan Dunsmuir, who has joined the Committee in her new role as Director of Finance. A welcome was also extended to Ben Hannan, Director of Planning & Transformation, who has joined the Committee as a regular attendee.

The Chair advised that, prior to the formal business of the meeting, members had a training session on the Annual Accounts: Role and Function of the Audit & Risk Committee, presented by Chris Brown, Azets in preparation for Annual Accounts meeting on 19 June 2025.

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

1. **Apologies for Absence**

    Apologies were received from member Nicola Robertson (Area Clinical Forum Representative).

2. **Declaration of Members' Interests**

A Haston, Non-Executive Member, declared an interest for the Oral Health Deep Dive item, as she is employed within the NHS Fife Board area as a Dental Practitioner. It was confirmed that there was no conflict of interest for that particular item, and that the interest would be recorded for good governance.

3. **Minute of the last Meeting held on 13 March 2025**

The minute of the last meeting was **approved** by A Haston, Non-Executive Member, and **seconded** by Cllr Mary Lockhart, Non-Executive Member.

4. **Chair's Assurance Report Presented to Fife NHS Board on 25 March 2025**

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

5. **Action List / Matters Arising**

The Audit & Risk Committee **noted** the updates on the Action Lists.

6. **ANNUAL ACCOUNTS**

6.1 **Annual Accounts Preparation Timeline Update**

The Head of Financial Services & Procurement confirmed that the full set of draft annual accounts were presented to Azets on 5 May 2025, as per the timetable, and that notification of the Integrated Joint Board draft figures is this the balances for consolidation were provided on 25 April 2025. It was advised that the patients' private funds and Fife Health Charity accounts were received on time and have been submitted to the respective auditors.

It was confirmed that the External Auditors were in receipt of all the required documentation for the Annual Accounts, and that the only item remaining on the timetable is the working papers (documents that support the figures/entries into the Annual Accounts) which will continue throughout the process, and that the team are committed to supporting Azets to meet the June 2025 deadline.

The Committee took a **"significant" level of assurance** that the draft Annual Accounts have been prepared and provided to the External Auditors as per the planned internal timetable.

6.2 **External Auditors Annual Accounts Progress Update**

C Brown, Azets, provided a verbal update and positively reported on progress of the Annual Accounts process. It was advised that the External Audit Findings Report will be presented at the next Committee meeting, and it was noted that there are currently no issues that have been highlighted, which is positive. It was also advised that improvements made to the process the previous year, have had a positive effect on the Annual Accounts process for this year.

The Committee **noted** the update.

7. INTERNAL AUDIT

7.1 Global Internal Accounting Standards Changes in 2025 - Improvement Plan

The Chief Internal Auditor reported that there are 49 improvement actions, which are designed to ensure internal audit compliance with the new Global Internal Accounting Standards, and the Committee were advised that these replace previous Public Sector Internal Audit Standards (PSIAS) and require to be implemented by 2026. Furthermore, the improvement plan has been approved and supported by the Fife, Tayside Forth Valley (FTF) Partnership Board. An overview was provided on the development of the improvement plan, with it being noted that the majority of actions are expected to be relatively easy to close, and that no significant risks / issues have been identified. Assurance was provided that the Committee would have sight of any issues, should they arise. It was also advised that the implications and responsibilities specific to the Board and to the Audit and Risk Committee will be detailed in the next iteration of the improvement plan

Confirmation was provided that compliance with GIAS takes place through an External Quality Review which is required on a five-yearly basis, and that interim self-assessments are carried out on a yearly basis.

The focus around incorporating ethics-based risks and controls was discussed and it was reported that ethical elements will be included within the Internal Audit plans for 2025/26, and include training, and a review of the Standards of Business Conduct in terms of business behaviours.

It was further reported that there is a gap in terms of technology resources, which requires further work, and was a theme throughout the External Quality Review.

The Chief Internal Auditor agreed to highlight any risks in the next update to the Committee. It was also agreed that updates on the improvement plan be provided to the Committee at each meeting.
Action: Chief Internal Auditor / Board Committee Support Officer

The Committee took a **"significant" level of assurance** that the Internal Audit Improvement Action Plan is sufficient to ensure the internal audit function's conformance with the Global Internal Accounting Standards and progress toward performance objectives.

The Audit & Risk Committee also **approved** the Internal Audit Improvement Action Plan, noting that it will be monitored by the Audit & Risk Committee.

7.2 Internal Audit Annual Plan 2025/26

The Chief Internal Auditor provided an overview on the audit universe, which has been updated, and included a revision of the draft Strategic Plan 2024/25 – 2026/27 and draft Operational Internal Audit Plan 2025/26, both of which have had input from the Executive Leadership Team. It was also reported that a mapping exercise was carried

out to ensure that each area of the audit universe has been mapped to the organisation's strategic objectives and risks, and the Reform Transform Perform / (RTP) programmes of work. It was highlighted that a database of sources of assurance is being developed for both internal and external facing bodies.

The individual audits contained within the plan were outlined, and it was noted that the plans will be flexed as risks emerge. It was also noted that more days have been allocated for audits, to provide the required depth of coverage.

Discussion followed, and it was confirmed that public sector equality duties are included within the Internal Controls Evaluation Report and Internal Audit Annual Report, and that a risk analysis for audits will be carried out going forward. It was advised that compliance with the Code of Corporate Governance is a feature of each audit, and is also part of the Internal Control Evaluation Report and Internal Audit Annual Report. In terms of fraud, it was noted that this is a well-controlled risk within NHS Fife.

The Committee **approved** the three-year Strategic and the 2025/26 Operational Plans.

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

7.3   Internal Audit Framework

The Chief Internal Auditor highlighted the significance of updating the framework for 2025/26 to ensure full compliance with the Global Internal Audit Standards. An overview on the contents of the framework was provided, with it being noted that changes are detailed within section 2.3. It was also noted that a Charter has been added, which is a new section, as required by the Global Internal Audit Standards.

Following a query in relation to section 12.8 of the framework, it was confirmed that staff are employees of NHS Fife.

The Committee took **"significant" level of assurance** that the Internal Audit Charter complies with the Global Internal Audit Standards.

The Committee **approved** the updated Internal Audit Charter and Service Specification for presentation and formal approval by the Audit & Risk committees of each Client Board.

7.4   Internal Audit Progress Report

The Regional Audit Manager highlighted the contents of the appendices to the report, and advised that they include outstanding internal audit work, along with timescales, and a year-end summary.

The audit timeline was clarified, with it being advised that any audits that have started, and have not been completed, are carried over to the next financial year. Assurance was provided that the field work for any outstanding audits is expected to be completed to inform the Internal Audit Annual Report. An explanation was also

provided on the summary of audit findings in the report appendix noting that this referred to activity undertaken rather that outcomes of completed audits.

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

7.5   Internal Audit – Follow Up Report on Audit Recommendations 2024/25

The Principal Auditor noted that progress continues to be made on actions from the report, with good engagement from management. An overview was provided on the four outstanding actions, which relate to reports published more than one year ago, and are not in line with the Blueprint for Good Governance.

It was reported that the Business Continuity Plan is in its final stages and is currently going through the internal approval process.

The number of extensions associated with outstanding actions was noted, and an explanation was provided on the approval mechanisms in place for extensions to actions. It was also noted that the audit follow up protocol and approval process is currently under review.

The Committee **considered** the status of Internal Audit recommendations recorded within the audit follow up system and took a **"moderate" level of assurance** on the progress being made in implementing actions to address recommendations made in internal audit reports.

8.   RISK

8.1   Draft Annual Risk Management Report 2024/25

The Associate Director of Risk & Professional Standards highlighted that the Medical Director is now the Executive Lead for risk. It was reported that the updated Risk Management Framework has been published and incorporates the updated Board risk appetite statement. It was also reported that work continues to refine the risk management process, including updating the Corporate Risk Register. It was advised that the Optimal Clinical Outcome risk and Off-Site Sterilisation risk have both been removed from the Corporate Risk Register. New risks for Pandemic Preparedness and Capital Funding have been added. It was noted that a lot of work has been carried out on corporate risk deep dives throughout the year.

Following discussion, it was agreed that the Equality and Human Rights and 'Climate Emergency & Sustainability sections of the SBAR be strengthened, to include a fuller response, in its next iteration. The Chief Executive clarified expectations and requirements for these sections of reports.
Action: Associate Director of Risk & Professional Standards

Discussion took place on the importance of the deep dive criteria, and the processes in place, to provide assurance to the Committee that all risks are reassessed within defined intervals.

Members commented positively on the report and thanked the Associate Director of Risk & Professional Standards and team for all their hard work.

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

8.2 Corporate Risk Register, including Oral Health Risk

The Associate Director of Risk & Professional Standards outlined the significant updates on the Corporate Risk Register, which includes the risk level breakdown of 12 high and 6 moderate level risks. It was advised that the Substance Morbidity & Mortality risk was issued outwith the meeting.

Discussion took place, and it was highlighted that risk scores generally remain static. It was agreed that further work is required to ensure that the NHS Fife Board, via the Board's Standing Governance Committees, are accepting the levels of risk and assurances, and that appropriate levels of resource are in place for mitigation. The role of the Audit & Risk Committee was also highlighted in relation to scrutinising the Corporate Risk Register, with it noted that this differs from other Governance Committees.

It was reported that the Oral Health risk deep dive was discussed at the May 2025 Public Health & Wellbeing Committee. A Haston, Non-Executive Member, agreed to discuss the Oral Health risk with the Associate Director of Risk & Professional Standards, outwith the meeting, in terms of other examples of work within Fife in this area that could be cited.

Discussion took place on strengthening the risk mitigation section of the report, noting that this was a mixture of actions and updates, and it was also noted that work will be carried out this year to enhance this section. It was agreed to separate mitigation actions and updates.
Action: Associate Director of Risk & Professional Standards

The Committee **endorsed** the three new risks for Hospital Acquired Harm, Substance Related Morbidity & Mortality, and Oral Health.

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

8.3 Risk Management Key Performance Indicators (KPIs) 2024/25

The Associate Director of Risk & Professional Standards advised that work has been underway to improve the review process of KPIs, with proactive work being carried out with risks owners. It was advised that, as part of this work, it has been identified that the risk management dashboard could be used more effectively, and work is underway to promote this tool with risk owners. It was also noted that a new potential risk management system called InPhase is being explored.

The Committee welcomed the KPIs. A concern was raised in relation to the assurance mechanisms in place, in terms of actively reviewing key dates and outcomes, and a request was made to consider our approach in respect of this.

Action: Associate Director of Risk & Professional Standards

The Committee took a **"moderate" level of assurance** from the update provided, noting that the Risk & Opportunities Group will continue to refine the associated KPIs.

8.4 Risks & Opportunities Group Annual Assurance Statement 2024/25

The Associate Director of Risk & Professional Standards advised that the Risk & Opportunities Group Annual Assurance Statement 2024/25 reiterates the Terms of Reference and membership of the group. It was noted that the work of the group is interlinked within the Risk & Opportunities Annual Report. It was advised that a focus for the forthcoming year will be on opportunities to take forward and learning and development opportunities.

A minor amendment to the membership table was highlighted and the Associate Director of Risk & Professional Standards agreed to update Audrey Valente's job title to Chief Financial Officer, Integrated Joint Board.

Action: Associate Director of Risk & Professional Standards

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

9. GOVERNANCE MATTERS

9.1 Annual Audit & Risk Committee Assurance Statement 2024/25

The Board Secretary reported that the Draft Audit & Risk Committee Annual Statement of Assurance 2024/25 will come formally with the Annual Accounts at the next Committee meeting in June 2025, and the current draft provides a summary of activity over the previous year. Members were encouraged to send any comments or additions to the Board Secretary by email, in order that these can be reflected in the final draft.

It was agreed to review the narrative in the statement in relation to the role of Clinical Governance Committee in the broader organisational learning from legal claims.

Action: Board Secretary

The Committee took a **"significant" level of assurance** and **approved** the Annual Statement of Assurance, subject to members' comments regarding any amendments necessary.

9.2 Review of Terms of Reference

The Board Secretary advised that a review of the Terms of Reference was carried out via the April Development Session, and in light of the Global Internal Accounting Standards. It was agreed section 5.1.5 are two separate actions. It was also agreed that a statement be added around the Committee's role in terms of tracking Internal Audit Follow Up actions.

The Committee **considered** the attached remit and **endorsed** a final version for further consideration by the Board, subject to the update discussed.

9.3 Annual Review of Code of Corporate Governance

The Board Secretary reported that the Code of Corporate Governance has been fully reviewed, and that a summary of the main changes is tracked within the document. It was highlighted that there has been remit changes to the Terms of Reference for each Standing Governance Committee, and a change to the Standards of Business Conduct for Staff, which is related to the handling of gift vouchers due to some challenges during the previous year.

Members agreed to an amendment to clause 3.6 of the Standing Financial Instructions, to remove the reference to Public Sector Internal Audit Standards and replace with Global Internal Accounting Standards. The final wording will be tracked in the version submitted to the Board for formal approval.

The monitoring of compliance elements within the Code of Corporate Governance were discussed, and it was agreed that a meeting with the Chair, Director of Finance and Head of Financial Services & Procurement, takes place to discuss further and explore opportunities to build this into a future Board Assurance Framework.

Action: Director of Finance

The Committee **recommended approval** to the Board of the updated Code, subject to the updates discussed.

9.4 Draft Governance Statement

The Board Secretary advised that the draft Governance Statement will be included within the Annual Accounts as part of the front-end narrative. The text seeks to address the content requirements detailed within the Scottish Public Finance Manual and the Accounts Manual.

It was reported that there are placeholder areas within the report that are awaiting the Integrated Joint Board's position, and highlighted text where final detail is awaited in relation to the publication of an External Inspection Report, which is expected in June 2025, and the outcomes of the Service Audit Reports, expected in May 2025.

The Committee **reviewed** the draft Governance Statement and were asked to provide any comments on its content as required. A further version will come back to the Committee for formal approval with the annual financial statements.

9.5 Losses & Special Payments Quarter 4 2024/25

The Head of Financial Services & Procurement highlighted the key points from the report and advised that the Board's losses and special payments had decreased by £519,846 in quarter 4 (£506,463) in comparison to quarter 3 (£1,026,309) 2024/25. An increased spend in relation to both debtors write offs and payments in relation to

vehicle damage in the quarter was reported, and it was advised that these have been dually reported back to the relevant departments.

It was highlighted that at the year end, a total of £1,941,063 has been recorded for losses and special payments, which is significantly below the £4,120,062 reported in the Annual Accounts in 2023/24.

An overview was provided on the clinical compensation payments, as detailed within the report. An explanation was provided on the non-clinical compensation payments category.

An overview was also provided in relation to the internal controls in place for claims of losses, and assurance was provided that the teams are looking at financial impacts to ensure the correct internal controls are in place, and that learnings are shared. To provide assurance, it was agreed that further detail be provided to the Committee on the internal controls in place, for actions taken in relation to preventable losses and special payments.

Action: Head of Financial Services & Procurement

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

Cllr Mary Lockhart, Non-Executive Member, left the meeting at this point, and as only two members remained present, a quorum was not achieved. The Chair agreed to continue the meeting, noting that the remaining items did not require a decision or approval.

9.6   Procurement Tender Waivers Compliance Quarter 4 2024/25

The Head of Financial Services & Procurement outlined the five waivers of competitive tender, in quarter 4 (2024/25), which have been approved and applied in line with NHS Fife's Standing Financial Instructions. It was advised that the Procurement Governance Board reviewed the awarding of the five waivers of competitive tender in quarter 4, at their meeting on 23 April 2025.

Further detail was provided on the tender waiver for laundry equipment, with it being noted that the items were assessed as critical to be replaced, and therefore the waiver could be applied.

The Committee took a **"significant" level of assurance** that the procurement process for the waiver of competitive tenders was correctly applied in the quarter.

10.   FOR ASSURANCE

10.1 Audit Scotland General Practice Report

The Medical Director advised that the report details how NHS Fife and the Health & Social Care Partnership intend responding to the 'Audit Scotland report - General Practice: Progress, since the 2018 General Medical Services contract'.

It was agreed that external general reports will be provided to the Committee going forward, for assurance.

The Committee **noted** that the Health & Social Care Partnership leadership teams plan to comprehensively review the report, and will in turn provide assurance via a paper, that will be considered by the Public Health & Wellbeing Committee at a future meeting.

10.2 Delivery of Annual Workplan 2024/45

The Committee took **assurance** from the tracked workplan, noting that the Counter Fraud Standards Assessment and Counter Fraud Annual Report 2024/25, have both been deferred, with a revised timeframe noted.

11. ESCALATION OF ISSUES TO NHS FIFE BOARD

There were no escalations to NHS Fife Board.

12. MEETING REFLECTIONS & AGREEMENT OF MATTERS FOR CHAIR'S ASSURANCE REPORT TO BE PRESENTED TO FIFE NHS BOARD ON 25 MARCH 2025

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

13. ANY OTHER BUSINESS

13.1 Non-Executive Member Vacancy

The Board Secretary provided an update on progress of recruiting a new Non-Executive Board Member with finance-related / audit skills, who is expected to join the Committee in the autumn.

Date of Next Meeting (Annual Accounts): Thursday 19 June 2025 from 2pm – 4.30pm via MS Teams.

Meeting:	**Clinical Governance Committee**
Meeting date:	**2 May 2025**
Title:	**Committee Chair's Assurance Report**

1. Committee's Performance against Annual Workplan

The Committee reviewed the workplan for the financial year 2025/26.

The following items have been deferred and rescheduled:
- Adult Support & Protection Annual Report 2023-25 (July 2025).
- East Region Neonatal Services (on hold until further information is available).

The Committee agreed to add in a new section to the workplan for Mental Welfare Commission Reports.

2. Matters Arising

2.1 Orthopaedic Hip Fracture Audit Update & Action Plan

The Committee received an update in relation to the actions being undertaken to improve performance in relation to access to theatre for hip fractures, and agreed to receive regular updates going forward which will be added to the workplan. The Committee took a **"moderate" level of assurance** from the paper and noted that work is underway to recruit the necessary workforce to increase trauma theatre capacity.

2.2 Victoria Hospital Water Supply Issue

The Committee were advised of a level of detail on the repair work that is being undertaken in relation to the areas affected by the water supply issue. The Committee noted that mitigation actions are being worked through, and that there are no areas of concern or escalations to report. The Committee took a **"moderate" level of assurance** from the update.

2.3 Safe Delivery of Care Health Improvement Scotland Inspection Action Plan

The Committee took a **"moderate" level of assurance** from the action plan in relation to the unannounced follow-up Safe Delivery of Care Inspection at Victoria Hospital in early December 2024 and noted that oversight will be through the Acute Senior Leadership Team, with governance reporting through Clinical Governance.

3. GOVERNANCE

3.1 Annual Statements of Assurance from Clinical Governance Committee, Clinical Governance Subcommittees & Groups and the Area Clinical Forum

The Committee took a **"significant" level of assurance** from the Annual Statements of Assurances.

3.2 Clinical Governance Oversight Group Assurance Summary from 8 April 2025 Meeting

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

3.2 Mental Health Oversight Group (MHOG) Assurance Summary from 10 April 2025 Meeting

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

3.3 Corporate Risks Aligned to CGC

There are currently three risks currently aligned to the Committee, with a fourth risk (Hospital Acquired Harm) awaiting formal approval at the NHS Fife Board meeting in May 2025.

The Committee noted that further work is being carried out in relation to mitigations for the Quality & Safety risk, and that the wording for the Cyber Resilience risk is being revised.

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

No.	Risk	Actions Required
9	Quality and Safety	Within risk appetite
17	Cyber Resilience	Above risk appetite
18	Digital and Information	Within risk appetite
22	Hospital Acquired Harm	Awaiting final adoption

4. STRATEGY AND PLANNING

4.1 Annual Delivery Plan (ADP) Quarter 4 Report

The Committee were advised that an alternative approach with regards to the ADP for the forthcoming year, to streamline the number of deliverables and ensure that there is the correct number of objectives and ADP alignment, is being taken.

The Committee took a **"moderate" level of assurance** from the report, and endorsed the ADP Q4 return for formal approval at the NHS Fife Board before onward submission to the Scottish Government.

4.2 Realistic Medicine/Value Based Health and Care Delivery Plan

The Committee noted that the plan will be submitted to the Scottish Government, and they discussed the shared decision making elements. The Committee took a **"moderate" level of assurance**.

4.3 Clinical Services Redesign Programme

The Committee received and **discussed** a presentation on the programme, and were advised that a further update will be provided in due course.

4.4 North East Minor Injuries Unit Reconfiguration

The Committee considered and **supported** recommendation 3 for progression to the Integrated Joint Board for decision.

5. QUALITY AND PERFORMANCE

5.1 IPQR

The IPQR was reviewed and discussed with the Committee taking a "**moderate" level of assurance** from the report. There were no performance related issues for escalation to the Board. A slight improvement from the last reporting period for the stroke bundle was reported, and that further detail in relation to thrombosis will be presented to the Committee meeting in July 2025. The Committee also noted that a specific ligature project is underway, within Ward 3 at Queen Margaret Hospital, and is on target. Further detail on the improvement plan work for renal SABs and the use of dialysis catheters, will also be provided to the Committee for the July 2025 meeting.

5.2 HEALTHCARE ASSOCIATED INFECTION

The Healthcare Associated Infection report was reviewed and discussed. The Committee noted that the new standards on reduction of healthcare associated infections (HAIs) was released in April 2025 and sets out the local delivery plan standards for 2025/26. It was highlighted that the national cleaning services specification and estates monitoring both remain at green status. The committee have asked for detail on improvement work to address HAIs from the Infection Control Team. The Committee took a **"moderate" level of assurance** from the report.

5.3 Public Protection, Accountability & Assurance Framework

The Committee were advised that a self-assessment against the Public Protection, Accountability & Assurance Framework was carried out, and that the outcome identified strengths and risks, and areas for improvement. The

committee has requested that an update against the improvement actions come back to the committee for assurance. The Committee took a **"moderate" level of assurance** for Child Protection Services, and a **"limited" level of assurance** for Adult Protection Services.

6.   PERSON CENTRED CARE / PARTICIPATION / ENGAGEMENT

6.1   Patient Experience & Feedback

The Committee were advised that there continues to be a focus within the Patient Experience Team around early compliant resolution. A request was made to add further information in relation to targeted improvements for stage 2 complaints, to the next iteration of the report, to provide members with additional assurance. The Committee took a **"moderate" level of assurance** from the overall report.

7.   Delegated Decisions Taken by the Committee

- Endorsed the ADP Q4 return for formal approval at the NHS Fife Board before onward submission to the Scottish Government.
- Supported recommendation 3 in relation to the North East Minor Injuries Unit Reconfiguration, for progression to the Integrated Joint Board for decision.

8.   Issues to Highlight to the Board

- There were no performance related matters to escalate to the Board.
- There were no infection and prevention control issues for escalation to the Board.
- Public Protection, Accountability & Assurance Framework gave only limited assurance with regards to Adult Services. Progress against the improvement plan will be reported back to the committee.

Anne Haston
Chair
Clinical Governance Committee

Fife NHS Board

Unconfirmed

MINUTE OF THE NHS FIFE CLINICAL GOVERNANCE COMMITTEE MEETING HELD ON FRIDAY 2 MAY 2025 AT 10AM VIA MS TEAMS

Present:
Anne Haston, Non-Executive Member (Chair)
Jo Bennett, Non-Executive Member
Alastair Grant, Non-Executive Member
Janette Keenan, Director of Nursing
Dr Chris McKenna, Medical Director
Lynne Parsons, Interim Area Partnership Forum Representative
Carol Potter, Chief Executive
Nicola Robertson, Area Clinical Forum Representative

In Attendance:
Lynn Barker, Director of Nursing, Health & Social Care Partnership
Martyn Berry, Interim Clinical Services Manager *(item 8.4 only)*
Gemma Couser, Associate Director of Quality & Clinical Governance
Claire Dobson, Director of Acute Services
Lynne Garvey, Director of Health & Social Care
Alistair Graham, Director of Digital & Information
Ben Hannan, Director of Planning & Transformation
Helen Hellewell, Deputy Medical Director
Pat Kilpatrick, Board Chair
Dr Gillian MacIntosh, Associate Director of Corporate Governance & Board Secretary
Siobhan McIlroy, Head of Patient Experience *(item 10.1 only)*
Dr Shirley-Anne Savage, Associate Director for Risk & Professional Standards
Amanda Wong, Director of Allied Health Professions
Hazel Thomson, Board Committee Support Officer (Minutes)

Chair's Opening Remarks

The Chair welcomed everyone to the meeting.

The Chair paid tribute to Janette Keenan, for whom this was her last meeting before retiring in July 2025. Members joined with the Chair in thanking Janette for her input to the Committee and wished her a long and healthy retirement.

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

1.   Apologies for Absence

Apologies were received from members Colin Grieve (Non-Executive Member), Joy Tomlinson (Director of Public Health), and routine attendees Norma Beveridge (Director of Nursing, Acute), Fiona Forrest (Acting Director of Pharmacy & Medicines), Helen Hellewell (Deputy Medical Director, Health & Social Care

Partnership), Neil McCormick (Director of Property & Asset Management) and Dr Iain MacLeod (Deputy Medical Director, Acute Services Division).

2.   Declaration of Members' Interests

There were no declarations of interest made by members.

3.   Minutes of Previous Meeting – Friday 7 March 2025

The Committee **approved** the minutes of the previous meeting.

4.   Chair's Assurance Report Presented to Fife NHS Board on 25 March 2025

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

5.   Matters Arising / Action List

Action No. 1 – Organisational Duty of Candour
Members agreed that any escalations from the Clinical Governance Oversight Group, in relation to Organisational Duty of Candour, would be escalated as appropriate to the Committee, and that a separate paper was not required.

It was advised that, following new guidance, the Board's new approach to training & education will be presented to the Clinical Governance Oversight Group, and will be included in the Clinical Governance Oversight Group Assurance Summary to the Committee in July 2025. It will also be summarised as part of the next Organisational Duty of Candour Annual Report.

Action No. 2 – Organisational Learning Group & Measuring Effectiveness
In terms of assessing the outcome impact of the Hospital Acquired Harm risk mitigations, it was agreed to carry forward this action, noting it is still a work in progress.

Action No. 3 - Information Governance and Cyber Security Risk
It was advised that discussions had taken place in relation to the risk requiring clearer mitigation within the Corporate Risk Register. It was agreed an update will be provided in the next iteration of the Corporate Risk Register to be presented to the Committee.

The action list will be updated accordingly, and there were no other matters arising to consider.

5.1   Orthopaedic Hip Fracture Audit Update & Action Plan

The Medical Director reported that the paper provides an update to inform the Committee of the actions that have been undertaken to improve performance in relation to access to theatre for hip fractures.

Members discussed the paper and the options that have been explored to address the challenges that NHS Fife faces in relation to trauma operating capacity. A request was made for oversight of the modelling data and also the previous data, to provide assurance that the Standard will be met, that progress will be monitored and reported, and that the expected impact will be realised. A brief overview was provided on the funding elements. It was agreed that regular updates be provided to the Committee going forward and will be added to the workplan.

Action: Medical Director/Board Committee Support Officer

The Committee took a **"moderate" level of assurance** from the paper and **noted** that the Executive Leadership Team supported option 1 and that work is underway to recruit the necessary workforce to increase trauma theatre capacity.

6. ACTIVE OR EMERGING ISSUES

6.1 Victoria Hospital Water Supply Issue

The Medical Director introduced this item and advised that the paper provides a level of detail on the repair work being undertaken in relation to the areas affected by the water supply issue.

It was reported that mitigation actions are being worked through, and that there are no areas of concern or escalations to report. An overview was provided on the position of the areas affected.

The Chief Executive commended the teams on the work carried out for the impact assessments.

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

6.2 Safe Delivery of Care Health Improvement Scotland Inspection Action Plan

The Director of Nursing provided an overview on the unannounced follow-up Safe Delivery of Care Inspection at Victoria Hospital in early December 2024, noting that the inspection identified 13 new requirements and one recommendation. It was advised that a detailed improvement action plan has been agreed and will have oversight through the Acute Senior Leadership Team, with governance reporting through Clinical Governance.

Further detail was provided in relation to the improvement plans for the safe placement of patients.

The Chair commended the good progress that has been made on the nine requirements from the August 2023 inspection.

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

7. GOVERNANCE MATTERS

7.1 Annual Assurance Statements & Reports from Clinical Governance Subcommittees & Groups

The Board Secretary reported that the Annual Assurance Statements and reports are presented to the Clinical Governance Committee on a yearly basis to provide assurance that each subgroup has delivered on their remit. The Chair commended the Board Secretary for her work in pulling these assurance statements together.

The Committee took a **"significant" level of assurance** from the individual reports.

7.2   Draft Clinical Governance Committee Annual Statement of Assurance 2024/25

The Board Secretary explained that NHS Fife Board requires assurance that all Standing Governance Committees have delivered on their remit and the Statement seeks to provide detail on how the Clinical Governance Committee has met this through the 2024/25 financial year. The Clinical Governance Committee's Annual Statement of Assurance will go through the Audit & Risk Committee as part of the Annual Accounts 2024/25 process, before being submitted to NHS Fife Board for approval.

The Board Secretary was commended for an excellent report and no changes were requested to the current content of the Statement.

The Committee took a **"significant" level of assurance** and **approved** for final sign-off by the Chair and submission to the Audit & Risk Committee.

7.3   Area Clinical Forum Annual Statement of Assurance

The Area Clinical Forum Representative presented the Annual Statement of Assurance, advising that it details progress throughout 2024/25. It was noted that the Area Clinical Forum meeting dates for 2025/26 have been rescheduled and will now be held one week in advance of the NHS Fife Board meetings.

The Committee took a **"significant" level of assurance** from the statement.

7.4   Clinical Governance Oversight Group Assurance Summary from 8 April 2025 Meeting

The Associate Director of Quality & Clinical Governance highlighted the key points from the Clinical Governance Oversight Group meeting held on 8 April 2025, as detailed within the assurance summary.

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

7.5   Mental Health Oversight Group Assurance Summary from 10 April 2025 Meeting

The Director of Health & Social Care highlighted the key points from the Mental Health Oversight Group meeting held on 10 April 2025, as detailed within the assurance summary.

It was noted that further detail on adult support services will be detailed within the next assurance summary to be presented to the next Committee meeting.

The Chair commended the Child & Adolescent Mental Health Services Team for all their hard work.

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

7.6   Corporate Risks Aligned to the Clinical Governance Committee

The Associate Director for Risk & Professional Standards reported that there are currently three risks currently aligned to the Committee, with a fourth risk (Hospital Acquired Harm) awaiting formal approval at the NHS Fife Board meeting in May 2025. It was noted that the new risk appetite, agreed in November 2024, is now being used for corporate risks.

It was advised that work is being carried out in relation to mitigations for the Quality & Safety risk. In terms of the Cyber Resilience risk, it was advised that the wording will be revised for the next iteration of the report. Further context on the Quality & Safety risk was requested, and it was advised that work is underway to redefine this risk, to make it broader and include more detail around areas such as hospital acquired harm and adverse events, and for the risk to be more patient focussed.

The Committee:
- **noted** details of the corporate risks aligned to this committee as at 22 April 2025.
- **noted** the risk appetite status of the risks against the new risk appetite.
- considered and were assured of the mitigating actions to improve the risk levels and took a **"moderate" level of assurance.**

7.7   Delivery of Annual Workplan 2025/26

It was agreed to update the workplan to note that the East Region Neonatal Services is on hold until further information is available. It was also agreed to add in a new heading/section in relation to Mental Welfare Commission Reports.
                          Action: Board Committee Support Officer

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

8.   STRATEGY / PLANNING

8.1   Annual Delivery Plan (ADP) Quarter 4 Report 2024/25

The Director of Planning & Transformation advised that the NHS Board are taking an alternative approach with regards to the ADP for the forthcoming year to streamline the number of deliverables and ensure that there is the correct number of objectives and ADP alignment.

It was advised that the report presented details the areas against the pillar of 'Improve Quality of Health and Care Services', and the areas unlikely to complete on time/meet target were highlighted. Assurance was provided that a reconciliation exercise will be carried out for those areas, either at a local level or incorporated into a wider corporate objective.

It was reported that there is a workforce model redesign for rheumatology, which will be reported through the governance route to the Integrated Joint Board, and that updates will be provided as part of the ADP process, with any significant changes escalated as appropriate to this Committee.

The Committee took a **"moderate" level of assurance** from the report, and **endorsed** the ADP Q4 return for formal approval at the NHS Fife Board before onward submission to the Scottish Government.

8.2   Realistic Medicine/Value Based Health and Care Delivery Plan

The Associate Director for Risk & Professional Standards advised that the Realistic Medicine/Value Based Health and Care Delivery Plan will be submitted to the Scottish Government, and is presented to the Committee for information.

Discussion took place on shared decision making, and it was reported that a questionnaire to patients will be carried out at the end of the year. It was noted that a wider research project is being carried out, in conjunction with the University of St Andrews, around realistic medicine, and that the public are being heavily engaged around this work.

The Associate Director of Risk & Professional Standards accepted an invitation to present at a future Area Clinical Forum meeting around realistic medicines.

The Chair and Associate Director of Risk & Professional Standards agreed to have a discussion outwith the meeting around reducing waste and the input of the sustainability team.

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

8.3   Clinical Services Redesign Programme

A presentation was provided from the Director of Planning & Transformation, Director of Acute Services and the Director Health & Social Care on the clinical services redesign programme. The presentation slides will be shared with the Committee.

Action: Board Committee Support Officer

The Committee **discussed** the presentation and were advised that a further update will be provided in due course.

8.4   North East Minor Injuries Unit Reconfiguration

The Director of Health & Social Care advised that the update to the Committee is to provide assurance that appropriate engagement and communication has been undertaken and that an Equality Impact Assessment (EQIA) has been carried out. The main benefits of progressing with the reconfiguration plans was outlined, and it was reported that a piece of work is being carried out to ensure strong mitigation from a patient safety perspective. It was advised that a final decision with regards to option 3 will be made by the Integrated Joint Board on 28 May 2025.

Discussion took place on the frailty service, and assurance was provided that the service would not be digitally isolated, and that utilising technology is being fully explored. It was reported that draft plans for an enhanced royalty service will be considered at the end of June 2025 and will come forward to the Committee in due course.

The Chair commended all the teams for all their hard work.

The Committee **considered** and **supported** recommendation 3 for progression to the Integrated Joint Board for decision.

9. **QUALITY / PERFORMANCE**

9.1 **Integrated Performance & Quality Report**

The Director of Nursing spoke to the quality & care section of the report. An overview was provided on the adverse events position, and the refresh of the trigger list, and improvement plan developed by the Significant Adverse Event Reviews Caseload Group was highlighted. In terms of falls, it was highlighted that the Acute Falls Group have reintroduced monthly falls audits, and that a short life working group has been convened to look at staffing levels within the work environment. It was advised that both medical and surgical directorates, and acute services, are implementing a 10-point improvement plan for addressing pressure ulcers. An overview was also provided on the position for CDI, ECB and SAB infections. It was agreed that further detail on the improvement plan work for renal SABs and the use of dialysis catheters, be provided to the Committee for the July 2025 meeting. The Committee requested a paper from the infection control team to give detail of the improvement plan regarding Healthcare Associated Infections.

<div align="right">**Action: Director of Nursing**</div>

The Medical Director reported that there was a slight improvement from the last reporting period for the stroke bundle, and that further detail in relation to thrombosis will be presented to the Committee meeting in July 2025.

<div align="right">**Action: Medical Director**</div>

The Director of Health & Social Care spoke to the mental health quality indicators, and advised that a specific ligature project is underway, within Ward 3 at Queen Margaret Hospital, and is on target. It was reported that subgroups are now in place, looking to identify key strategies to progress work streams, particularly in relation to restraint and physical violence, as part of the Scottish Patient Safety Programme campaign.

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

9.2 **Healthcare Associated Infection Report**

The Director of Nursing reported that the new standards on reduction of healthcare associated infections was released in April 2025 and sets out the local delivery plan standards for 2025/26. It was advised that work is ongoing to maintain the current position, which is challenging.

In terms of the quarter 3 report, it was highlighted that the national cleaning services specification and estates monitoring both remain at green status.

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

9.3 Public Protection, Accountability & Assurance Framework

The Director of Nursing reported that a self-assessment against the Public Protection, Accountability & Assurance Framework was carried out, and that the outcome identified strengths and risks, and areas for improvement. It was highlighted that the review also identified the need for investment in adult protection services infrastructure to ensure safe, consistent and rights-based protection for all adults at risk in Fife. It was noted that the Adult Protection Biannual Report demonstrates that there is positive multi-agency working. An update will come back to the Committee in due course, and it was noted that the report confirmed significant assurance for child protection services.

The Committee took a **"moderate" level of assurance** for Child Protection Services, and a **"limited" level of assurance** for Adult Protection Services.

10. PERSON CENTRED CARE / PARTICIPATION / ENGAGEMENT

10.1 Patient Story

The Chair welcomed Siobhan McIlroy, Head of Patient Experience, to the meeting, who gave a presentation in relation to the accessibility of the Care Opinion service to our paediatric patients and children using NHS Fife services.

The Committee took **assurance** from the presentation.

10.2 Patient Experience & Feedback Report

The Director of Nursing advised that there continues to be a focus within the Patient Experience Team around early compliant resolution. In quarter 3, there was a reduction in the average days to close a compliant, which is an improvement on the previous quarter. It was noted that there continues to be some delays in obtaining final responses and statements, which reflects how busy staff continue to be. The implementation of the 'Objective Connect System' to securely transfer files to the Scottish Public Services Ombudsman, was highlighted.

A request was made to add further information in relation to targeted improvements for stage 2 complaints, to the next iteration of the report, to provide members with additional assurance.

Action: Director of Nursing

The Chair commended the Patient Experience Team for all their hard work.

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

11. LINKED COMMITTEE MINUTES

The Committee **noted** the linked committee minutes and also **noted** that there were no escalations to the Committee from these minutes.

11.1   Area Clinical Forum held on 3 April 2025 (unconfirmed)

11.2   Cancer Governance & Strategy Group held on 19 February 2025 (confirmed)

11.3   Clinical Governance Oversight Group held on 8 April 2025 (unconfirmed)

11.4   Fife IJB Quality & Communities Committee held on 4 September 2024 (confirmed), 8 November 2024 (confirmed) and 10 January 2025 (unconfirmed)

11.5   Health & Safety Subcommittee held on 7 March 2025 (unconfirmed)

11.6   Infection Control Committee held on 1 October 2024 (unconfirmed)

11.7   Medical Devices Group held on 12 March 2025 (unconfirmed)

11.8   Medical & Dental Professional Standards Oversight Group held on 21 January 2025 (confirmed) & 15 April 2025 (unconfirmed)

11.9   Resilience Forum held on 20 March 2025 (unconfirmed)

12.   ESCALATION OF ISSUES TO NHS FIFE BOARD

13.1   To the Board in the IPQR Summary

There were no performance-related issues to escalate to the Board.

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

It was agreed to escalate the Public Protection, Accountability & Assurance Framework to NHS Fife Board, via the Chair's Assurance Report.

13.   MEETING REFLECTIONS & AGREEMENT OF MATTERS FOR CHAIR'S ASSURANCE REPORT TO BE PRESENTED TO FIFE NHS BOARD ON 25 MARCH 2025

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

14.   ANY OTHER BUSINESS

None.

Date of Next Meeting – Friday 11 July 2025 from 10am – 1pm via MS Teams.

NHS Fife

Meeting:	Finance, Performance & Resources Committee
Meeting date:	8 May 2025
Title:	Committee Chair's Assurance Report

1.   Committee's Performance against Annual Workplan

1.1   The Committee reviewed the workplan for the financial year 2025/26.

2.   The Committee considered the following items of business:

2.1   The Committee took a significant level of assurance from the Finance, Performance & Resources Committee Annual Assurance Statement 2024/25.

2.2   The Committee took a moderate level of assurance from the IJB Directions 2025/26 report in relation to governance information provided within the report, and a limited level of assurance in relation to the performance information provided within the report.

2.3   The Committee took a moderate level of assurance from the Review of General Policies & Procedures Report.

2.4   The Committee took a moderate level of assurance from the Annual Delivery Plan Quarter 4 Report and endorsed the plan for onward submission to the NHS Fife Board and Scottish Government.

2.5   The Committee took a moderate level of assurance from the Planned Care Plans 2025/26 paper.

2.6   The Committee noted the verbal update on the 2025/26 Unscheduled Care Plans

2.7   The Committee took a moderate level of assurance from the Financial Performance Report

2.8   The Committee took a significant level of assurance from the Procurement Key Performance Indicators paper

2.9   The Committee took a moderate level of assurance from the Reform, Transform, Perform (RTP) Performance Report.

2.10   The Committee noted the content from the NHS Fife 2025-2028 Financial Plan letter.

2.11   The Committee took a moderate level of assurance from the 'Finance for Non-Finance Colleagues' Training Sessions paper.

3. Delegated Decisions taken by the Committee

None.

4. Update on Performance Metrics

4.1 The Committee took a limited level of assurance from the IPQR and endorsed the Quality and Care Section of the IPQR

5. Update on Risk Management

5.1 The Committee took a moderate level of assurance (with the exception of the financial position which provides a limited level of assurance) that all actions within the control of the organisation, are being taken to mitigate these risks as far as is possible to do so.

6. Any other Issues to highlight to the Board:

None.

Alistair Morris
Chair
Finance, Performance & Resources Committee

Fife NHS Board

Unconfirmed

MINUTE OF THE FINANCE, PERFORMANCE & RESOURCES COMMITTEE MEETING HELD ON THURSDAY 8 MAY 2025 AT 10AM VIA MS TEAMS

Present:
Alistair Morris, Non-Executive Director (Chair)
Alastair Grant, Non-Executive Director
John Kemp, Non-Executive Director
Susan Dunsmuir, Director of Finance
Dr Chris McKenna, Medical Director
Lynne Parsons, Employee Director
Carol Potter, Chief Executive
Janette Keenan, Director of Nursing

In Attendance:
Claire Dobson, Director of Acute Services
Lynne Garvey, Director of Health & Social Care
Ben Hannan, Director of Planning & Transformation
Dr Gillian MacIntosh, Associate Director of Corporate Governance & Board Secretary
Neil McCormick, Director of Property & Asset Management
Maxine Michie, Deputy Director of Finance
Alistair Graham, Director of Digital & Information
Kevin Booth, Head of Financial Services & Procurement *(for Item 8.3)*
Kerrie Donald, Executive Assistant *(minutes)*

1. **Apologies for Absence**

   Apologies were noted from members J. Bennett (Non-Executive Director), Councillor M. Lockhart (Non-Executive Director) and J. Tomlinson (Director of Public Health).

   The Chair welcomed S. Dunsmuir to her first Committee in her new role as Director of Finance.

2. **Declaration of Members' Interests**

   There were no members' interests to declare.

3. **Minute of Previous Meeting held on 11 March 2025**

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

4. **Chair's Assurance Report Presented to NHS Fife Board on 25 March 2025**

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

5.   Action List

The Committee **noted** the updates on the action list.

6.   GOVERNANCE MATTERS

6.1   Draft Finance, Performance & Resources Annual Assurance Statement 2024/25

The Board Secretary presented the 2024/25 annual report, thanking the Chair for reviewing the initial draft of the report and M. Michie for reviewing the figures against year end. The report summarised the business of the Committee over the past financial year.

The Committee took a **significant level of assurance** from the report and **approved** the report for final sign off by the Chair and onward submission to the Audit & Risk Committee.

6.2   Corporate Risks Aligned to Finance, Performance & Resources Committee

The Director of Finance provided an in-depth review of the paper highlighting the risk profile has remained unchanged since the last iteration in March, with 6 high risks and 1 moderate aligned to the Committee.

Following discussion regarding the scoring to risk 13 'Delivery of a balanced in year financial position' it was agreed the risk should be reduced from a 25 to 20 due to NHS Fife achieving more than anticipated within the 2024/25 financial outturn. It was further agreed risk 14 'Delivery of recurring financial balance over the medium-term' should remain at a risk level of 25, however the Chair emphasised the risk should continue to be reviewed and updated as appropriate.

The Committee took a **moderate level of assurance** (with the exception of the financial position, which provides a **limited level of assurance**) that all actions within the control of the organisation are being taken to mitigate these risks as far as is possible to do so.

6.3   Integrated Joint Board (IJB) Directions 2025/26

The Director of Finance provided an in-depth review of the paper highlighting it sets out the Direction issued to NHS Fife by the Fife IJB, following approval of their 2025/26 financial plan, confirming the resources directed to NHS Fife for 2025/26 and how this aligns with the NHS Fife Financial Plan for 2025/26.

It was advised the difference in funds delegated and directed back to NHS Fife is £58.542m, which includes a resource transfer to Fife Council of £51.824m, and a budget realignment from NHS Fife to Fife Council of £6.718m. Following the payment of the budget realignment from NHS Fife to Fife Council, NHS Fife's financial plan anticipates a further risk share payment of up to £1.811m taking the total potential risk share inclusive of budget realignment to £8.529m.

The Director of Finance noted an agreement has been reached by partners to review the IJB financial position on an 8-weekly basis in line with funding agreed within the financial plans to be issued to the IJB on a phased basis.

The Director of Health & Social Care highlighted a weekly escalation review tool has been implemented to provide real time data and intelligence on performance and financial operation to ensure any risk share potential can be escalated in a timely manner.

Following a query from J. Kemp, Non-Executive Director, regarding the risk share, the Director of Finance highlighted plans are in place within the IJB to achieve the savings plan and manage the volatile budgets, noting there remains a risk of deviation and potential financial risk, which will be monitored at the monthly finance meetings with all partners.

The Committee took a **moderate level of assurance** in relation to governance information provided within the report, and a **limited level of assurance** in relation to the performance information provided within the report.

6.4 Review of General Policies & Procedures

The Board Secretary presented the report, highlighting that while the number of in date policies has decreased compared to the previous year's position, work is underway to review and update a number of policies. A recent discussion at the Executive Leadership Team meeting had agreed a way forward to prioritise out-of-date policies, on a risk-based approach.

The Director of Property & Asset Management highlighted that while several Estates-related policies are out of date, they are very recently passed the date of expiration, and work is ongoing to review these.

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

6.5 Delivery of Annual Workplan 2025/26

The Director of Finance presented the tracked 2025/26 annual workplan.

The Committee **approved** the 2025/26 annual workplan.

7. STRATEGY / PLANNING

7.1 Annual Delivery Plan 2024/25 Quarter 4 Report

The Director of Planning &Transformation presented the final Annual Delivery Plan noting there are 208 deliverables incorporated into the ADP for 2024/25 and 43 deliverables that are not aligned to a recovery driver however will continue to be tracked and reported going forward.

The Committee took a **moderate level of assurance** from the update and **endorsed** the report for onward submission to the NHS Fife Board.

7.2 Overview of Planned Care Plans 2025/26

The Director of Acute Services provided an in-depth review of the paper highlighting Scottish Government, as part of their National Operational Improvement Plan, have indicated they wish for planned care waiting times to be less than 52 weeks, with

Radiology and Diagnostic waiting times to be within 6 weeks. A bid was submitted to Scottish Government to seek investment for key specialities, with £9.7m potential funding for NHS Fife.

It was noted that Scottish Government have confirmed this funding will be released based on performance delivery. Following discussion, it was confirmed that this method of distributing funds would not detrimentally impact the cash flow requirements of NHS Fife, as we are able to draw down cash on a needs basis. However, it was noted there is no clear narrative as yet from Scottish Government on how the funding will be drawn down and recognised against the budget. It was noted by the Director of Finance that the financial risk for NHS Fife is that if additional expenditure is incurred but performance targets are not met and funding not released this would result in an increased deficit position.

Following a query regarding recruitment to support the reduction in waiting times, the Director of Acute Services highlighted there are a range of posts across specialities which will be funded by the recurring money, noting that Vacancy Management Forms to fill these posts are completed and ready for submitting. It was also highlighted NHS Fife is an attractive Board to work for so it is hoped vacancies will be filled within a timely manner. Non-recurring funding will be utilised by providing additional hours and weekend shifts to staff to reduce waiting times.

The Chief Executive suggested a future development session for the Finance, Performance & Resources Committee to discuss the funding for the planned care plan along with performance measures should be scheduled for later in the year.

Action: EA to Director of Finance

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

7.3 Overview of Unscheduled Care Plans 2025/26

The Director of Planning & Transformation advised that NHS Fife has submitted a bid of £17m to Scottish Government to assist with the unscheduled care plans, which focus on reducing the median length of stay, frailty, improving Emergency Department performance and reimaging Hospital at Home.

It was advised that Scottish Government have not indicated any level of funding towards any Boards at this time, however NHS Fife has been asked to continue refining the plan ensuing the key focus remains on the noted areas.

The Director of Acute Services and Director of Health & Social Care highlighted that the plans provide NHS Fife with an exciting opportunity, which will bring further engagement across services.

The Committee **noted** the verbal update.

8. QUALITY / PERFORMANCE

8.1 Integrated Performance & Quality Report (IPQR)

The Director of Acute Services provided an overview of acute performance, highlighting emergency access has decreased in March, however unplanned attendance remains

high. 31 and 62 day cancer performance targets decreased, noting neurology remains the most challenged due to demands, though opportunities are still being sought to optimise the effectiveness and efficiency within the service. Diagnostic performance shows NHS Fife as the top performing Board in Scotland, which highlights a positive result from the hard work and dedication put in by the Radiology and Diagnostic teams after receiving funding from Scottish Government.

The Director of Health & Social Care provided an in-depth review of the delayed discharge performance, highlighting bed days lost within mental health and Learning Disability patients has decreased, along with the average bed days lost. It was noted the figures are likely to improve throughout the year due to work being undertaken to support patients getting home, especially for mental health patients who have experienced extended lengths of stay.

The Committee took a **limited level of assurance** from the IPQR and **endorse** the operational performance of the IPQR.

8.2 Financial Performance Report

The Director of Finance provided an overview of the report, highlighting the 2024/25 month 12 year-end figures to the Committee, noting they remain subject to external audit. The report presents a breakeven budget following receipt of £20.513m brokerage from Scottish Government and shows an over achievement of the 3% savings targets (with £26.6m savings achieved, of which £18.4m assessed as recurring). The capital resource limit was also achieved, with an initial allocation of £7.764m and an additional £8.066m secured and allocated.

The Chief Executive and Chair acknowledged and praised the work completed to achieve the 3% target savings, highlighting it illustrates a whole-team effort across the organisation.

The Committee took a **moderate level of assurance** from the report and **discussed** the content noted within the paper.

8.3 Procurement Key Performance Indicators

The Head of Financial Services & Procurement joined the meeting and provided an in-depth analysis of the Key Performance Indicators presented within the paper, highlighting efficiency savings of £1.5m and net cost savings of £1.3m.

Following a query from A. Grant, Non-Executive Director, it was confirmed the Procurement team are focusing on reducing the quantity of low value orders to reduce the administration time taken to process these orders, as well as seeking opportunity to pursue economies of scale.

The Deputy Director of Finance highlighted that the increase in Waivers at the end of the 2024/25 financial year was due to NHS Fife receiving additional capital funding from the National Infrastructure Board, which allowed close to £1m of priority items to be purchased from the 2025/26 capital equipment lists.

The Committee took a **significant level of assurance** from the paper.

8.4 Reform, Transform, Perform (RTP) Quarter 4 Update

The Director of Planning & Transformation provided an overview of the final 2024/25 RTP report, highlighting the 3% scheme reporting is now complete.

Members of the Committee praised the Board for achieving the 2024/25 savings outcome.

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

9. LINKED COMMITTEE / GROUP MINUTES

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

9.1 Fife Capital Investment Group held on 23 April 2025 (unconfirmed)

9.2 Procurement Governance Board held on 23 April 2025 (unconfirmed)

9.3 IJB Finance, Performance and Scrutiny Committee held on 12 March 2025 (unconfirmed)

9.4 Primary Medical Services Sub Committee held on 4 March 2025 (unconfirmed)

10. ESCALATION OF ISSUES TO NHS FIFE BOARD

10.1 To the Board in the IPQR Summary

There were no performance related issues to escalate to the Board.

10.2 Chair's Comments on the Minutes / Any Other Matters for Escalation to NHS Fife Board

There were no issues to escalate to the Board.

11. MEETING REFLECTIONS & AGREEMENT OF MATTERS FOR CHAIR'S ASSURANCE REPORT TO BE PRESENTED TO FIFE NHS BOARD ON 25 MARCH 2025

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

12. ANY OTHER BUSINESS

12.1 NHS Fife 2025-2028 Financial Plan Letter

The Director of Finance provided an overview of the letter, highlighting that NHS Fife's 2025-2028 Financial Plan was approved on the basis of delivering an end of year outturn within 1% of the revenue resource limit and continuing the work towards a balanced three-year plan.

The Committee **noted** the content of the letter.

12.2 'Finance for Non-Finance Colleagues' Training Sessions Update

The Director of Finance provided an in-depth review of the paper, highlighting the training sessions were well attended and received very positive feedback. Further sessions are planned for later in 2025, with additional sessions on PECOS being scheduled.

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

13.   Date of Next Meeting: 29 July 2025 from 10am – 12.30pm via MS Teams.

Meeting: **Public Health & Wellbeing Committee**

Meeting date: **12 May 2025**

Title: **Committee Chair's Assurance Report**

1.   Committee's Performance against Annual Workplan

The Committee reviewed the workplan for the financial year 2025/26.

The following items have been deferred and rescheduled:
- Mental Health Strategy Implementation
- Population Health & Wellbeing Update on Delivery Plan
- East Region Health Protection Service
- Alcohol & Drugs Partnership Annual Report 2024/25
- Pharmaceutical Care Services Annual Report 2024/25

2.   The Committee considered the following items of business:

2.1   Annual Assurance Statements & Reports from Public Health Governance Subcommittees & Groups

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

2.2   Draft Public Health & Wellbeing Committee Annual Statement of Assurance 2024/25

The Committee took a **"significant" level of assurance** and **approved** the statement.

2.3   Annual Reports

There were three annual reports presented for assurance:
- Adult Support & Protection Biannual Report 2023/25
- Screening Inequalities Workplan
- United Nations Convention on the Rights of the Child (UNCRC) (Implementation) (Scotland) Act 2024 Report

2.4   Infrastructure & Change Programme

The Committee took a **"moderate" level of assurance** from the update, and noted that further detail is still to be provided in relation to cost savings.

2.5   Building our Inclusion Health Network

The Committee **noted** the early stage of development of the work and supported opportunities for further engagement with the approach. The Committee also took **assurance** from the Inclusion Health workshop and Terms of Reference for the Network.

3. Delegated Decisions taken by the Committee

3.1 Annual Delivery Plan (ADP) Quarter 4 Report

The Committee took a **"moderate" level of assurance** from the report and **endorsed** the Annual Delivery Plan Quarter 4 return for formal approval at the Board and for submission to the Scottish Government.

4. Update on Performance Metrics

4.1 Integrated Performance & Quality Improvement Report

Noted a positive position for the Child & Adolescent Mental Health Services with it being noted that the 90% target has been met and exceeded for seven consecutive months. Also noted that immunisation teams are actively reviewing and updating their approach to MMR2, this includes offering additional MMR clinics. Reported that a lot of work was undertaken for the No Smoking Day campaign and linking in with a variety of other services and professionals to continue to raise awareness. The Committee took a **"moderate" level of assurance** from the report and endorsed the Public Health & Wellbeing section.

4.2 Psychological Therapies Standard Update

Noted that the current 90% target is not being met, due to waiting lists and gaps in demand and capacity, however, performance has been improving on a steady basis, and an overview was provided on the work that is being carried out. The Committee took a **"moderate" level of assurance** from the update.

5. Update on Risk Management

There are six corporate risks aligned to the PH&WC. The reduction in the risk level for the Primary Care risk was highlighted, with it noted that this is a testament of the good work carried out by the teams in delivering the Primary Care Improvement Plan.

The Committee took a **"moderate" level of assurance** that all actions, within the control of the organisation, are being taken to mitigate these risks as far as is possible to do so, and also **noted** the risk appetite status of the risks against the Board's risk appetite.

Risk	Actions Required
Population Health & Wellbeing Strategy	Below risk appetite
Health Inequalities	Within risk appetite
Policy obligations in relation to environmental management and climate change	Below risk appetite

Risk	Actions Required
Primary Care Services	Within risk appetite
Pandemic Risk	Within risk appetite
Substance Related Morbidity and Mortality	Under consideration
	Within risk appetite

The Committee supported and **endorsed** the Oral Health risk descriptor and recommendations as outlined within the report.

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

None.

John Kemp
Chair
Public Health & Wellbeing Committee

Fife NHS Board

Unconfirmed

MINUTE OF THE NHS FIFE PUBLIC HEALTH & WELLBEING COMMITTEE MEETING HELD ON MONDAY 12 MAY 2025 AT 10AM VIA MS TEAMS

Present:
John Kemp, Non-Executive Member (Chair)
Nicola Robertson, Chair of the Area Clinical Forum
Lynne Parsons, Employee Director
Janette Keenan, Director of Nursing
Dr Chris McKenna, Medical Director
Carol Potter, Chief Executive
Dr Joy Tomlinson, Director of Public Health

In Attendance:
Susan Fraser, Deputy Director of Planning & Transformation
Fiona Forrest, Acting Director of Pharmacy & Medicines
Lynne Garvey, Director of Health & Social Care
Ben Hannan, Director of Planning & Transformation
Kirsty MacGregor, Director of Communications & Engagement
Dr Gillian MacIntosh, Associate Director of Corporate Governance & Board Secretary
Neil McCormick, Director of Property & Asset Management
Dr Kemi Oyedeji, Consultant in Public Health *(item 9.2 only)*
Olivia Robertson, Senior Manager Children's Services *(item 9.3 only)*
Andy Summers, Interim Director for Fife Psychology Service *(item 8.2 only)*
Hazel Thomson, Board Committee Support Officer (Minutes)

Chair's Opening Remarks

The Chair welcomed everyone to the meeting, and extended a warm welcome to Nicola Robertson, who was attending her first meeting in her new role as Non-Executive Stakeholder member as Chair of the Area Clinical Forum.

The Chair paid tribute to Janette Keenan, for whom this was her last meeting before retiring in July 2025. Members joined with the Chair in thanking Janette for her input to the Committee and wished her a long and healthy retirement.

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

1.   **Apologies for Absence**

      Apologies were received from members Jo Bennett (Non-Executive Member) and Arlene Wood (Non-Executive Member).

2.   **Declaration of Members' Interests**

There was no declaration of members' interests.

3.   Minutes of Previous Meeting held on 3 March 2025

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

4.   Chair's Assurance Report presented to Fife NHS Board on 25 March 2025

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

5.   Matters Arising / Action List

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

In terms of actions 4 & 5, in relation to the East Region Health Protection Service, it was agreed to put this action on hold as the timeline for future strategic planning has been delayed ensuring coordination across Boards. It was advised that once the timeline has been confirmed, an update will be provided to the Committee.

The action list will be updated accordingly.

6.   GOVERNANCE MATTERS

6.1   Annual Assurance Statements & Reports from Public Health Governance Subcommittees & Groups

The Director of Nursing outlined the key points from Equality and Human Rights Steering Group Annual Statement of Assurance, and the Director of Public Health highlighted the key points from the Public Health Assurance Committee Annual Statement of Assurance, each report summarising the business of each group during the 2024-25 reporting year.

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

6.2   Draft Public Health & Wellbeing Committee Annual Statement of Assurance 2024/25

The Board Secretary explained that NHS Fife Board require assurance that all Standing Governance Committees have delivered on their remit and the Statement seeks to provide detail on how the Public Health & Wellbeing Committee has met this through the 2024/25 financial year. The Public Health & Wellbeing Committee's Annual Statement of Assurance will go through the Audit & Risk Committee as part of the Annual Accounts 2024/25 process, before being submitted to NHS Fife Board for approval.

The Board Secretary was commended for an excellent report and no changes were requested to the current content of the Statement.

The Committee took a **"significant" level of assurance** and **approved** the statement, subject to members' comments regarding any amendments necessary, for final sign-off by the Chair and submission to the Audit & Risk Committee.

6.3 Corporate Risk Aligned to the Public Health & Wellbeing Committee

The Director of Public Health reported that there are five risks currently aligned to the Committee, with a sixth risk (Substance Related Mortality) awaiting formal approval at the NHS Fife Board meeting in May 2025. It was noted that the new risk appetite, agreed by the Board in November 2024, is now being used for corporate risks.

The importance of the risk descriptor was raised, to ensure that mitigations can be put in place when issues arise.

The Director of Health & Social Care highlighted the reduction in the risk level for the Primary Care risk, noting that this is a testament of the good work carried out by the teams in delivering the Primary Care Improvement Plan.

The Committee:
- **noted** details of the corporate risks aligned to this committee as at 22 April 2025.
- **noted** the risk appetite status of the risks against the Board's risk appetite.
- considered and were assured of the mitigating actions to improve the risk levels and took a **"moderate" level of assurance.**

6.3.1 Oral Health Risk

The Director of Public Health presented the Oral Health risk deep dive. Members agreed with the risk descriptor, noting that it captures and encompasses the key issues. It was advised that the deep dive describes a range of actions, mainly in relation to mitigation. It was noted during the discussion that the majority of mitigations are not within the control of NHS Fife, and suggestion was made to continue to lobby with the Scottish Government in terms of wider solutions, such as training more dentists and reviewing contracts to get more people into the NHS.

The Committee supported and **endorsed** the risk descriptor and recommendations as outlined within the report.

6.4 Delivery of Annual Workplan 2025/26

The Director of Public Health highlighted that future reporting of the Annual Delivery Plan has been removed from the workplan, however, will remain on the Finance, Performance & Resources Committee workplan.

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

7. STRATEGY / PLANNING

7.1 Annual Delivery Plan Quarter 4 Report 2024/25

The Director of Planning & Transformation highlighted the key points from the report. It was advised that a reconciliation exercise is being carried out in relation to risks, and that the Annual Delivery Plan will be scrutinised through the Finance, Performance & Resources Committee, with specific areas escalated as appropriate to the respective Board Committees.

The Committee took a **"moderate" level of assurance** and **endorsed** the Annual Delivery Plan Quarter 4 Report 2024/25 return for formal approval at Board and for submission to Scottish Government.

7.2   Infrastructure & Change Programme

The Director of Property & Asset Management provided an overview of the paper and advised that further detail is still to be provided in relation to cost savings, and thus that the paper sets out the direction of travel and the areas that will have significant work carried out. It was noted that elements of the programme require enabling capital work, and that close working with the Director of Health & Social Care is underway for some of the estate issues, particularly around mental health services and community hospitals.

A brief overview was provided on the funding elements, and an explanation was provided on the prioritisation of areas. It noted that there is insufficient funding to support all aspects to be achieved, however NHS Fife is well placed to be able to use additional funds throughout the year, if received.

The Director of Property & Asset Management accepted an invitation to present on the infrastructure & change programme to the Area Clinical Forum at a forthcoming meeting.

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

7.3   Building our Inclusion Health Network

The Director of Public Health reported that the paper presents the agreed approach to establishing an Inclusion Health Network for Fife. An overview was provided on the purpose of the network, with it being noted that it will support existing locality groups, and that specific actions will be put in place in relation to what is required in the future.

The Committee **noted** this early stage of development of the work and supported opportunities for further engagement with this approach. The Committee also took **assurance** from the Inclusion Health workshop and Terms of Reference for the Network, as detailed in Appendix 2.

8.   QUALITY / PERFORMANCE

8.1   Integrated Performance & Quality Report

The Director of Public Health provided an overview on the screening elements of the report and advised that the AAA screening and bowel screening annual uptake figures, released in April 2025 and March 2025 respectively, present a similar position to the previous year. In terms of childhood immunisation, a slight decrease in uptake for the 1 in 6 immunisation and MMR2 immunisation was reported. It was noted that there is variation in uptake by locality and that more generally misinformation has impacted vaccination uptake, and that patients not receiving the first vaccination for MMR has had an impact on the MMR2 uptake position. It was advised that immunisation teams

are actively reviewing and updating their approach, this includes offering additional MMR clinics.

The Director of Health & Social Care reported that a lot of work was undertaken for the No Smoking Day campaign and linking in with a variety of other services and professionals to continue to raise awareness. It was highlighted that training has been delivered to maternity service staff, and that targeted outreach work continues, including the use of the mobile unit.

A positive position for the Child & Adolescent Mental Health Services was reported, with it being noted that the 90% target has been met and exceeded for seven consecutive months. It was advised that the number of readmissions for mental health has decreased, in comparison to other NHS Scotland Health Boards, and that a lot of work is being undertaken in this area. An update was also provided on the breast screening position, with it being noted that a range of activity is underway which will be described later on the agenda. While there is no new uptake information for this reporting period the minimum standard has been achieved.

The Committee took a **"moderate" level of assurance** from the report and "endorsed" the Public Health & Wellbeing section of the IPQR.

8.2 Psychological Therapies Standard Update

The Chair welcomed Andy Summers, Interim Director for Fife Psychology Service, to the meeting, who provided an update on psychological therapies performance. It was advised that the current 90% target is not being met, due to waiting lists and gaps in demand and capacity, however, performance has been improving on a steady basis, and an overview was provided on the work that is being carried out. It was noted that enhanced support from the Scottish Government has enabled a focus on improving capacity and trajectory modelling through improvement actions, which also links into the challenges in terms of lack of capacity for complex cases.

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

9. ANNUAL REPORTS / OTHER REPORTS

9.1 Adult Support & Protection Biannual Report 2023/25

The Director of Nursing presented the report and advised that there has been a 27% increase in adult support referrals, compared to the previous reporting period, which demonstrates increased awareness and identification of harm - further detail is provided within the report.

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

9.2 Screening Inequalities Workplan

The Chair welcomed Dr Olukemi Oyedeji, Consultant in Public Health, to the meeting, who provided an overview of the screening inequalities workplan. An overview was provided on the wide range of interventions that have commenced, and it was advised that planning for additional interventions is in progress. It was noted that

commencement of the plan has been supported through a fixed term national allocation, and that an Inequalities Officer is now in post to support this work.

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

9.3 United Nations Convention on the Rights of the Child (UNCRC) (Implementation) (Scotland) Act 2024 Report

The Chair welcomed Olivia Robertson, Senior Manager Children's Services, to the meeting. An overview on the report was provided, which presents the structures and activities within Fife Health & Social Care Partnership and NHS Fife, to meet the requirements of the United Nations Convention on the Rights of the Child (Incorporation) (Scotland) Act 2024.

It was reported that further consideration will be given to the Terms of Reference for the newly formed Fife UNCRC Implementation Group, in the context of governance, assurance and accountabilities.

It was agreed a further update be provided to the Committee at the July 2025 meeting.
Action: Director of Public Health/Board Committee Support Officer

The Committee took a **"moderate" level of assurance** from the report and **noted** the establishment of a Fife UNCRC Implementation Group.

10. ESCALATION OF ISSUES TO NHS FIFE BOARD

10.1 To the Board in the IPQR Summary

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

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

There were no matters to escalate to NHS Fife Board.

11. MEETING REFLECTIONS & AGREEMENT OF MATTERS FOR CHAIR'S ASSURANCE REPORT TO BE PRESENTED TO FIFE NHS BOARD ON 27 MAY 2025

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

12. ANY OTHER BUSINESS

None.

Date of Next Meeting - Monday 7 July 2025 from 10am – 12.30pm via MS Teams.

Meeting:	Staff Governance Committee
Meeting date:	Tuesday 13th May 2025
Title:	Committee Chair's Assurance Report

1. Committee's Performance against Annual Workplan

1.1 The Committee's Workplan is on track and is updated for each meeting of the Committee. The Workplan for 2025/2026 was agreed, with a few Staff Governance related additions.

2. The Committee considered the following items of business:

2.1 The Committee discussed the first iteration of the People & Culture Report, as a refresh of the previously provided Workforce Information Overview. The Committee commented on the positive development of this report and the enhanced insights into a complex landscape. An abridged version of the report will be considered for distribution to the wider staff groups.

2.2 The Committee considered the finalised version of the Draft Staff Governance Committee Statement of Assurance 2024/2025, taking a '**Significant level of Assurance**' and approved it for sign off by the Chair and onward submission to the Audit & Risk Committee.

2.4 The Health and Care (Staffing) (Scotland) Act 2019 Annual Report and Quarter 4 Update 2024/2025 were considered, which provided a '**Moderate Level of Assurance**'. It was advised that the success of the OPEL escalation tool had supported compliance in Nursing and Midwifery areas, where robust procedures covering a range of activities detailed within the HCSA such as workforce and workload tools, rostering and risk management arrangements were in place. The Committee endorsed the report for formal presentation at the May 2025 NHS Fife Board, and thereafter to the Scottish Government.

2.5 The Committee endorsed the 2025/2026 Annual Workplan, noting that it would be updated to include Corporate Objectives that specifically relate to provision of Staff Governance Standards and the plan would remain a 'Live' document in order to react to any emerging or new factors affecting the Committee.

2.6 An update on the Annual Delivery Plan Quarter 4 Report 2024/2025 provided a '**Moderate level of Assurance**,' whilst members noted a new reporting format to streamline performance reporting and reduce duplication was in development.

2.7 A comprehensive overview of the contents of the People & Change Programme Project Initiation Document (PID) was discussed, with the Committee noting the breadth of activity required, as well as the financial imperatives and efficiency requirements. A '**Moderate Level of Assurance**' was provided, with a future report on the activities on both national and local levels in relation to the Band 5 Nursing Review (as part of the non-pay elements of the Agenda for Change 2023/2024 Pay Deal) to be brought back to a future meeting

2.8 An update on the Business and Digital Transformation programme was provided, with the Committee apprised of the work being undertaken in the core business transformation priorities including technical optimisation and automation, workforce modernisation, and centralisation and consolidation of functions. A '**Limited Level of Assurance**' was provided at this time due to the local and national complexities currently affecting this area.

2.9 A '**Moderate Level of Assurance**' was provided for the Reduction in the Working Week paper, noting that the initial 30 minute reduction has been assessed and provided to the Scottish Government to meet the 1 April 2025 deadline. An outline Initiation plan for the remaining 60 minute reduction has been provided to Scottish Government for the 1 May 2025 deadline, with the overall impact of the full 90 minute reduction currently being assessed. It was noted that, in order to maintain safety and provision, initial estimates show that the overall cost to NHS Fife is likely to exceed the funds provided.

2.10 A comprehensive report on the Sickness Absence & Plan for Recovery 2025/2026 was discussed at length, noting that sickness levels in March 2025 were at the lowest levels in the preceding 12 months. A '**Moderate Level of Assurance**' was provided for the current stage of implementation.

2.11 The Workforce Plan 2025/2026 has been developed in accordance with the revised guidance issued by the Scottish Government's Health Workforce Directorate in December 2024. It was noted that the plan has been developed in close collaboration with the H&SCP highlighting the importance of collaborative development of shared workforce strategies for common challenges.

2.12 The Report and Recommended Actions of the Scottish Ministerial Nursing and Midwifery Taskforce was discussed and challenges around recruitment, retention and lack of available workforce discussed. A '**Moderate level of Assurance**' was provided noting the implications and plans to support key recommendations.

2.13 Further feedback on the Recovery Plan and the work undertaken by the Workforce Directorate to support an improvement in PDPR and Core Skills / Mandatory Training was provided. The position continues to provide a '**Limited Level of A Assurance**' for PDPR Compliance and a '**Moderate Level of Assurance** ' for Core Skills / Mandatory Training compliance, the Committee again acknowledged the commitment of colleagues and background work being undertaken to improve this, both in the current and future years. Reports on progress will be provided at each SGC meeting.

2.14 A report on the Improved and Safe Working Environment advised of an Action Plan to address the recommendations of the March 2025 Health Improvement Scotland Inspection report, in relation to general fire safety, including storage of items in proximity to fire escapes, mandatory training and fire evacuation plans. The Committee were further updated on a revised approach to conducting Fire Risk assessments, which will better facilitate stakeholder discussions and engagement. A '**Moderate level of Assurance**' was provided.

2.15 The Committee noted the contents of a comprehensive report on Well Informed: Communications and Feedback, which provided a '**Moderate Level of Assurance**'.

2.16 The Committee took a **'Moderate Level of Assurance'** from the Whistleblowing Annual Performance Report 2024/2025 and commented on the positive development of Whistleblowing promotion and reporting within NHS Fife over the past year. The Oversight Group Chair's Assurance Report was discussed and commented upon positively regarding the formation and function of this group.

3. Update on Performance Metrics

The Committee took a **'Limited' Level of Assurance** from the IPQR update provided, noting that:
- Sickness Absence had decreased from 7.99% in January 2025 to 6.84% in February 2025.
- PDPR compliance was noted as 44.6% in March 2025, with no change reported from the previous month.

4. Any Other Issues to Highlight to the Board

N/A

Colin Grieve
Chair, Staff Governance Committee
May 2025

Fife NHS Board

Unconfirmed

MINUTE OF THE STAFF GOVERNANCE COMMITTEE MEETING HELD ON TUESDAY 13 MAY 2025 AT 10.00 AM VIA MS TEAMS

Present:
Colin Grieve, Non-Executive Member (Chair)
Sinead Braiden, Non-Executive Member & Equality & Diversity Champion
Vicki Bennett, Health & Social Care Partnership (H&SCP) Local Partnership Forum (LPF) Co Chair
Anne Haston, Non-Executive Member
John Kemp, Non-Executive Member & Staff Health & Wellbeing Champion
Janette Keenan, Director of Nursing
Lynne Parsons, Employee Director

In attendance:
Jane Anderson, General Manager, Women & Children's Clinical Service (*for Item 8.5 only*)
Chris Conroy, Head of Community Care Services (*deputising for Lynne Garvey, part-meeting*)
Claire Dobson, Director of Acute Services
Fiona Forrest, Acting Director of Pharmacy & Medicines
Lynne Garvey, Director of Health & Social Care (*part-meeting*)
Ben Hannan, Director of Planning & Transformation
Jenni Jones, Associate Director of Culture, Development & Wellbeing
Brian McKenna, Workforce Planning Lead (*deputising for Rhona Waugh*)
Neil McCormick, Director of Property & Asset Management
Kirsty MacGregor, Director of Communications & Engagement
Dr Gillian MacIntosh, Associate Director of Corporate Governance & Board Secretary
David Miller, Director of Workforce
Benjamin Morrison, Deputy for LPF Co-Chair (*observing*)
Sandra Raynor, Head of Workforce Resourcing & Relations

Minute:
Lakshmi Anderson, Executive Assistant to the Director of Workforce

Chair's Opening Remarks

The Chair welcomed everyone to the meeting and thanked all staff for their continued efforts during the current financial and workforce pressures.

On behalf of the Committee, special wishes were extended to Janette Keenan, Director of Nursing, who is retiring at the end of June 2025, for her valued contribution to the work of the Committee. A warm welcome was also extended to Ben Morrison, who was observing the meeting in his capacity as the nominated deputy for the Local Partnership Forum Co-Chair.

Due to the challenges of managing the meeting remotely, the Chair requested those presenting papers to be as succinct as possible, on the assumption that all papers had been read prior to the meeting. Thanks were extended to those who had responded to the request to contact report authors with queries in advance of the meeting.

The Chair advised that the meeting was being recorded for the purpose of producing the minutes and reminded members that any matters of discussion raised should be in relation to the Staff Governance Standards.

1. **Apologies for Absence**

   Apologies for absence were received from member Andrew Verrecchia, Co-Chair, Acute Services Division & Corporate Directorates LPF, and attendees Dr Chris McKenna, Medical Director, and Rhona Waugh, Head of Workforce Planning & Staff Wellbeing.

2. **Declaration of Members' Interests**

   There were no declarations of interest made by members.

3. **Minutes of the Previous Meeting held on Tuesday 4 March 2025**

   The minutes of the meeting held on 4 March 2025 were **agreed** as an accurate record.

4. **Chair's Assurance Report presented to Fife NHS Board on 25 March 2025**

   The Committee **noted** the contents of the Chair's Assurance Report presented to Fife NHS Board on 25 March 2025.

5. **Matters Arising / Action List**

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

6. **People & Culture Report**

   The Chair invited the Director of Workforce to speak to the report, which represented a refresh of the Workforce Information Overview report and highlighted progress, opportunities for improvement and ongoing work in each area of Workforce activity.

   A comprehensive overview of the paper was provided to the Committee. noting that a key aim was to develop a more structured report aligned with the strategic direction of the Workforce Directorate. The Director of Workforce invited feedback from the Committee to ensure that the most robust and up-to-date analytics and information on Workforce Directorate programmes of work was included in the report going forward.

   The Employee Director and J Kemp, Non-Executive Member & Staff Health & Wellbeing Champion, commented favourably on the information detailed within the report. The Director of Planning & Transformation advised that whilst discussions were ongoing in relation to integrating information from the wider system to provide a broader range of assurance data, the People & Culture report provided valuable insights into complex issues such as core training compliance and offered a higher level assurance than previously aggregated data. Further analysis would clarify how this information would fit into the wider assurance framework.

In response to a question from the Director of Communications & Engagement, the Director of Workforce confirmed that an abridged version of the report could be made available to promote engagement and feedback from staff.

Action: Director of Workforce

In response to a question from the Chair, the Director of Workforce and Employee Director both commented that the report would also be useful for the Area Partnership Forum and the Local Partnership Forum as it would facilitate important discussions on priority areas of focus.

The Committee **noted** the contents of the People & Culture Report.

7. GOVERNANCE MATTERS

7.1 Draft Staff Governance Committee Annual Statement of Assurance 2024/2025

The Chair invited the Associate Director of Corporate Governance & Board Secretary to speak to the report, which detailed the business transacted by the Committee during the 2024/2025 reporting period.

V Bennett, LPF Co Chair, requested that her title be amended to reflect H&SCP rather than Acute Services Division. The Employee Director requested that Appendix 1 be updated to reflect the 2024/2025 period rather than 2023/2024.

The Committee **took a 'Significant' level of assurance** from the 2024/2025 Draft Staff Governance Annual Statement of Assurance and, subject to the amendments discussed, **approved** the report for final sign off by the Committee Chair and onward submission to the Audit & Risk Committee.

7.2 Health and Care (Staffing) (Scotland) Act 2019 Annual Report / Quarter 4 Update 2024/2025

The Chair invited the Workforce Planning Lead to speak to the report, which presented the first Annual Return as per the stipulations of the Health and Care (Staffing) (Scotland) Act 2019 (HCSA).

An overview of the salient points of the report was provided. It was advised that the success of the OPEL escalation tool had supported compliance in Nursing and Midwifery areas, where robust procedures covering a range of activities detailed within the HCSA such as workforce and workload tools, rostering and risk management arrangements were in place. Other specialisms such as Healthcare Sciences and some Allied Health Professions had reported greater challenges due to reliance on manual processes.

The Committee was informed of recent updates to processes, which included the introduction of service feedback to assess progress towards full compliance. It is anticipated that the pathway to achieving "green" status will be positively impacted by ongoing work in the implementation of eRostering and SafeCare.

The Committee **took a 'Moderate' level of assurance** from the Health and Care (Staffing) (Scotland) Act 2019 Annual Report for the period 2024/2025 and

endorsed it for formal presentation at the May 2025 NHS Fife Board and thereafter to the Scottish Government.

7.3   Delivery of Annual Workplan 2025/2026

The Director of Workforce spoke to the report, which noted self-explanatory updates to the 2025/2026 Annual Workplan since it was last presented to the Committee on 4 March 2025.

It was advised that the Workplan would be updated to include Corporate Objectives that specifically relate to Staff Governance Standards.

<div align="right">Action: Head of Workforce Planning & Staff Wellbeing</div>

The Committee **took a 'moderate' level of assurance** from the 2025/2026 Annual Workplan.

8.   STRATEGY / PLANNING

8.1   Annual Delivery Plan Quarter 4 Report 2024/2025

The Chair invited the Director of Planning & Transformation to speak to the report, which provided a progress update on the Annual Delivery Plan (ADP) 2024/25.

The Committee was informed that going forward a new approach to the report format, aiming to streamline performance reporting and reduce duplication, would be adopted. The new methodology would ensure that the necessary reconciliations take place for objectives that are delayed, at risk, or incomplete and that monitoring would be ongoing, with escalation measures in place where required.

The Committee **took a 'Moderate' level of assurance** from the 2024/25 Annual Delivery Plan Quarter 4 Report.

8.2   People & Change Programme Update

The Chair invited the Director of Workforce and the Director of Planning & Transformation to speak to the report which outlined proposed plans for the People & Change programme for the 2025/2026 period.

The Committee was provided with an overview of the Programme Initiation Document detailed within the report, which presented key workforce priorities including agency use reduction, absence management, workforce modernisation, and dashboard reporting of workforce data. Reference was made to the Programme Implementation Plan, which described workforce activities to be undertaken during the year. Ongoing efforts to secure financial efficiencies through workforce planning whilst ensuring that service redesign supported future growth were described. It was noted that vacancy management remains a priority, with work underway to streamline the approval process through digital tools. A summary of the work being undertaken at both national and local levels in relation to the Band 5 Nursing Review (as part of the non-pay elements of the Agenda for Change 2023/2024 Pay Deal) was provided and it was advised that a progress report on this specific activity would be brought back to a future meeting.

<div align="right">Action: Director of Workforce</div>

The Director of Planning & Transformation discussed the Board's focus on system-wide savings and the plans for more integrated reporting within NHS Fife to enhance oversight and governance and support business transformation efforts. The Head of Community Care Services commented that the integrated system-wide approach also offered opportunities to better align and support the delivery of the Health & Social Care Partnership's strategic ambitions.

The Committee **took a 'Moderate' level of assurance** from the People and Change Programme Update.

8.3 Business and Digital Transformation Programme Update

The Chair invited the Director of Planning & Transformation and the Director of Digital & Information to speak to the report, which provided an update on the progress of ongoing projects within the Business Transformation Programme.

The Director of Digital & Information provided the Committee with a detailed explanation of the Implementation Plan presented in the report, which outlined work being undertaken in the core business transformation priorities including technical optimisation and automation, workforce modernisation, and centralisation and consolidation of functions. It was advised that the plan builds on existing projects whilst incorporating new opportunities, with a particular emphasis on improving administrative functions and corporate restructuring. Key Business Transformation Projects including the New Management Support Model, enhanced Vacancy Management process, Digital Dictation review, along with Enabling Projects such as enhanced printing and postal services and broader financial efficiencies, were also highlighted. In relation to the Corporate Functions Administration Review, it was noted that consultation was ongoing to assess impacts on staff and operational effectiveness.

The Committee discussed at length the utilisation of Artificial Intelligence (AI) technologies such as Microsoft Copilot, acknowledging both the opportunities for productivity improvements as well as the need for clear governance to mitigate workforce-related and other risks.

In response to a question from V Bennett, LPF Co Chair, regarding the need for clearer AI usage policies and better communication to ensure staff are appropriately informed and trained to use these technologies, the Director of Digital & Information advised that NHS Fife is working with national governance bodies to shape AI frameworks that balance efficiency gains with workforce security.

The Director of Planning & Transformation commented on the progress being made in the efforts to implement significant organisational and structural change, and acknowledged that the scale of change had been underestimated, leading to a longer than expected implementation period. It was noted that similar challenges were being encountered by other NHS Health Boards across Scotland. The Committee was informed that the Business Systems Transformation initiative remains a priority, with national work underway to support the development of a business case, noting that streamlining processes and technological integration offered the potential to provide significant opportunities for future cost savings. The

importance of systematically addressing opportunities and ensuring sustainable improvements was reiterated.

The Committee **took a 'Limited' level of assurance** from the Business and Digital Transformation Programme update.

8.4 Reduction in Working Week Update

The Chair invited the Director of Workforce to speak to the report, which provided a progress update on the plans to support the implementation of the Reduced Working Week (RWW), as part of the non-pay elements of the 2023/24 Agenda for Change pay deal.

The Committee was assured that full compliance with the initial 30-minute reduction has been assessed, with feedback submitted to the Scottish Government to meet the 1 April 2025 deadline. Thanks were extended to all colleagues involved in the submission of this Return, with special recognition of the efforts of Finance Department colleagues. It was advised that an outline Implementation Plan for the next 60-minute reduction had been circulated for Area Partnership Forum feedback, approved by the Executive Leadership Team (ELT) and submitted to Scottish Government to meet the 1 May 2025 deadline. Additionally, a mechanism for assessing and prioritising investment for the full 90-minute reduction, including service redesign considerations, is underway to support the final Implementation Plan, due for submission to the Scottish Government by 1 October 2025.

To support development of the Final Implementation Plan, it was advised that each service is required to complete an assessment by 20 May 2025, outlining the overall impact of the full 90-minute reduction. These assessments will be shortlisted for prioritisation by the respective Directorate's Senior Leadership Team. The ELT Reduced Working Week Sub-Group will review and prioritise the shortlisted bids by 30 May 2025, with recommendations presented to ELT thereafter. Following this, necessary actions based on the prioritisation process will commence by 21 June 2025, to facilitate a structured transition whilst maintaining service delivery.

In response to a question from A Haston, Non-Executive Member, regarding how the impact on patient care would be assessed, the Director of Workforce advised that the Impact Assessment incorporated a risk based approach with oversight from the appropriate governance committees to ensure the required level of scrutiny and mitigation.

In response to a question from V Bennett, LPF Co Chair, regarding challenges encountered with interpreting the 2024 Annual Leave Circular issued by the Scottish Government, the Director of Workforce advised that NHS Fife had been involved in national discussions to refine guidance in relation to the application of Annual Leave arrangements impacted by the RWW and it was expected that this guidance would be issued shortly.

The Committee **took a 'Moderate' level of assurance** from the report.

8.5   Sickness Absence & Plan for Recovery 2025/2026

The Chair invited the General Manager, Women & Children's Clinical Services, to speak to the report in her capacity as Co-Chair of the Attendance Management Oversight Group.

The Committee noted that staff absence as of March 2025 was 6.47%, reported to be the lowest recorded level in the past 12 months, however the annual average absence rate for this period was 7.17%, highlighting ongoing challenges in sustaining improvements over a longer period. It was advised that the 2025/2026 Attendance Management Recovery Plan had been discussed at the Attendance Management Oversight Group in March 2025 and shared with the Executive Leadership Team for awareness and feedback. The Plan focuses on three key priorities as detailed in the report, with specific actions assigned to stakeholders and timelines to promote accountability.

Other initiatives include updated training for managers on behaviour, leadership and culture alongside the application of the Once for Scotland policy guidelines; developing targeted communication strategies that celebrate progress whilst maintaining focus on attendance improvement; analysis of short-term versus long-term absence trends; review of data to better understand the broader factors impacting absence; and a Test of Change being undertaken in the Facilities Department using a multifactorial review tool.

The Director of Workforce extended special thanks to the Employee Director, Co-Chair of the Attendance Management Oversight Group and the Head of Workforce Resourcing & Relations for their efforts and commitment to this important programme of work.

Commenting favourably on the work being undertaken, in particular the focus on manager training, the Employee Director also emphasised the need for compassionate absence management so that staff can be supported through early intervention rather than the formal policy stages of attendance management. J Kemp, Non-Executive Member and Staff Health & Wellbeing Champion, reiterated the importance of using available data to inform the Action Plan, particularly in relation to reducing short-term absence. The Associate Director of Culture, Development & Wellbeing offered positive feedback on the report, noting key connections with the People & Culture Report, PDPR rates and the Leadership Framework, and emphasised the need for a more holistic people-centred approach to realising improvements in these areas.

The Committee **took a 'Moderate' level of assurance** from the report.

8.6   Workforce Plan for 2025/2026

The Chair invited the Workforce Planning Lead to speak to the report, which provided assurance that the Board's Workforce Plan submission for 2025/2026 has been developed in accordance with the revised guidance issued in December 2024 by the Scottish Government's Health Workforce Directorate.

The Committee noted that the plan aligns closely with the Board's Reform, Transform, Perform Programme ambitions, Annual Delivery Plan and Financial

Plan. The Workforce Planning Lead highlighted that the plan had been developed in close cooperation with the H&SCP, ensuring a collaborative approach to workforce planning. The Plan also underlines the importance of shared workforce strategies, aligning priorities between NHS Fife and the H&SCP to address common challenges, including service integration and recruitment, reinforcing a system-wide approach to meeting healthcare demands.

The Director of Workforce extended special thanks to the Workforce Planning Lead, Director of Planning & Transformation, Deputy Director of Finance and stakeholders within the H&SCP for their contributions to developing the 2025/206 Workforce Plan.

The Committee **took a 'Moderate' level of assurance** from the report and **agreed** the decision to submit the finalised 2025/2026 Workforce Plan template to the NHS Fife Board for approval and onward to the Scottish Government by the end of May 2025.

8.7 The Report and Recommended Actions of the Scottish Ministerial Nursing and Midwifery Taskforce

The Chair invited the Director of Nursing to speak to the report.

The Committee was informed that the Scottish Ministerial Nursing and Midwifery Task Force (established in February 2023 in response to concerns raised by the Royal College of Nursing and Royal College of Midwives during 2023/2024 pay negotiations to address challenges with attracting and retaining Nurses and Midwives) had published its Phase One report, detailing 44 recommended actions aimed at improving recruitment, retention, and working conditions for nurses and midwives The Director of Nursing explained that whilst Phase 1 outlines the rationale and ambitions for the Taskforce, their approach to information gathering and recommended actions, Phase 2 will focus on implementing these actions with detailed planning, financial frameworks and alignment with existing workforce strategies and legislation. It was noted that the recommendations pertinent to the Board will be progressed by the Board's Nursing and Midwifery Workforce Group.

The Director of Nursing highlighted that workforce supply continues to be an ongoing concern owing to student enrolments being well below the anticipated level. It was advised that this year 3,000 students had enrolled in the Nursing Programme against an anticipated target of 4,500, which is likely to present considerable workforce challenges in the coming years. Efforts to strengthen student recruitment were described, including partnerships with Glasgow Caledonian University to offer 'Earn as you Learn' Programmes for Learning Disability Nurses and the availability of a Mental Health Nursing Programme at Dundee University's Fife Campus.

It was recognised that significant policy and cultural shifts may be required going forward, to accommodate expectations from incoming nursing recruits in relation to preferred working arrangements, such as flexible working. It was advised that the Scottish Nurse Directors' Group is working with universities to explore how nursing could be made more attractive to younger professionals. The Committee acknowledged the need for long term strategic planning to address attraction and recruitment challenges in relation to this workforce.

The Committee **took a 'Moderate' level of assurance** from the report, **examined** and **considered** its implications and **noted** the plans to support the implementation of key recommendations.

9. STAFF GOVERNANCE AND STAFF GOVERNANCE STANDARD

9.1 Appropriately Trained: Recovery Plan to Increase Uptake of PDPRs and Core Skills / Mandatory Training

The Chair invited the Associate Director of Culture, Development & Wellbeing and the Learning & Development Manager to speak to the report, which provided a progress update on the Board's Recovery Plan that was implemented in December 2024 to improve performance in the areas of Personal Development Planning & Review (PDPR) and Core Skills compliance.

The Associate Director of Culture, Development & Wellbeing informed the Committee that the new in-person Corporate Induction Programme was due to commence next week.

An overview of the salient points of the report was provided by the Learning & Development Manager and it was advised that metrics for both PDPR and Mandatory Training compliance remain largely unchanged as at April 2025 at 43% and 66% respectively. It was noted that PDPR compliance had reported a 1% increase as compared to April 2024. The importance of encouraging quality PDPR conversations was emphasised.

The Committee was provided a detailed update on ongoing system-wide mitigating efforts to improve performance in both metrics, including discussions to support the development of localised recovery plans and the launch of the new Core Skills Diary, which provides an outline of individual staff members' training revalidation requirements. Reference was also made to work underway to create a Management Development Programme for the Board as well as continuing efforts to maximise opportunities to embed the newly developed Leadership Framework to enhance leadership skills, foster engagement and support effective team management.

Acknowledging the concern raised by V Bennett, LPF Co Chair, regarding varied metrics observed in Core Skills Training compliance levels across staff groups, with notable improvements observed in Nursing, the Learning & Development Manager commented that future meetings aimed at exploring successful strategies in areas where compliance had improved, would potentially offer insights into whether these strategies could be implemented more widely across the system. It was reiterated that staff development and training compliance is a collective effort, which requires engagement from both management and employees.

Noting that assurance levels for PDPR and Core Skills Training serve distinct purposes in relation to staff development and governance, discussion took place on the need to assess whether assurance levels for these metrics should be reported separately.

Action: Chair/Director of Workforce

The Committee **took a 'Moderate' level of assurance** in relation to the Board's Core Skills/Mandatory training compliance and a '**Limited' level of assurance** in relation to PDPR compliance.

9.2   Improved & Safe Working Environment

The Chair invited the Director of Property & Asset Management to speak to the report.

The Committee was informed that an Action Plan had been agreed to address the recommendations of the March 2025 Health Improvement Scotland Inspection report, in relation to general fire safety, including storage of items in proximity to fire escapes, mandatory training, and fire evacuation plans. It was noted that an alternative approach to mitigation was being considered by conducting Fire Risk Assessments by floor rather than by ward area, to facilitate better stakeholder conversations.

The Committee was advised that the retirement of two Fire Advisers had provided an opportunity to reallocate resources and a Full Time Senior Fire Advisor would be appointed to focus on the strategic aspects of Fire Safety Advice, to meet Fire Safety requirements. The Committee was updated that, following discussions with staff groups, an environmental audit of Entonox exposure levels had indicated that all areas tested in NHS Fife were well below acceptable limits.

An overview of the Health and Safety Quarterly Incident Report for the period December 2024 to February 2025 was provided, where no major concerns were noted.

The Committee **took a 'Moderate' level of assurance** from the report.

9.3   Well Informed: Communication & Feedback

The Chair invited the Director of Communications & Engagement to speak to the report, which provided a comprehensive overview of the Board's corporate communications and engagement activity for the period 1 January to 31 March 2025.

It was noted that the report serves as a benchmark for tracking progress and trends in information sharing, whilst supporting the refinement of communication strategies. Performance and engagement insights from five key areas including the Board's website, social media, StaffLink App, press and media engagement and Elected Members' Enquiries was highlighted.

Members offered positive feedback on the level of detail provided in the report.

The Committee **took a 'Moderate' level of assurance** and **noted** the contents of the report.

9.4 **Whistleblowing Annual Performance Report 2024/2025 Incorporating Quarter 4 Report 2024/2025**

The Chair invited the Associate Director of Corporate Governance & Board Secretary and the Speak Up/Whistleblowing Coordinator to speak to the paper, which included the Board's Annual Whistleblowing Report for 2024/2025 and incorporated the Quarter 4 Report for the same period.

It was advised that the format and content of the report had been updated to reflect recently published guidance by the Independent National Whistleblowing Officer.

Highlighting key points in the report, the Speak Up/Whistleblowing Coordinator informed the Committee that five whistleblowing concerns had been reported in the 2024/2025 period, an increase from previous years, and that there had been a reduction in the number of anonymous concerns reported. Efforts to encourage staff to speak up included the creation of a generic contact address, which had resulted in 16 contacts being made during the Q3-Q4 reporting period, and enhanced support and training for confidential contacts. A new logo to encourage staff to 'Speak Up' was currently being developed. Work is ongoing to ensure that Primary Care colleagues, including independent contractors, are aware of their obligations under the Whistleblowing Standards.

It was advised that early assessment of emerging themes from concerns reported relate to workplace culture, quality of patient care and working conditions and that efforts are ongoing to promote organisational learning and ensure action plans lead to meaningful improvements.

The Committee unanimously acknowledged the increase in reported concerns as a positive step and recognised and commended the efforts of the Speak Up/Whistleblowing Coordinator in promoting an environment where staff feel empowered to voice concerns.

The Committee **took a 'Moderate' level of assurance** from the 2024/2025 Whistleblowing Annual Performance Report incorporating the 2024/2025 Quarter 4 Report and **endorsed** it for onward submission to the NHS Fife Board.

9.5 **Whistleblowing Oversight Group Chair's Assurance Report**

The Chair invited the Associate Director of Corporate Governance & Board Secretary to speak to the report, in the absence of the Chief Executive.

The Committee was informed that the Whistleblowing Oversight Group meets quarterly to align with the governance reporting cycle. Current focus areas of work include identifying themes associated with Whistleblowing concerns raised, branding efforts and developing promotional plans ahead of the 2025 'Speak Up' week.

The Committee **took a 'Moderate' Level of assurance** from the Whistleblowing Oversight Group Chair's Assurance Report.

9.6   Equality & Diversity Champion Update

The Chair invited S Braiden, Non-Executive Member, and the Board's Equality & Diversity Champion to provide an update.

The Committee was informed of discussions that took place at the recently held Equality & Human Rights Steering Group, which included matters such as the Anti-Racism Plan, enhancement of Equality Impact Assessment (EQIA) reporting and the inclusion of the Consumer Duty (Scotland) Act within the EQIA. It was advised that plans are being progressed to commence preparations for the celebration of Black History Month in October 2025.

The Committee **noted** the update provided by the Board's Equality & Diversity Champion.

9.7   Wellbeing Champion Update

The Chair invited J Kemp, Non-Executive Member and Staff Health & Wellbeing Champion, to provide an update on the Board's Staff Health & Wellbeing activities.

The Committee was informed that a meeting was due to take place next week with members of the Occupational Health Staff Psychology Team to follow up on discussions regarding supporting staff mental health.

The Committee **noted** the update provided by the Board's Staff Health & Wellbeing Champion.

10.   QUALITY/PERFORMANCE

10.1   Integrated Performance & Quality Report

The Chair invited the Director of Workforce to speak to the report, which reflected the Board's performance in relation to Sickness Absence, Personal Development & Planning Reviews (PDPR) and Vacancy rates, noting that Sickness Absence and PDPR had been discussed at length earlier in the meeting.

It was reported that Sickness Absence had decreased from 7.99% in January 2025 to 6.84% in February 2025. PDPR compliance was noted as 44.6% in March 2025 with no change reported from the previous month. The report reflected that vacancy rates were 5.2% (Medical & Dental), 2.4% (Nursing & Midwifery) and 2.6% (Allied Health Professionals).

The Committee **took a 'Limited' level of assurance** from the Integrated Performance & Quality Report and **endorsed** the Workforce section of the report.

10.2   Corporate Risks Aligned to Staff Governance Committee

The Chair invited the Director of Workforce to speak to Corporate Risks aligned to the Staff Governance Committee.

The Committee was advised that work is ongoing to review corporate risks aligned to the Committee and that an update would be brought back to the Staff Governance Development Session in July 2025.

Action: Head of Workforce Planning & Staff Wellbeing

The Committee **noted** the update provided in relation to Corporate Risks aligned to the Staff Governance Committee.

11. ANNUAL REPORTS / OTHER REPORTS

11.1 Equal Pay Audit

The Chair invited the Workforce Planning Lead to speak to the report, which detailed the results of the Pay Gap analysis undertaken by the Board in 2025, with the expectation that action planning will be undertaken via the wider Equalities agenda.

It was noted that, in accordance with legislation, the Board's Pay Gap Analysis Report is published every two years and includes indicators such as disability, race, and gender. The Committee was informed that NHS Fife's remuneration structures are aligned with national job evaluation processes, ensuring that any pay disparities arise from occupational segregation factors rather than discrimination based on protected characteristics.

A notable change highlighted in the report was the impact of international recruitment on workforce diversity over the past two years, which has lowered the historical pay gap for non-white staff, as a larger proportion of international recruits are employed on Agenda for Change pay scales, which are lower than Medical and Dental salary bands. As a result, the previously reported 20% pay gap in favour of non-white staff has reduced to just over 10%.

The Committee was informed that, in compliance with legislation, the Board has published the 2025 Equal Pay Statement and 2025 Pay Gap Analysis report on the NHS Fife website.

The Committee **took a 'Moderate' level of assurance** from the report and **noted** that the Board had met the obligation to publish the 2025 Equal Pay Statement and 2025 Pay Gap Analysis on the NHS Fife website.

11.2 AREA PARTNERSHIP FORUM (APF) ASSURANCE REPORT

The Chair invited the Employee Director to speak to the report, which provides assurance that the APF has fulfilled its governance remit for the 2024/2025 reporting period.

Noting that this was the first time an APF Annual Assurance report was being presented to the Committee, the Employee Director commented favourably on the broad scope of business matters discussed and active engagement from a wide range of attendees during the year.

The Committee acknowledged the value of the report in highlighting key areas of work and commended the effective outline of the APF function from a Staff Governance perspective.

The Associate Director of Corporate Governance & Board Secretary commented that, going forward, the presentation of the report to the Committee should be aligned in the agenda with the Staff Governance Annual Statement of Assurance, to further strengthen governance mechanisms.

The Committee **took a 'Significant' level of assurance** from the 2024/2025 Area Partnership Forum Assurance Report and **endorsed** it for onward submission to the May 2025 meeting of the NHS Fife Board**.**

12. LINKED COMMITTEE MINUTES

The Committee **noted** the following linked Committee Minutes:

12.1 Area Partnership Forum held on 19 March 2025 (unconfirmed)

12.2 Acute Services Division & Corporate Directorate Local Partnership Forum held on 20 February 2025 (unconfirmed)

12.3 Health and Social Care Partnership Local Partnership Forum held on 14 January 2025 (confirmed)

12.4 Health & Safety Sub-Group held on 7 March 2025 (unconfirmed)

12.5 Medical & Dental Professional Standards Oversight Group held on 21 February 2025 (unconfirmed)

12.6 Workforce Planning Forum held on 13 February 2025 (unconfirmed)

13. ESCALATION OF ISSUES TO NHS FIFE BOARD

13.1 To the Board in the IPQR Summary

There were no issues to escalate to the Board in the IPQR summary, notwithstanding the continual challenges around managing the Board's sickness absence position.

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

There were no matters identified for escalation to the NHS Fife Board.

14. Meeting Reflections & Agreement of Matters for Chair's Assurance Report to be Presented to Fife NHS Board on 27 May 2025

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

15. ANY OTHER BUSINESS

There was no outstanding business not otherwise covered on the agenda.

DATE OF NEXT MEETING

Tuesday 8 July 2025 from 10.00 am to 12.00 noon via MS Teams

NHS Fife

Meeting:	**Fife NHS Board**
Meeting date:	**27 May 2025**
Title:	**Area Clinical Forum Annual Statement of Assurance**
Responsible Executive:	**Dr Chris McKenna, Medical Director**
Report Author:	**Nicola Robertson, Area Clinical Forum Chair**

Executive Summary:

- The Area Clinical Forum is required to provide an Annual Statement of Assurance to the NHS Board, detailing the work undertaken during the year and identifying any internal control weaknesses that might be considered for disclosure within the Governance Statement of the Annual Accounts.

- The draft statement is enclosed as an appendix, and this contains a textual account of the Area Clinical Forum's business during the financial year, to evidence to the Board that the Forum has delivered fully on its remit and delegated powers.

- Members are asked to take a "significant" level of assurance that the Committee has delivered on its remit during the 2024/25 reporting year.

1   Purpose

This report is presented for:
- Assurance

This report relates to:
- Local policy

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

2   Report summary

2.1   Situation

The Area Clinical Forum is required to provide an Annual Statement of Assurance to the NHS Board, detailing the work undertaken during the year and identifying any internal control weaknesses that might be considered for disclosure within the Governance Statement of the Annual Accounts.

2.2 Background

Work is being undertaken to increase the profile of the Forum among clinicians and Board members. This Assurance Report is part of the commitment from the Board to assist the Area Clinical Forum in this action.

2.3 Assessment

The draft statement is enclosed as an appendix, and this contains a textual account of the Area Clinical Forum's business during the financial year, to evidence to the Board that the Forum has delivered fully on its remit and delegated powers.

This report provides the following Level of Assurance:

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

A significant level of assurance is suggested, given the Area Clinical Forum has considered all relevant items of business delegated to it during 2024/25, escalating directly to the Clinical Governance Committee any matters of concern. No matters for disclosure in the Governance Statement of the Annual Accounts have been identified.

2.3.1 Quality, Patient and Value-Based Health & Care

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

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 Area Clinical Forum receives regular updates and feedback regarding the progress of the strategy and is regularly asked to input into emerging priorities.

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

This paper does not relate to the planning and development of specific health services, nor any decisions that would significantly affect groups of people. Consequently, an EQIA is not required.

2.3.6 Climate Emergency & Sustainability Impact

N/A.

2.3.7 Communication, involvement, engagement and consultation

N/A.

2.3.8 Route to the Meeting

Clinical Governance Committee, 2 May 2025.

2.4 Recommendation

This paper is provided to members for:

- **Assurance** – This report provides a "Significant" Level of Assurance.

3 List of appendices

The following appendices are included with this report:

- Appendix No. 1, Area Clinical Forum Annual Statement of Assurance

Report Contact
Nicola Robertson
Chair of the Area Clinical Forum
Email nicola.robertson12@nhs.scot

ANNUAL STATEMENT OF ASSURANCE FOR
NHS FIFE AREA CLINICAL FORUM

1.   Purpose

1.1.   The purpose of the Area Clinical Forum is to ensure that efficient and effective systems are in place which promote the active involvement of all clinicians from across NHS Fife in the decision-making process. The Area Clinical Forum also acts as a multi-professional reference group on proposals brought forward through the strategic planning / redesign process.

1.2.   The Area Clinical Forum will be supported by ten Area Professional and Advisory Committees and Cognate Groups:

- Area Medical Committee
- Area Dental Committee
- Area Pharmaceutical Committee
- Area Optical Committee
- Allied Health Professions Clinical Advisory Forum
- GP Sub-Committee of the Area Medical Committee
- Healthcare Scientists Forum
- Clinical Psychology Group
- Nursing and Midwifery Professional Leadership Council
- Integrated Professional Advisory Group

1.3.   The ten Chairs and nominated representatives of the Area Professional and Advisory Committees will form a multi-professional Area Clinical Forum.

2.   Membership

2.1   During the financial year to 31 March 2025 membership of the Area Clinical Forum comprised: -

Name	Role / Designation
Aileen Lawrie	Chair
Ailie McKay	ACF Vice Chair / Allied Health Professions Clinical Advisory Forum
Dr Chris McKenna	Medical Director / Area Medical Committee
Dr Susie Mitchell	General Practitioner / GP Subcommittee
Aileen Boags	Lead Pharmacist for Public Health and Community Pharmacy / Area Pharmaceutical Committee
Jackie Fearn	Consultant Clinical Psychologist / Clinical Psychology
Robyn Gunn	Head of Laboratory Services / Healthcare Science
Amanda Wong	Director of Allied Health Professionals / Clinical Director

Name	Role / Designation
Nicola Robertson	Director of Nursing, Corporate / Nursing & Midwifery Workforce Planning Group
Emma O'Keefe	Consultant in Dental Public Health / Area Dental Committee
Steven Halstead	Specialist Optometrist / Area Optical Committee Chair

2.2 The Area Clinical Forum invited individuals to attend meetings for particular agenda items, for example the Director of Finance & Strategy, the Director of Planning & Transformation, and the Associate Director of Culture, Development & Wellbeing. The Executive Director of Nursing and the Medical Director are normally in attendance. Other attendees, deputies and guests are recorded in the individual minutes of each meeting.

3. Meetings

3.1 The Area Clinical Forum met on 6 occasions during the financial year to 31 March 2025, on the undernoted dates:
- 4 April 2024
- 6 June 2024
- 1 August 2024
- 3 October 2024
- 5 December 2024
- 6 February 2025

3.2 The attendance schedule is attached at Appendix 1.

4. Business

4.1 **Area Clinical Forum inclusion and engagement:** the work continues by the Chair and Vice Chair to increase engagement with portfolio leads across the multidisciplinary/multiagency clinical systems. By proactively involving a diverse group of healthcare professionals, the Area Clinical Forum aims to ensure a wide range of clinical perspectives and expert knowledge are considered in care planning and strategic planning. Engagement with and by the Area Clinical Forum members assists in identification of specific patient groups' needs and challenges which should lead to an increase in equitable and effective healthcare solutions. Engagement and inclusion in the wider strategic planning activity has been challenging, however, progress has been made in increasing the visibility of the Area Clinical Forum as an excellent resource to ensure the clinical voice is considered.

4.2 **Population Health and Wellbeing Strategy:** the strategy has set out a vision for NHS Fife until 2028. The strategy underpins NHS Fife's ongoing recovery from the Covid-19 pandemic and aims to address a range of current and emergent challenges. The Area Clinical Forum receives regular updates and feedback regarding the progress of the strategy and is regularly asked to input into emerging priorities.

4.3 **Scottish Government Women's Plan**: The Women's Health Plan is a comprehensive strategy aimed at improving women's health outcomes across Scotland. Despite some progress, there remain disparities in healthcare access and persistent challenges in issues relating to maternal health and reproductive rights. The Area Clinical Forum recognises the benefits for being included in the developing work to advance the objectives of the women's health plan and has received regular presentations regarding the progress of the women's health plan group.

One area of the plan which the Area Clinical Forum became directly involved in was menopause prescribing, after receiving feedback from the clinical teams regarding inequity of care for women in prescribing challenges locally. Work undertaken led to improvement in prescribing guidelines, with specific reference to testosterone prescribing, which has improved the quality of care and support for women experiencing menopausal symptoms.

4.4 **Public Participation Strategy:** The Director of Communications & Engagement provides progress reporting to the Area Clinical Forum members. In terms of next steps, implementation of the strategy is primarily aimed at supporting some of the immediate Re-form, Transform, Perform work being undertaken. The Forum members were able to highlight the challenges on staff time through implementing change, particularly due to staffing levels. An overview was provided on the action plan, including expected timescales for projects; it was advised that an audit will be carried out for service user groups. There will be representation from Area Clinical Forum as Engagement Champions moving forward.

4.5 **Scottish Government Rehabilitation Plan (2022):** This plan underpins the work within NHS Fife around Home First and aspects of the community hospital modelling. The Area Clinical Forum receives regular updates on progress of the Plan from the Director of Allied Health Professions. An oversight group is being considered to ensure that the principles within the framework are upheld and the Area Clinical Forum will have representation on that group.

4.6 **Health and Care (Staffing) (Scotland) Act 2019:** The Act aims to ensure safe and effective staffing levels across health and social care settings. The Area Clinical Forum has recognised the need for a strong clinical voice in the discussions around staff to patient ratios in ensuring safe and effective care. The Area Clinical Forum has offered to feedback regarding the current challenges being experienced in staff recruitment and retention strategies, workforce vacancies and workforce development. The Area Clinical Forum now receives regular feedback from the Director of Nursing on the development of the implementation of the Act and has been asked to provide professional feedback on the barriers to implementation of the Act locally.

4.7 **Escalations and Updates from Subgroups to the Area Clinical Forum:** The Area Clinical Forum can assist portfolio leads to escalate areas of concern to the Board, currently via the Clinical Governance Committee and bi-annually directly to NHS Fife Board. The Local Area Medical Committee had raised safety concerns directly relating to lack of GP capacity within the

Levenmouth areas. Mitigation for concerns was provided and feedback given to the Local Area Medical Committee from the Chair of the Clinical Governance Committee. A current area for possible escalation is the response and action plan to the Area Clinical Forum on the Audiology External Independent Review. Any consideration for escalation will be following the Area Clinical Forum review of the action plan. No other escalations were received this year.

4.8 **Reform, Transform, Perform portfolio**: The Area Clinical Forum receives regular updates and feedback regarding the financial position of the Board. There is recognition of the need to focus attention on the work being undertaken through the Re-form, Transform, Perform programme. The Area Clinical Forum Chair has requested a presentation to the group on the current initiatives being planned and has offered the group's availability for consultation from clinical portfolio leads on emerging initiatives.

4.9 **Equality & Diversity**: Work has been undertaken by the Area Clinical Forum Chair and the lead for inclusion at a national level regarding racialised inequalities. The current areas of development are a national guidance for interpretation services and locally development of clinical assessment and documentation. Close engagement with the Equality & Human Rights Lead within NHS Fife has led to a set of specific equality outcomes in maternity and neonatal care within NHS Fife for 2025.

5. Summary of the Work of the Area Clinical Forum

5.1 Reviewing the business of professional advisory committees to ensure co-ordination of clinical matters across each of the professional groups.

5.2 The provision of a clinical perspective on the development of the Annual Development Plan and the strategic objectives of the NHS Board.

5.3 Sharing best practice and encouraging multi-professional working in healthcare and health improvement.

5.4 Ensuring effective and efficient engagement of clinicians in service design, development and improvement.

5.5 Providing a local clinical and professional perspective on national policy issues.

5.6 Ensuring that local strategic and corporate developments fully reflect clinical service delivery.

5.7 Taking an integrated clinical and professional perspective on the impact of national policies at local level.

5.8 Through the Area Clinical Forum Chair, being fully engaged in NHS Board business.

5.9 Supporting the NHS Board in the conduct of its business through the provision of multi-professional clinical advice.

6. Other Highlights

6.1 The Chair and Vice Chair of the Area Clinical Forum have recently stood down following a highly successful 4-year term. The Forum acknowledges the progress made by the Chair and Vice Chair during their respective terms and formally thanks them for the success of the Forum to date.

6.2 A new Chair and Vice Chair have recently been appointed and work is ongoing to continue to continue to promote the Forum's purpose.

7. Conclusion

7.1 As Chair of the Area Clinical Forum during financial year 2024-25, 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 Area Clinical Forum has allowed us to fulfil our remit. As a result of the work undertaken during the year, I can confirm that adequate and effective governance arrangements were in place in the areas under our remit during the year.

7.2 I can confirm that that there were no significant control weaknesses or issues at the year-end which the Area Clinical Forum 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 Area Clinical Forum and to all attendees. I would thank all those members of staff who have prepared reports and attended meetings.

Signed: Date: 28/03/2025

Aileen Lawrie, Chair
On behalf of the Area Clinical Forum

Appendix 1 – Attendance Schedule

NHS Fife Area Clinical Forum Attendance Record
1 April 2024 to 31 March 2025

	04.04.24	01.08.24	05.12.24	06.02.25 (Development Session)
MEMBERS				
Aileen Lawrie, Chair	✓	✓	✓	✓
Ailie McKay, Speech and Language Therapy SLT Operational Lead & Vice Chair	✓	x		
Aileen Boags, Lead Pharmacist		✓	✓	✓
Jackie Fearn, Consultant Clinical Psychologist	✓	x	✓	✓
Robyn Gunn, Head of Laboratory Services	x	x	✓	✓
Stephen Halstead, Specialist Optometrist		✓	x	x
Ben Hannan, Director of Pharmacy & Medicines	✓ Item 5.1			
Chris McKenna, Medical Director	✓	✓	x	✓
Susannah Mitchell, General Practitioner	x	x	✓	x
Janette Keenan, Director of Nursing	✓	✓	✓	✓
Emma O'Keefe, Consultant in Dental Public Health	x	x	x	x
Nicola Robertson, Associate Director of Nursing	✓	✓	✓	✓
Amanda Wong, Director of Allied Health Professions	✓	✓	x	✓
IN ATTENDANCE				
Lorna Brocklesby, Occupational Therapy Manager			✓ Deputising	
Isla Bumba, Equality & Human Rights Lead	✓			
Ian Campbell, Healthcare Chaplain			✓ Items 1 – 5.2	
Susan Fraser, Associate Director of Planning & Performance		✓ Item 5.3		
Alistair Graham, Director of Digital & Information			✓ Items 1 – 5.1	
Kirsty MacGregor, Director of Communications & Engagement		✓ Item 5.2		
Tom McCarthy, Portfolio Manager				
Sue Ponton, Head of Occupational Health Service			✓ Item 7.1	
Lynne Riach, Senior Programme Advisor (HIS)				

	04.04.24	01.08.24	05.12.24	06.02.25 (Development Session)
MEMBERS				
Rhona Waugh, Head of Workforce Planning & Staff Wellbeing		🏳 Item 1 – 5.1		
Jenni Jones, Associate Director of Culture, Development & Wellbeing				Presenting

NHS Fife

NHS SCOTLAND

Meeting:	**Fife NHS Board**
Meeting Date:	**27 May 2025**
Title:	**Annual Assurance Report from Area Partnership Forum**
Responsible Non Executive:	**Lynne Parsons, Employee Director**
Report Author:	**Lynne Parsons, Employee Director**

Executive Summary:

- This report provides assurance that the Area Partnership Forum (APF) has fulfilled its remit for the financial year 2024 / 2025.

1.   Purpose

This report is presented for:
- Assurance

This report relates to:
- NHS Board

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

This report aligns to the following strand/s of the NHS Scotland Staff Governance Standard:
- Well informed
- Appropriately trained & developed
- Involved in decisions
- Treated fairly & consistently, with dignity & respect, in an environment where diversity is valued
- Provided with a continuously improving & safe working environment, promoting the health& wellbeing of staff, patients and the wider community

2.   Report Summary

2.1   Situation

All formal Committees of the NHS Board are required to provide a mid-year and an Annual Statement of Assurance for the NHS Board. The requirement for these statements is set out in the Code of Corporate Governance.

This report is an annual statement of assurance that the Area Partnership Forum has fulfilled its remit.

2.2 Background

The recent work undertaken by Co-Chairs and members of the APF has been to increase the profile of the Forum. This report is part of the commitment from the Board to assist the APF in this action and this is the first annual statement of assurance report being provided by the APF.

2.3 Assessment

The annual statement of assurance report is an appendix to this paper, which indicates the span of business considered by the APF and draws out any areas of concern to be highlighted.

This report provides the following Level of Assurance:

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

2.3.1 Quality, Patient and Value-Based Health & Care

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

2.3.2 Workforce

The APF is the principal vehicle for partnership working and reports into the Staff Governance Committee which ensures the five strands of the staff Governance standard are embedded throughout the organisation as we strive to be an exemplar employer.

2.3.3 Financial

The production and review of mid and year-end assurance statements are a key part of the governance process with no financial impact.

2.3.4 Risk Assessment / Management

The identification and management of risk is an important factor in providing appropriate assurance to the NHS Board. There is a risk that the five strands of Staff Governance are not aligned to the work of the forum, to ensure our strategic ambitions are achieved. To mitigate any risk the forum, have a Workplan that compliments the Staff Governance Committee workplan and is agreed and delivered in partnership

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

The Area Partnership forum ensure that staff, through their accredited representatives are involved in strategic decision making and that the views of the workforce are properly and fully considered by the Board and the Executive Leadership Team's thinking and decision-making on issues affecting the workforce.

Working in partnership with staff side colleagues, the workplan of the APF ensures the work is aligned to the five Staff Governance Standards and ensures our strategic ambitions are achieved.

2.3.6 Climate Emergency & Sustainability Impact

No direct impact from this paper.

2.3.7 Communication, involvement, engagement and consultation

Both LPFs have contributed to the development of both the mid-year review and annual statement of assurance report.

2.3.8 Route to the Meeting

Both LPFs have fed into the APF which has informed the development of the content presented in this report.

2.4 Recommendation

The paper is provided for:

- **Assurance** – For Members to take significant assurance that the forum has delivered on its remit annual statement of assurance in the reporting year.

3. List of Appendices

The following appendix is included with this report:

- Appendix 1, Area Partnership Forum Annual Assurance Report

Report Contacts

Carol Potter
Chief Executive, Co-Chair APF
Email carol.potter@nhs.scot

Lynne Parsons
Employee Director, Co-Chair APF
Email lynne.parsons@nhs.scot

Appendix 1

ANNUAL STATEMENT OF ASSURANCE FOR
NHS FIFE AREA PARTNERSHIP FORUM

1. Purpose

1.1 The Area Partnership forum will ensure that staff, through their accredited representatives are involved in strategic decision making. The purpose of the Area Partnership Forum is to ensure that the views of the workforce are properly and fully considered by the NHS Board and the Executive Leadership Team's thinking and decision-making on issues affecting the workforce.

1.2 The Area Partnership Forum is supported by two Local Partnership Forums:

- Health & Social Care Partnership Local Partnership Forum
- Acute and Corporate Directorates Local Partnership Forum

2. Membership

2.1 During the financial year to 31 March 2025, membership of the Area Partnership Forum comprised, at date of writing the annual assurance statement as below: -

Name	Role / Designation
Lynne Parsons	Employee Director (Co-Chair)
Carol Potter	Chief Executive (Co-Chair)
Sharon Adamson	Royal College of Nursing
Jennifer Bell	Chartered Society of Physiotherapists
Vicki Bennett	British Dietetic Association
Helen Caithness	Royal College of Nursing
Claire Dobson	Director of Acute Services
Kevin Egan	UNITE
Fiona Forrest	Acting Director of Pharmacy & Medicines
Lynne Garvey (started 04.11.24)	Director of Health & Social Care
Mary Ann Gillan	Royal College of Midwives
Neil Groat	Society of Radiographers
Benjamin Hannan	Director of Reform and Transformation
Paul Hayter	UNISON
Joy Johnstone	Federation of Clinical Scientists
Jenni Jones	Associate Director of Culture, Development & Wellbeing
Janette Keenan	Director of Nursing
Angela Kopyto	British Dental Association
Chu Lim	British Medical Association
Roddy MacEwan	British Orthoptic Society
Kirsty MacGregor	Director of Communications & Engagement
Wendy McConville	UNISON
Neil McCormick	Director of Property & Asset Management
Margo McGurk	Director of Finance & Strategy
Christopher McKenna	Medical Director
David Miller	Director of Workforce
Benjamin Morrison	Royal College of Podiatry
Louise Noble	UNISON
Joanna Pickles	British Medical Association
Sandra Raynor	Head of Workforce Resourcing & Relations
Wendy Rowbotham	GMB
Caroline Somerville	UNISON
Jane Surtees	Royal College of Nursing
Joy Tomlinson	Director of Public Health

Andrew Verrecchia	UNISON
Rhona Waugh	Head of Workforce Planning & Staff Wellbeing

2.2 The Area Partnership Forum may invite individuals to attend meetings for agenda particular items determined by the Co-chairs. Other attendees, deputies and guests are recorded in the individual minutes of each meeting.

3. Meetings

3.1 The Area Partnership Forum have met to date during the financial year to 31 March 2025 on the undernoted dates:

22 May 2024
24 July 2024
18 September 2024
20 November 2024
22 January 2025
19 March 2025

4. Business

4.1 **Area Partnership Forum inclusion and engagement:** the work continues by the Chair and Co-Chair to increase engagement with key stakeholders and widen attendance both on management and staff side on a regular basis to the forum.

4.2 **Population Health and Wellbeing Strategy:** the strategy has sought to support the development of a vision for NHS Fife in the coming years. The strategy underpins NHS Fife ongoing recovery from the Covid-19 pandemic and begins to address a range of current and emergent challenges. The Area Partnership Forum recognised the importance of engagement in the strategy development and offered to be involved in providing feedback as and when required. The Area Partnership Forum now receives regular updates and feedback regarding the progress of the strategy.

4.3 **Scottish Health and Care Staffing Act:** The Act aims to ensure safe and effective staffing levels across health and social care settings. The Area Partnership Forum have offered to feedback regarding the current challenges being experienced in staff recruitment and retention strategies, workforce vacancies and workforce development. The Area Partnership Forum now receives regular feedback on the development of the implementation of the Act.

4.4 **Reform, Transform & Perform**: The Area Partnership Forum receives regular updates and feedback regarding the financial position of the Board. There is recognition of the need to focus attention on the work being undertaken through the Re-form, Transform, Perform programme. The Area Partnership Forum Co-Chairs have received a presentation to the group on the current initiatives being planned and receives regular updates at each forum.

4.5 **Non-Financial Aspects of the AFC Pay Deal 2023 / 2024**: The Area Partnership Forum receives regular updates on the reduced working week, band 5 nursing review and protected learning time. The Area Partnership Forum has offered feedback regarding the current challenges being experienced around the reduced working week and are provided with regular updates on the implementation of the first 30 minutes.

4.6 **PDPR and Core Skills Recovery Plan:** The Area Partnership Forum receives regular updates on the current performance metrics of both PDPR completion and core skills / mandatory training compliance rates across the organisation. The Area Partnership Forum has offered feedback regarding the current challenges being experienced around compliance rates and on the long-term sustainability plan identifying actions required to increase performance metrics into 2025 / 2026.

5. Risk Management

5.1   The provision of a multi professional perspective on the development of the Annual Workplan for the Area Partnership Forum and the strategic objectives of the NHS Board.

5.2   Sharing best practice and encouraging multi-professional working in healthcare and health improvement.

5.3   Through the Area Partnership Forum Co Chair, being fully engaged in NHS Board business.

5.4   Supporting the NHS Board in the conduct of its business through the provision of multi professional advice

6. Other Highlights

6.1   The Co-Chair of the Health & Social Care Partnership Forum has recently been appointed in October 2024, Vicki Bennett, is the new LPF co-chair.

7. Conclusion

7.1   As a Co-Chair of the Area Partnership Forum during financial year 2024 / 2025, 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 Area Partnership Forum has allowed us to fulfil our remit to date. As a result of the work undertaken during to the year, I can confirm that adequate and effective governance arrangements were in place in the areas under our remit during the year.

7.2   I can confirm that that there were no significant control weaknesses or issues at the annual review which the Area Partnership Forum 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 Area Partnership Forum and to all attendees. I would thank all those members of staff who have prepared reports and attended meetings.

Signed: Date:

Lynne Parsons, Co-Chair
On behalf of the Area Partnership Forum

Appendix 1 – Attendance Schedule

**NHS Fife Area Partnership Forum Attendance Record
1 April 2024 to 31 March 2025**

Note: "P" represents the flag/attendance symbol shown in the original; "x" indicates absence.

	22.05.24	24.07.24	18.09.24	20.11.24	22.01.25	19.03.25
Members						
Lynne Parsons, Employee Director (Co-Chair)	P	x	P	x	P	P
Carol Potter, Chief Executive (Co-Chair)	x	P	P	P	x	P
Sharon Adamson, Royal College of Nursing	P	P	P	P	P	P
Yvonne Batehup, Welfare Officer, UNISON	P	P	x	P	P	P
Jennifer Bell, Chartered Society of Physiotherapists	x	x	P	x	x	x
Vicki Bennett, British Dietetic Association	x	P	x	P	P	P
Helen Caithness, Royal College of Nursing			Added to APF Oct	P	P	P
Claire Dobson, Director of Acute Services	P	P	x	P	P	P
Kevin Egan, UNITE	x	x	x	x	x	x
Simon Fevre, British Dietetic Association - National Employment Relations Officer, Scotland & NI	x	x	x	x	x	x
Fiona Forrest, Acting Director of Pharmacy and Medicines	x	P	x	x	x	x
Lynne Garvey, Director of Health and Social Care			Started in post 4 Nov	P	P	P
Mary Ann Gillan, Royal College of Midwives	P	x	x	x	P	x
Alistair Graham, Director of Digital & Information	P	P	x	P	P	x
Neil Groat, Society of Radiographers	x	x	x	x	x	x
John Hackett, UNISON – Regional Officer	P	x	P	P	x	x
Ben Hannan, Director of Reform and Transformation	P	x	P	P	x	x
Paul Hayter, UNISON	P	P	P	x	P	x
Joy Johnstone, Federation of Clinical Scientists	x	x	P	P	P	x
Jenni Jones, Associate Director of Culture, Development & Wellbeing	P	P	P	x	P	P
Janette Keenan, Director of Nursing	P	P	x	P	P	x
Angela Kopyto, British Dental Association	x	x	x	x	x	x
Chu Lim, British Medical Association	x	x	P	P	x	P
Roddy MacEwan, British Orthoptic Society	x	x	x	x	x	x

	22.05.24	24.07.24	18.09.24	20.11.24	22.01.25	19.03.25
Kirsty MacGregor, Director of Communications & Engagement	⚑	⚑	⚑	⚑	⚑	⚑
Liam Mackie, Royal College of Nursing	⚑	x	x	x	x	⚑
Wendy McConville, UNISON	x	⚑	⚑	x	⚑	
Neil McCormick, Director of Property & Asset Management	x	x	x	⚑	⚑	x
Debbie McGirr, Speak Up/ Whistleblowing Coordinator				⚑	⚑	⚑
Margo McGurk, Director of Finance & Strategy	⚑	⚑	x	⚑	x	⚑
Fiona McKay, Interim Director of Health & Social Care	x	⚑	⚑			
Christopher McKenna, Medical Director	⚑	⚑	x	⚑	x	⚑
David Miller, Director of Workforce	⚑	⚑	⚑	⚑	⚑	⚑
Benjamin Morrison, Royal College of Podiatry	⚑	x	⚑	⚑	x	⚑
Louise Noble, UNISON	⚑	⚑	⚑	⚑	⚑	⚑
Joanna Pickles, British Medical Association	x	x	x	x	⚑	x
Sandra Raynor, Head of Workforce Resourcing & Relations	⚑	⚑	⚑	⚑	⚑	⚑
Susan Robertson, UNITE – Regional Officer	x	x	x	x	x	x
Wendy Rowbotham, GMB	x	x	x	x	x	x
Caroline Somerville, UNISON	⚑	⚑	⚑	⚑	x	⚑
Jane Surtees, Royal College of Nursing			Added to APF Oct	x	x	x
Gillian Tait, Royal College of Nursing – Regional Officer	⚑	⚑	⚑	⚑	⚑	x
Joy Tomlinson, Director of Public Health	⚑	⚑	⚑	⚑	⚑	⚑
Andrew Verrecchia, UNISON	⚑	⚑	⚑	⚑	⚑	x
Rhona Waugh, Head of Workforce Planning & Staff Wellbeing	⚑	⚑	x	⚑	⚑	⚑
In Attendance						
Hazel Close, Deputy Director of Pharmacy & Medicines	⚑ Deputising					
Lynne Garvey, Head of Community Care Services, H&SCP	⚑ Deputising					
Jim Rotheram, Head of Facilities	⚑ Deputising	⚑ Deputising				⚑ Deputising
Susan Fraser, Associate Director of Planning & Performance	⚑ Item 07.3			⚑ Items 08.4 and 08.5	⚑ Deputising	⚑ Deputising

	22.05.24	24.07.24	18.09.24	20.11.24	22.01.25	19.03.25
Michaela Lessels, UNISON	⚑		⚑			
Isla Bumba, Equality & Diversity Lead		⚑ Item 02				
Jackie Millen, Interim Learning & Development Manager		⚑ Item 07.1	⚑ Item 03.1	⚑ Item 09.1	⚑ Item 09.1	
Maxine Michie, Deputy Director of Finance			⚑ Deputising	⚑ Deputising	⚑ Deputising	
Miriam Watts, General Manager, Medical Directorate			⚑ Deputising			
Paula Lee, Head of Procurement			⚑ Item 04.1			
Brian McKenna, Workforce Planning Lead			⚑ Items 07.1 and 09.1			
William Nixon, Health & Safety Manager			⚑ Item 07.3			
Jane Anderson , General Manager, WCCS				⚑ Item 05.2	⚑ Item 05.2	
Nicola Morris, UNISON					⚑	⚑
Lynn Barker, Director of Nursing, H&SCP						⚑ Deputising
Claire Weir, Royal College of Midwives						⚑
Elaine Rae, Chief Executive, NHS Credit Union						⚑

COMMUNITY & WELLBEING PARTNERSHIP

(Meeting on 20 March 2025)

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No issues were raised for escalation to the Board or amend as necessary.

Communities & Wellbeing Partnership
Thursday 20th March 2025
FHM05.002 Fife House, Glenrothes & MS Teams

Meeting Notes - unconfirmed

Present: **Apologies:**
Lucy Denvir (LD) - Chair   Rebecca Simpson (RS)   Elizabeth Butters
Clare Rogers (CR)   Julie Dickson (JD) – MS   Fraser McKenzie
                             teams
Jo-Anne Valentine (J-AV)   Kay Samson (KS)   Emma Walker
Lisa Cooper (LC)   Tricia Ryan
Christine McLean (CM) – MS   Ruth Bennett
Teams
Sarah Roxburgh (SR) – MS   Jacquie Stringer
Teams

1. **Welcome and Introductions**

   (LD) Welcomed all and asked attendees to introduce themselves.

   Apologies were noted as above.

2. **Note of last meeting on 28th November 2024**

   Meeting notes were approved by members.

3. **Action Log Update**

   Actions were updated against owners in Action Log.

4. **Terms of Reference and Membership Updates**

   Discussion
   Purpose of Partnership needs to be more directive and with SMART objectives.

   Reframing purpose will provide stronger reporting lines and support ongoing work of core groups and working towards delivery plan.

   Actions:
   (CR) Darren-Wyn Jones to be added into circulation of meetings and papers and deputise when Sarah Roxburgh unable to attend.

   (CR) Set up meeting with Lisa Cooper to develop objectives and remit of group

5. Food4Fife Progress Update (J-AV)

Update on Food4Fife progress and outline of challenges and opportunities in current landscape and since strategy was approved in May 2024. Alignment to Good Food Nation discussed and identified similar outcomes. Biggest challenge identified is loss of coordinator role at end of March 2025 due to end of funding.

Discussion
Members agreed Food4Fife to report into CWP and to be included as part of regular CWP updates. Questions around clarification on how impacts are measured and the impacts this strategy, and others, have on other supporting areas of work, e.g. climate, health, prevention etc.

Members requested more clarification around escalating resource issues to FLB and to seek guidance.

Actions:
(CR) include Food4Fife as part of regular CWP updates.

(CR) raise question around escalating challenges to FLB/FPB and seeking guidance/direction.

(CR) Develop template report for groups to report into CWP. Link into FLB template to lift information in annual report to FLB.

6. Fife Cultural Strategy

Update on progress since summits held in May 2024 and key theme around wellbeing. A regular group meets to identify the current landscape of cultural opportunities across Fife. A place-based approach is to be followed.

Papers to be shared with group at later date once further development has taken place. Advised group that strategy will take a different approach than being a standard report. An additional Summit will be organised once developments progress.

Discussion
Members agreed the Fife Cultural Strategy fits well into the Fife HSCP Locality Plans.

(RS) and (JD) agreed the People and Place themes can be covered by their areas of work with the focus on wellbeing.

Actions:
(SR) / (CM) to request update on papers from Dan to provide update to CWP later in the year on progress.

7. Priority Areas Verbal Updates

(CR) introduced new standing agenda item to ensure regular updates from priority areas identified. Members welcomed this to provide opportunity for partners to share challenges, seek support and identify opportunities with colleagues.

7.1 Developing a whole population approach to hazardous and harmful drinking in Fife

No update provided.

7.2 System-based approach to physical activity (SR)

(SR) updated group on progress and recognised the importance around capturing 'in-activity' data.

CWP guidance on additional stakeholder engagement to reach wider audiences.

Actions:
(JD) to give (SR) police contact for stakeholder engagement.

(RS) to link (SR) with data gathered from HSCP Link Workers.

(SR) involve planning colleagues with LDP.

7.3 Collaborating on the Fife HSCP Prevention & Early Intervention Strategy (LC/KS)

(LC) Advised the Prevention & Early Intervention Strategy is available on Fife HSCP website and an easy-read version is in development to distribute to the public. First year annual report will be available later in the year.

Initial Strategic Implementation Oversight Group held and agreed Terms of Reference, priorities and aligning with Fife HSCP Strategic Plan. Focus on health literacy and Active Fife and aligning with the Marmot principles. The group will focus around designing training/education plans and framing Locality Plans around prevention & early intervention.

7.4 Coordinating improvement across the Partnership's community engagement

Group agreed more clarity is needed to what the ask of this priority area is and how this can be evolved within the CWP and therefore who's responsibility this is. Further discussion with group required at future meeting to identify if this will stay as a priority area. Find out what else is already going on that can link in to CWP.

Actions:
(CR) set up meeting with Tracy Harley (Participation & Engagement, Fife HSCP) and Tricia Ryan (CLD, Fife Council) to discuss ongoing work and if this can feed into CWP.

8. Any Other Business

(CR) provided update on governance reporting into Fife Leadership Board. CWP will report to FLB on 8th October 2025.

Highlighted key considerations to include in report;

- Evidence-based reporting – statistics, figures, RAG status, etc
- How are we promoting best practice and work going on across partners?
- How does our delivery plan and ongoing work align to the Plan for Fife?

(CR) Advised group development of delivery plan to move CWP work forward. Meetings to be set up with all priority leads before next meeting in June.

(CM) Highlighted draft Wellbeing Approach for OnFife to be brought to future CWP

(CM) OnFife received £22,000 grant

9. **Thanks and Close**

(LD) Thanked all for attending and confirmed date of next meeting 5th June, 2pm-4pm – Fife House FHM05.003. Agenda and papers will be circulated in due course.

FIFE HSCP INTEGRATION JOINT BOARD

(Meeting on 29 January 2025)

No issues were raised for escalation to the Board.

CONFIRMED MINUTE OF THE FIFE HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD (IJB) – WEDNESDAY 29 JANUARY 2025 AT 10.00AM

Present:	David Ross (DR) (Chair) Arlene Wood (AW) (Vice-Chair) Fife Council – David Alexander (DA), Dave Dempsey (DD), Rosemary Liewald (RLie), Mary Lockhart (ML), Lynn Mowatt (LM), Margaret Kennedy (MK) and Louise Kennedy-Dalby (LKB) NHS Fife Board Members (Non-Executive) – Alastair Grant (AG), Colin Grieve (CG), John Kemp (JK), Sinead Braiden (SB) Amanda Wong (AW), Associate Director, Allied Health Professionals Debbie Fyfe (DF), Joint Trade Union Secretary Janette Keenan (JK), Nurse Director, NHS Fife Kenny McCallum (KMcC), Staff Representative, Fife Council Lynne Parsons (LP), Employee Director, NHS Fife Morna Fleming (MF), Carer Representative Paul Dundas (PD), Independent Sector Lead Vicki Bennett (VB), Staff Representative, NHS Fife	
Professional Advisers:	Lynne Garvey (LG), Director of Health and Social Care/Chief Officer Audrey Valente (AV), Chief Finance Officer Lynn Barker (LB), Director of Nursing	
Attending:	Aylene Kelman (AK), Associate Medical Director Cara Forrester (CF), Communications Advisor Chris Conroy (CC), Head of Community Care Services Emma O'Keefe (EO), Consultant in Dental Public Health, NHS Fife Lisa Cooper (LC), Head of Primary & Preventative Care Services Roy Lawrence (RLaw), Principal Lead for Organisational Development & Culture Vanessa Salmond (VS), Head of Corporate Services Gemma Reid (GR), H&SC Co-ordinator (Minute)	

	TITLE	ACTION
1	**CHAIRPERSON'S WELCOME / OPENING REMARKS / APOLOGIES** David Ross, Chair of the Integration Joint Board (IJB) welcomed everyone to the meeting and extended his best wishes for the New Year. David welcomed Vicki Bennett, newly appointed LPF Co-Chair to her first IJB meeting. David advised that apologies had been received from Chris McKenna, Jackie Drummond, Jillian Torrens, Joy Tomlinson, Fiona Forrest, Helen Hellewell and	

	James Ross, noting that Paul Dundas and Cllr David Alexander would be joining later in the meeting and Cllr Lynn Mowatt would be leaving early due to other commitments. David also advised the Board that Cllr Louise Kennedy-Dalby was deputising for Cllr Sam Steele. Those present were reminded that they should mute their mobile phones for the duration of the meeting and mute their microphone when not talking and in an effort to keep to our timings for this meeting, all questions and responses should be as succinct as possible. David advised members that a recording pen was in use at the meeting to assist with Minute taking and the media have been invited to listen in to proceedings. David highlighted the opening of the new Morar Living facility in St Andrews with formal opening taking place on 8th February where all are welcome to attend. David advised that an invitation would be forwarded following the meeting and any queries should be directed to Paul Dundas, Independent Sector Lead.	**GR**
2	**DECLARATION OF MEMBERS' INTERESTS** There were no declarations of interest highlighted.	
3	**MINUTES OF PREVIOUS MEETING & ACTION NOTE 4 DECEMBER 2024** The Minute and Action Note from the meeting held on Wednesday 4 December 2024 were both approved as an accurate record. Arlene Wood requested that timescales were added to the action note in respect of the 3 open items.	**GR**
4	**CHIEF OFFICER UPDATE** Lynne Garvey began her update by welcoming everyone to the IJB and in response to Arlene's request confirmed that some actions would be closed and others updated. Lynne gave thanks to those who joined Fiona's retirement celebrations. Reflecting back to November when she took up post, Lynne acknowledged the immense contribution provided by Arlene Wood during her time as Chair of the IJB and expressed her delight that she will continue in the valued role of Vice-Chair. Lynne welcomed Cllr David Ross as Chair acknowledging his passion for health and social care. Lynne noted that the start of 2025 has been challenging, particularly around the significant impact on our teams from the prevalence of flu within our communities. Lynne also noted the additional pressures caused by Storm Eowyn, acknowledging the positive staff response and the swift implementation of Business Continuity Plans, highlighting the fantastic response from services and partners which ensured minimal disruption to service delivery. Lynne wished to formally record her gratitude to Carol Potter and Ken Gourlay for their complimentary emails which recognised the response of staff in these challenging circumstances.	

	Lynne confirmed that the recruitment process for the Principal Social Work Officer has now successfully concluded, and more details would be shared in the near future. Lynne further explained that she is in active discussion with HR regarding recruitment to the Head of Strategic Planning post and more detailed communication around this will be forthcoming when recruitment is agreed.	
	Lynne highlighted the work of the King's Trust, with 7 young people having recently completed a 4-week programme on Health and Social Care. Lynne was delighted to share that these young people have all been successful in either securing employment or advancing to further education.	
	Lynne noted the work being carried out to promote wellbeing within Ward 1 at Queen Margaret Hospital, with the implementation of a Therapet Programme.	
	Lynne concluded by noting that 2025-26 will be the most challenging year to date due to our ongoing financial challenges, however assured members that through her leadership and support from SLT colleagues, every effort will be taken to deliver safe health and social care services to the people of Fife.	
	Cllr David Ross reiterated his thanks to staff for their efforts during Storm Eowyn.	
5	**COMMITTEE CHAIR ASSURANCE REPORTS**	
	David Ross welcomed Vanessa Salmond who introduced the reports and confirmed that all statements had been signed off by current Chairs.	
	Vanessa Salmond advised that these reports were being presented to enhance Governance arrangements by providing assurance to the IJB on Committee Business, noting that agreement on the principles of these reports was discussed at the Quality and Communities Committee on 10 January 2025, Finance, Performance & Scrutiny Committee on 15 January 2025 and Audit & Assurance Committee on 17 January 2025.	
	David Ross then invited Committee Chairs to comment in turn before opening to questions from Board members.	
	Sinead Braiden, Chair of the Quality and Communities Committee noted no areas of concern and nothing to be escalated to the IJB, with committee content to remit the reports to the IJB.	
	Dave Dempsey highlighted paragraph 5 on page 20, noting that committee were concerned that the audit plan cannot be executed due to lack of resources.	
	Alastair Grant noted that he appreciated the efforts taken to minimise the overspend and the committee were grateful for the update.	
	The Board were assured that the Governance Committees are discharging their functions and remit and escalating any issues appropriately.	

6	**STRATEGIC PLANNING & DELIVERY**	
	6.1 Fife Immunisation Strategic Framework 2024-27	
	This report was discussed at the Quality and Communities Committee on 10 January 2025.	
	David Ross introduced Lisa Cooper who presented this report.	
	Lisa presented the salient points from the report and referenced the previous report from 2021-24, highlighting that the updated paper demonstrates what has been achieved and what we continue to build on. Lisa drew members attention to the visuals within the framework detailing the aims and priorities and highlighting the integrated partnership approach. Lisa noted a continued focus on ensuring vaccine programmes are equitable and accessible, highlighting a need to continue the ongoing quality improvement approach in an effort to reduce inequality across Fife. Lisa drew members attention to Appendix 2, the draft Direction to NHS Fife.	
	David Ross then invited Sinead Braiden, Chair of the Quality & Communities Committee to comment before opening to questions from Board members.	
	Sinead Braiden, Chair of the Quality and Communities Committee advised that committee were assured by the report	
	Arlene Wood queried where approval of the strategic framework occurred. In addition, Arlene noted that whilst the focus priority section was very good and focussed on aims for the year, there appeared to be no reference to performance framework improvements within the report.	
	Lisa Cooper responded highlighting that, as detailed in the paper, we have established a Transformation Group to provide quality improvement data around how vaccines are delivered, noting that detail in relation to ongoing improvements are captured through the Integrated Performance and Quality Report (IPQR). It was identified within performance reporting that uptake of HPV is an area for improvement, and this is a focus moving forward.	
	Lisa confirmed that the Strategic Framework has been presented and supported through numerous Governance Committees and was fully supported for progression to the IJB for approval of the accompanying Direction.	
	Morna Fleming thanked Lisa for a comprehensive report and the opportunity for discussions following Quality and Communities Committee. Morna requested clarity on number of areas with the report. Lisa responded to the queries.	
	Lisa confirmed that the decline in the uptake in Fife was noted and recognised in the Annual Immunisation Report, with the Transformation Group being convened in response to this to reduce inequalities, whilst being mindful that vaccination is a choice.	**LC**
	Lisa thanked Morna for the highlights and advised the paper would be updated.	
	Lisa acknowledged inconsistencies in scheduling however noted that scheduling is complex and is discussed and agreed at a national level, with the model changing yearly.	
		LC

	Dave Dempsey noted that the drop-in clinics are suitable for many. Dave noted that on page 19, figure 7 is an image and therefore breaches accessibility guidelines.	
	Dave expressed concern around the content of the Direction and intimated that he could not support the issuing of this Direction as it currently stands	**LC / VS**
	Lynne Garvey responded confirming that Lisa Cooper and Vanessa Salmond will connect separately with Dave out with the IJB to support the revision to this Direction prior to seeking IJB approval to issue.	
	Louise Kennedy-Dalby highlighted the omission of delivery of vaccinations at high-risk clinics within the report. Louise also noted issues around stock levels at some clinics.	
	Lisa Cooper responded taking these comments on board, noting there had been no escalations around this however provided assurance to members that we work closely with pharmacy using intelligence and projections to ensure adequate stock levels.	
	John Kemp shared Dave's concern regarding Directions, however noted that increasing delivery of vaccinations is the priority.	
	Recommendation	
	The Board noted the refreshed Fife Immunisation Strategic Framework and outlined priorities for 2024-2027, for assurance.	
	The Board discussed the Direction and agreed to await revisions as discussed.	
7	**INTEGRATED PERFORMANCE**	
	7.1 Finance Update	
	This report was discussed at the Local Partnership Forum on 14 January 2025 and the Finance Performance & Scrutiny Committee on 15 January 2025.	
	David Ross introduced Audrey Valente, Chief Finance Officer who presented the report.	
	Audrey Valente, Chief Finance Officer provided an update on the financial position based on actuals to November 2024, confirming that we are currently projecting a £34.9m overspend, which is a worsening position from September 2024 of £7.8m.	
	The key areas of overspend are detailed within the report. Audrey highlighted that weekly Progress Reporting Update meetings (PRUs) had been put in place with Service Managers to scrutinise non-delivery of savings and noted that it is unlikely that we will see delivery of these savings this year, which is therefore reflected in the latest monitoring position.	
	Audrey reported that 59% of the savings approved in March 2024 will be delivered (£23m by end of current financial year) noting that whilst this is good progress it doesn't meet the gap.	
	Audrey advised members that the recovery plan approved in October has proven challenging and we are unlikely to deliver significant savings due to increased	

demand, however highlighted that we have increased the frequency of meetings with partners and now meet every 4 weeks to ensure increased scrutiny.

Audrey concluded her report by assuring continual scrutiny of spend for the remainder of year to reduce the overspend, stressing that delivery of savings is a priority.

David Ross then invited Kenny McCallum, Chair of the Local Partnership Forum and Alastair Grant, Chair of the Finance, Performance & Scrutiny Committee to comment on discussions at the Committee before opening to questions from Board members.

Alastair Grant stated that he was grateful for the update and appreciates the work ongoing to minimise the overspend, however with 2 months remaining he sought reassurance that throughout December - January nothing has changed in the financial position since the data presented in the report.

Audrey responded noting that early indications confirm there is a worsening position since November, and the impact of Storm Eowyn will also need to be reflected. Audrey was unable to confirm the exact position as we are awaiting information from partners.

Kenny McCallum confirmed that the LPF continue to engage with the financial situation, highlighting more robust discussions around finances than anything else at their regular meetings. Kenny advised Trade Unions continue to seek clarity on remobilisation and noted Audrey's work with Trade Unions which is appreciated.

Dave Dempsey highlighted that section 10 references Directions, but stated it is unclear whether a Direction is required. Audrey confirmed that we are awaiting information from NHS Fife in order to draft the Direction with a view to bring this forward to the next IJB.

Arlene Wood thanked Audrey for the paper and whilst she recognised the challenges, she noted the savings achievement of £23m. Arlene highlighted Section 3.1 of SBAR which states that given the pressures we are facing we are unlikely to deliver on the recovery actions and questioned what would be delivered by the end of the financial year. Arlene queried the partners position on the overspend and whether any feedback had been received. Finally, Arlene sought information around the plan for the last quarter of year, questioning if there is anything else that can be paused and queried what actions are being undertaken. Arlene acknowledged the strong commitment and intent but highlighted the need to learn from the last couple of years and the challenges of delivering what we agree.

Audrey responded noting that the recovery plan has generated £1m additional income along with other small areas, however confirmed that the large areas have not delivered significant savings. Audrey assured members that we continue to try and achieve the savings, working with Staffside and Trade Unions. Partners are meeting every 4 weeks and are aware of the current position with discussions ongoing around risk share. Audrey stressed that we are doing all we can to minimise the overspend, highlighting Lynne Garvey's email in relation to non-critical spend, stressing to the Board that we are turning every stone.

Lynne Garvey noted her optimism for delivery into the next financial year and confirmed continual scrutiny is in place and embraced by SLT. The need to engage with the workforce further has been recognised and engagement with Trade Union and Staffside will be crucial to this. Lynne confirmed that a meeting will be scheduled with SLT along with all Trade Union and Staffside members.

Recommendation

The Board noted the report and were assured that steps continue to be taken by Officers to consider options and opportunities to improve the financial position during the remainder of 2024-25 as part of the Financial Recovery Plan process, as outlined in section 8 of the Finance Update Appendix 1.

7.2   Performance Report – Executive Summary

This report was discussed at the Finance, Performance and Scrutiny Committee on 15 January 2025

David Ross introduced Audrey Valente who presented this report.

Audrey noted that this report comes quarterly to the IJB and was welcomed at Finance, Performance and Scrutiny. Audrey advised that the report contains updates on efforts to improve performance and new indicators will be brought forward once approved by SLT.

Audrey drew the Boards attention to improvements in average length of stay which has improved in the last 6 months, CAMHS referral to treatment time and psychological therapies 18 weeks referral to treatment, which has improved but noted there remains a lot to do to reach the national target. Audrey highlighted that the Drugs and Alcohol 21-day referral to treatment was above the 90% target for the 2nd quarter in a row.

Audrey noted improvements required in the areas of assessment beds average length of stay, smoking cessation and complaints.

David Ross invited Alastair Grant, Chair of the Finance, Performance and Scrutiny Committee to comment on discussions at the Committee before opening to questions from Board members.

Alastair Grant commended the report and noted no further comments from Committee.

Arlene Wood welcomed the new approaches highlighted and recognised the work that had gone into the report. Arlene noted the work around indicators and queried how we link this back to strategies. Arlene highlighted the red indicators, stating the need to see planned actions for these with timescales. Arlene was surprised to see delayed discharges in red as we usually fare well in the national reports.

Lynne Garvey responded, advising that benchmarking was looking at other Boards and local targets were ambitious, confirming that due to increasing demand the target needs to be revised. Lynne advised that the report via NHS Fife governance is reported on the Scottish average and neighbouring Boards, and we are in the bottom half of the table, highlighting that we are one of the Boards with a high level of confidence in delivery.

	Sinead Braiden noted that it was positive to see improvements in data reporting and collection.

Audrey will pick up on Arlene's comment regarding linking to strategies and confirmed conversations are ongoing with the team to build this in.

Margaret Kennedy was assured by improvements around CAMHS, noting that GP practices are seeing an increased demand in Mental Health assistance. Margaret noted her concern that we are not engaging with families early enough and questioned if we need to improve interactions within schools.

Lynne Garvey highlighted that psychology services have a strong emphasis on prevention. All AHPs utilise the early conversation model prior to any intervention and signpost people to necessary services, utilising third and voluntary sector organisations. Lynne noted the work ongoing with GPs around promoting prevention and early intervention, highlighting good pathways into those services.

Lisa Cooper highlighted the whole system approach, providing an example of Health Visiting services supporting with sleep training. Lisa referred to the neuro-development pathway, first point of contact for parents who have concerns, being able to direct people to the correct service and ensuring people get the support when they need it from the right person.

Rosemary Liewald gave thanks for the report, noting the small gains and emphasising that there needs to be greater emphasis on prevention which she is seeing across localities particularly at primary and secondary school level as evidence states they are effective. Rosemary referenced Our Minds Matter and SAMH which stem the need for services before they get to critical level, commending the staff who are working within these areas.

Roy Lawrence noted that in 2024, 3500 people came through the Wells, with 13 Wells across 7 localities. Roy advised that the ability to link in has been improved through Sky Gateway to support with GP referrals.

Recommendation

The Board were assured that the full report had been discussed at the relevant Committees, the areas which require improvement are under development and are subject to continual scrutiny by Heads of Services. | |
| 8 | **GOVERNANCE & OUTCOMES**

8.1 Mainstreaming the Equalities Duty & Equality Outcomes Progress Report

This report was discussed at the Quality and Communities Committee on 10 January 2025 and the Finance, Performance & Scrutiny Committee on 15 January 2025. David Ross introduced Audrey Valente who presented this report.

Audrey advised that the report was being submitted for decision and following approval it will be published on HSCP website, in line with the requirements of the Equality Act 2010. Fife HSCP last published report was in 2023 when it set out new equality outcomes as part of the strategic plan for 2023-26. This report provides a progress update on the 5 equality outcomes. Audrey highlighted the action plan at appendix 2 (page 134) and noted that progress with actions is | |

highlighted in the graph within the SBAR on page 95. Audrey highlighted that the Equality and Human Rights Commission (EHRC) Scotland Team are due to audit all IJBs in 2025.		
David Ross invited Sinead Braiden, Chair of Quality & Communities Committee and Alastair Grant, Chair of Finance, Performance & Scrutiny Committee to comment on discussions at the Committees before opening to questions from Board members.		
Sinead Braiden advised that members were assured by the report, and that positive progress is being made on the identified outcomes and therefore committee were content to remit the report to the IJB for formal approval.		
Alastair Grant confirmed that committee were content with remitting the report to the IJB with no further comments to make.		
Morna Fleming commended the report and was glad to see points around refreshing the carers strategy and additional support for unpaid carers. Morna queried whether the training for staff to promote safe eating and drinking for those with learning difficulties is available to unpaid carers. Morna welcomed equalities training and questioned whether other training on Oracle is mandatory for staff and queried what records are kept around mandatory training completion and compliance.		
Lisa Cooper was unable to confirm if this training is available to unpaid carers but took an action around this to speak with the professional Head of Service for Dietetics.		**LC**
Lynne Garvey confirmed Equality, Diversity and Inclusion is part of the core training package and is regularly monitored through performance reporting, with any areas of concern given improvement targets to encourage uptake.		
Arlene Wood suggested that a Development Session would be welcomed around outcomes and how these are quantified, noting that the performance framework referenced on page 113 is useful, but it would be helpful to understand this and how well we are performing against indicators. Arlene queried how adverse events are captured when a breach of protected characteristics occurs and how IJB gets assurance around the specific duties of the Equality Act which are related to the Health and Social Care workforce.		
Audrey responded to Arlene's queries around a Development Session and performance metrics, confirming she would discuss this with Lynne Garvey and Vanessa Salmond. In terms of metrics, Audrey will take action on how we report back on these.		**AV**
Janette Keenan confirmed adverse events and incidents are reported via the Datix system however we are aware that less serious incidents are not always reported. Janette assured the Board that reports are taken to the Staff Governance Committee for assurance but can also be shared with IJB Committees if required in order to provide assurance that we are addressing these issues.		
Lynne confirmed that the Local Partnership Forum is instrumental in reporting this work through and if escalation is required it would come forward to the IJB.		

	Rosemary gave her thanks for the report and highlighted gender balance within the home carer workforce. Rosemary questioned how we are doing in terms of recruitment, engagement and retention. Audrey advised that she would take this question away and feedback offline.		**AV**
	Lynne Garvey highlighted job forums, recruitment campaigns and posters in supermarkets, noting that the efforts to attract carers into Fife needs to be recognised.		
	Debbie Fyfe noted the ongoing work in schools and colleges, noting the need to see career progression for carers as this is not advertised or provided as part of the induction. Debbie highlighted that Staffside and Trade Unions have good relationships with Karen Marwick, Service Manager, and work closely on recruitment and retention.		
	Mary Lockhart queried the issue around gender balance in home carers, questioning if there is any data around service user preference as to the gender of those caring for them, noting personal care is often preferred by a carer of the same gender.		**RL**
	Lynne Garvey advised that Care at Home is centred around people's choice, with the service striving 100% of the time to ensure any specific requests are granted. In regard to workforce characteristics, we do have this data which Roy Lawrence can share. Whilst this shows the majority of carers are female, Lynne confirmed there are sufficient male in the workforce to allow us to provide a male carer when requested. In any cases where we have been unable to fulfil a specific request, the lead officer would have a conversation with the patient and mitigations are in place such as a double up (2 carer) visit.		
	Roy Lawrence highlighted the well-established Equality, Diversity and Inclusion steering group which includes Trade Union representation.		
	Morna Fleming welcomed Debbie's comments, noting that public perception of social care is not attractive and queried if there are any financial incentives.		
	Debbie Fyfe responded, advising that offering incentives is not permitted and would worsen the current financial situation.		
	Paul Dundas noted that Care at Home in Fife for the independent sector is attractive for international recruitment and retention, with the Minister reinforcing the significance of continued focus on the international supply line. Paul highlighted the successful recruitment of international male staff in Fife, noting that role development is key with continued focus on upskilling staff.		
	Janette Keenan noted the male/female gender split in nursing where there is a 90% female workforce despite attempts locally and nationally. International recruitment has been successful in nursing with great retention rates, with the successful recruitment of over 100 internationally educated nurses and radiographers. There are discussions ongoing around how to attract Gen-Z into the workforce.		
	Chris Conroy noted a good track record in Fife in creating a sustainable workforce and highlighting that our ability to deliver services effectively is commented on at a national level, noting that the Home First strategy will allow us to maintain Fife as a positive place to work.		

	Kenny McCallum commented on the recruitment of Care at Home staff, highlighting a recruitment fayre held in November in Dunfermline. Kenny commended the work of both the Care at Home and Residential Care Home teams who he noted were young teams and promoted the roles well. Kenny has provided feedback to the relevant service managers. **Recommendation** The Board were content that the Partnership is meeting its requirements within the Equality Act 2010.	
9	**LEGISLATIVE REQUIREMENTS & ANNUAL REPORTS** **9.1 Chief Social Work Officer Report** This report was discussed at the Finance, Performance & Scrutiny Committee for noting only on 15 January 2025. David advised that James Ross had sent his apologies for the meeting and therefore any queries on the content of this report should be directed to James via email (james.ross-fc-d1@fife.gov.uk) **Recommendation** The Board noted the role and range of functions covered by the Chief Social Work Officer including social work and social care services provided by both the authority and by the Health and Social Care Partnership.	
	9.2 Fife Dental & Oral Health Improvement Annual Report This report was discussed at the discussed at the Quality and Communities Committee on 10 January 2025. David Ross introduced Lisa Cooper and Emma O'Keefe who presented this report. Lisa advised the Board that this was the annual report for 2024 is being brought forward for information and is attached as appendix 1, with a focus on the delegated services which are managed by the IJB. Lisa handed over to Emma O'Keefe, Consultant in Dental Public Health to talk through the salient points of the report. Emma shared the highlights of the annual report, which is a collaborative piece of work with both NHS and Fife HSCP. Emma noted that dental workforce continues to be a challenge, with these concerns impacting on patient access. Emma highlighted the work ongoing around communication and trying to get the message out that for any urgent needs patients should call the dental advice line where they will be seen within national standard timescales. This is a UK wide issue around workforce, with ongoing conversations with Scottish Government, the Minister for Public Health and the Chief Dental Officer. Areas which are in our control such as the public dental service are picking up a lot of work with patients who have been de-registered from NHS dental care. Emma stressed the importance of self-care and prevention in oral hygiene with the Annual National Dental Inspection report showing Fife as having the worst	

dental health in 5-year-olds. There is an ongoing focus on children's oral health, further strengthened by links with midwifery services.

The report highlights the collaborative work of improvement programs, such as the Childsmile programme, work within Care Homes and within the Fife Alcohol Support Service. Dental services are a complex landscape, and we need to be mindful of what is in our control. Emma noted that there is no legislative duty to ensure the whole population is registered with a dentist, however we will see all those needing emergency care at some point. Emma stressed that the focus must be on prevention and communication to ensure the right messages are being sent out.

David Ross then invited Sinead Braiden, Chair of the Quality and Communities Committee to comment on discussions at the Committee before opening to questions from Board members.

Sinead confirmed that the Committee were assured by the annual report.

Rosemary Liewald noted that she was fully aware of challenges within this service however wished to highlight work ongoing within nurseries, where immediately after meals children are encouraged to brush their teeth. Literature has been produced, with a book aimed at pre-school and primary one level. Rosemary noted that whilst recognising the challenges we must commend the staff carrying out early work on the preventative aspect of oral health.

Morna Fleming noted the inability of adults to be registered with an NHS dentist with those practices who are accepting referrals limiting these to children under 16. Morna highlighted an issue with communication with the public unaware that this is a national shortage. Morna requested that Fife HSCP communicate that this issue is not specific to Fife as dental services are at risk of abuse from patients who are unaware of current situation.

Arlene questioned the plans for 2025-26 which are within the Partnership's control. Arlene highlighted the improvement priorities and queried how these will be measured around reducing inequalities across Fife and asked if there was a specific measures framework in place.

John Kemp noted that he was happy to take level of assurance, but his opinion is that the system is fundamentally not working, and we are failing on prevention in adults through check-ups and dealing with issues before they escalate. John noted that private dentists are available and prefer to treat privately than work with NHS.

Lisa Cooper responded to Morna's comment re communication, noting that work is ongoing with national colleagues to ensure a consistent message. The public dental service is very active in engaging with communities. Lisa acknowledged that the current focus is on younger adults however confirmed that we are able to offer emergency care to those who are not registered with a dentist.

In response to Arlene's question, Lisa highlighted a Dental Improvement Group which was convened to take forward improvement actions and work on prevention. Oral Health Improvement plans have been recovered and remobilised such as Childsmile. Lisa recognised the challenges around registration highlighting the Scottish Dental Access Initiative which is being utilised to encourage practices and support more uptake in Fife.

	Emma O'Keefe agreed that we need to look at other ways of getting the message out, noting that elected member briefings are being utilised. Regarding check-ups, Emma advised that we are awaiting management information and looking at national reporting frameworks.	
	David Alexander questioned if there are barriers to international recruitment with Emma confirming that Brexit resulted in overseas dentists leaving Scotland. Emma advised that the dental regulator is looking at ways to make the process easier for dentists to come to work in UK with lots of work taking place but some of this requires legislative change at UK level. Emma noted the budget which is looking at ways to increase the dental workforce, but this will take time. Emma concluded by highlighting that the workforce issues are a challenge across Scotland, with the bigger cities also struggling to recruit.	
	Recommendation	
	The Board noted the content of the report and agreed a moderate level of assurance that the senior management and professional leadership team ensure oversight and management in regard to quality of dental care and access, in line with the powers available to them in accordance with dental regulations.	
10	**MINUTES OF GOVERNANCE COMMITTEES / LOCAL PARTNERSHIP FORUM / STRATEGIC PLANNING GROUP**	
	The minutes of the following Governance Committees were provided for information:	
	• Strategic Planning Group (unconfirmed) – 7 November 2024	
	• Quality & Communities Committee – 8 November 2024	
	• Finance, Performance & Scrutiny – 12 November 2024	
	• Local Partnership Forum – 12 November 2024	
	• Audit and Assurance Committee – 15 November 2024	
	David Ross requested that any queries on the above were directed to the Committee Chair due to timescales.	
12	**AOCB**	
	As the Chair had not been alerted prior to the meeting of any other business to be raised under this item the meeting was closed by the Chair confirming the dates of the next meetings.	
13	**DATE OF NEXT MEETINGs**	
	IJB DEVELOPMENT SESSION – WEDNESDAY 26 FEBRUARY 2025 (09:30-12:30, Town House, Kirkcaldy)	
	INTEGRATION JOINT BOARD – WEDNESDAY 26 MARCH 2025	

FIFE PARTNERSHIP BOARD

(Meeting on 06 May 2025)

The Fife Partnership Board considered the following items at their meeting:

- The Addressing the Climate Emergency Deep Dive presentation was noted by the Board and next steps were identified for Board members to meet the challenge.

- The strategic intent of the next Plan for Fife 2027 was approved by the Board.

- The Board endorsed the call for views set out in the Community Wealth Building (Scotland) Bill and noted the requirement outlined in the Bill at this stage. Any additional comments would be required to be submitted to Council Officers by 20 May 2025.

No issues were raised for escalation to the Board.

THE FIFE COUNCIL - FIFE PARTNERSHIP BOARD – REMOTE MEETING

06 May 2025   10.00 am – 11.10 am

PRESENT: Councillors David Ross (Convener) and Linda Erskine, Ken Gourlay, Chief Executive, Fife Council, Carol Potter, Chief Executive, Esther Curnock, Consultant in Public Health Medicine, NHS Fife- (substituting for Joy Tomlinson), Lynne Garvey, Health and Social Care Partnership Lesley Caldwell, Senior Community Engagement and Social Responsibility Manager, St-Andrews University (substituting for Prof Brad McKay), Beth Harley-Jepson, Project Officer, SESTran, Jim Metcalfe, Principal, Fife College, James McLean, JCP Senior Customer Service, DWP and Kenny Murphy, Chief Executive, Fife Voluntary Action

ATTENDING: Sinead O'Donnell, Policy and Delivery Manager, Communications and Engagement, Lauren Bennett, Project Manager (Community Wealth Building), Communities and Neighbourhoods Service; Pam Ewen, Head of Planning Services, Ross Spalding, Service Manager, Climate Change and Zero Waste, Planning Services and Michelle Hyslop, Committee Officer, Legal and Democratic Services.

APOLOGIES FOR   David Watt, Chair, Fife College and Patricia Kilpatrick, Chair of NHS
ABSENCE: Fife Board, NHS Fife.

77.   MINUTE

The Board considered the minute of the Fife Partnership Board Meeting of 4 February 2025.

Decision

The Board approved the minute.

78.   ACE - DEEP DIVE PRESENTATION

The Board considered a presentation by the Head of Planning Services in relation to Addressing the Climate Emergency.

Decision

(1)   The Board welcomed and noted the presentation.

Partners were then asked to consider and reflect on the following questions: -

Discussion Points - How can we:

- build this capacity to deliver the skills we need?
- shape our collective response to climate impacts?
- adopt a place focused approach to climate action?

- Identify the cross-cutting themes that are most beneficial and who lead?

Identified next steps for board members to meet the challenge include: -

- skills for our energy future;
- climate resilience;
- collaboration across Plan4Fife theme; and
- Place approach

(2)   Pam Ewen (Head of Planning Services) noted that Fife Council are undertaking an internal audit on climate challenges with the ACE board which is due to end May 2025. It was agreed that an update could be brought back to a future board meeting.

(3)   continue to have meetings on key points and decisions to be brought back to future board meetings;

(4)   Councillor Ross to link in with Jim Metcalfe to arrange an agenda item at the next board meeting on the city region deal; and

(5)   results of the feasibility study are envisaged to be finalised in July 2025 and it is hoped that business case change plans can progress following this.

79.   DEVELOPING THE NEXT PLAN FOR FIFE 2027

The Board considered a report by the Executive Director, Communities setting out the strategic intent of the next Plan for Fife 2027 and the approach for developing new strategies and related delivery arrangements.

Decision

The Board:

(1)   agreed on the strategic intent, approach and timeline for delivering the next Plan for Fife;

(2)   noted the key shifts required as set out in section 2 of the report;

(3)   agreed to host an Integration Joint Board (IJB) Developmental session to present to partners the IJB Strategic Plan; and

(4)   welcomed the need to have more senior leadership team engagement sessions.

80.   COMMUNITY WEALTH BUILDING (SCOTLAND) BILL: CALLS FOR VIEWS

The Board considered a report by the Executive Director, Place setting out Fife Partnership's response to the Scottish Parliament's Economy & Fair Work Committee's call for views on the Community Wealth Building (Scotland) Bill that was introduced to Parliament on 20 March 2025.

<u>**Decision**</u>

The Board: -

(1)   endorsed the response to the call for views as set out in Appendix 1 to the report;

(2)   noted the requirements outlined in the Bill at this stage;

(3)   noted that any additional comments on the Bill would be required to be submitted to Councill Officers by 20 May 2025;

(4)   considered what difference the new powers would make to the collaborative plans to implement Community Wealth Building in Fife; and

(5)   noted that additional comments provided by NHS Fife and St-Andrews University would be updated in the document prior to submission.

81.   DATE OF NEXT MEETING

The next Fife Partnership Board Meeting would take place on 5 August 2025.

Fife NHS Board

Confirmed

MINUTE OF THE AUDIT & RISK COMMITTEE MEETING HELD ON THURSDAY 13 MARCH 2025 AT 2PM VIA MS TEAMS

Present:
Alastair Grant, Non-Executive Member (Chair)
Anne Haston, Non-Executive Member
Cllr Mary Lockhart, Non-Executive Member

In Attendance:
Kevin Booth, Head of Financial Services & Procurement
Chris Brown, Head of Public Sector Audit (UK), Azets
Susan Dunsmuir, incoming Director of Finance *(observing)*
Andrew Ferguson, Senior Manager, Azets
Barry Hudson, Regional Audit Manager
Jocelyn Lyall, Chief Internal Auditor
Dr Gillian MacIntosh, Head of Corporate Governance & Board Secretary
Dr Chris McKenna, Medical Director
Caitlin McKenzie, Senior, Azets
Maxine Michie, Deputy Director of Finance *(deputising for the Director of Finance & Strategy)*
Pat Kilpatrick, Board Chair *(part)*
Carol Potter, Chief Executive *(part)*
Arlene Wood, Non-Executive Member and incoming Chair of the Committee *(observing)*
Hazel Thomson, Board Committee Support Officer (Minutes)

Chair's Opening Remarks

The Chair welcomed everyone to the meeting and extended a warm welcome to two observers to today's meeting: Arlene Wood, Non-Executive Member, who will take over the position as Chair of the Committee from April 2025, and Susan Dunsmuir, who will join NHS Fife on 1 April 2025 as the new Director of Finance.

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

1. **Apologies for Absence**

    Apologies were received from member Nicola Robertson (Area Clinical Forum Representative) and routine attendees Andy Brown (Principal Auditor), Margo McGurk (Director of Finance & Strategy) and Dr Shirley-Anne Savage (Associate Director of Risk & Professional Standards). A welcome was also extended to Dr Chris McKenna, Medical Director, who has assumed the Executive lead for risk management.

2. **Declaration of Members' Interests**

There were no declarations of interest made by members.

3. **Minute of the last Meeting held on 12 December 2024**

The minute of the last meeting was **agreed** as an accurate record.

4. **Chair's Assurance Report Presented to Fife NHS Board on 30 January 2025**

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

5. **Action List / Matters Arising**

The Audit & Risk Committee **noted** the updates on the Action Lists.

6. **INTERNAL AUDIT**

6.1 **Global International Accounting Standards Changes in 2025**

The Chief Internal Auditor updated the Committee on changes to the new Global International Accounting Standards Changes in 2025, which are fully detailed within the paper. It was noted that the Standards will be applied from a public sector perspective.

It was reported that an improvement plan will be developed, which will ensure Internal Audit's conformance with the new Standards during the forthcoming year and also ensure that actions are taken to address the recommendations from the recently undertaken External Quality Assessment (EQA). The improvement plan will be presented to the next Committee meeting, followed by updates to the Committee on a bi-meeting basis. The Board Committee Support Officer will add to the workplan.

Action: Board Committee Support Officer

It was reported that reference to the Standards will be incorporated into the Committee's Terms of Reference, which document is currently being reviewed as part of the annual review process. It was also reported that it is anticipated that the new Standards will be incorporated into the guidance within the Scottish Government Audit & Assurance Committee Handbook, and that this has been raised with the Scottish Government to enquire about timescales for this.

The Committee took a **"moderate" level of assurance** that FTF Internal Audit will develop an improvement plan to ensure conformance with the new Global International Accounting Standards during 2025/26, and to ensure actions to address recommendations from the EQA is implemented.

Members also:
- **agreed** that the Audit and Risk Committee Terms of Reference will be updated to reflect the Global International Accounting Standards requirements, to be brought to the May meeting of the Committee; and.

- **agreed** that the internal audit improvement plan will be monitored by the Audit and Risk Committee.

6.2 Internal Audit Progress Report

The Regional Audit Manager highlighted that the amendments to the 2024/25 Internal Audit Plan have been approved electronically by the members of the Audit and Risk Committee in the period since the last meeting.

An overview on the key points from the progress report were provided, and a summary of the findings from the Environmental Management internal audit review, which has concluded since the December 2024 Audit and Risk Committee, was highlighted.

It was reported that, overall, good progress has been made to implement, deliver and monitor requirements of the Directors' Letters for the Annual Accounts.

Following a question, assurance was provided that completion of prior years' audits can, on occasion, continue into the following year.

It was advised that an updated Internal Audit Framework will be presented to the Committee in May 2025.

The Committee took a "**moderate" level of assurance** and **noted** that the change to the 2024/25 Internal Audit Plan has been electronically approved by the Audit and Risk Committee after the last meeting.

6.3 Internal Audit – Follow Up Report on Audit Recommendations 2023/24

The Regional Audit Manager reported that progress continues to be made by management in implementing actions to address recommendations made in internal audit reports. It was highlighted that there are four recommendations remaining from reports published more than 12 months ago, and assurance was provided that internal audit is content that the approved revised target implementation dates are reasonable and appropriate in the stated circumstances.

The Committee took a **"significant" level of assurance** on the progress being made in implementing actions to address recommendations made in internal audit reports.

7. EXTERNAL AUDIT

7.1 External Audit – Follow Up Report on Audit Recommendations

The Head of Procurement & Financial Services reported that there were two audit recommendations included within the 2023/24 External Audit Plan, and an overview was provided on how both those recommendations have been addressed. Assurance was provided that refinement to an internal process is required, in relation to the recommendation to undertake a review of the general ledger account codes and the associated mappings into the financial statements.

The Deputy Director of Finance provided assurance that the Finance Directorate are prepared in relation to the engagement process for this year's Annual Accounts and that they have been presented with the audit expectations from the External Auditors.

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

7.2 External Auditors' Interim Audit Report

A Ferguson, Azets, provided a verbal update and highlighted the areas of work that can be brought forward in the interim period, in preparation for the year-end Annual Accounts, including significant work around the revaluation of Victoria Hospital, income and expenditure mapping, and exploring wider pieces of work that can be brought forward. An overview was provided on the constructive session held recently with the full Finance Directorate to prepare for the Annual Accounts process.

The Committee **noted** the update.

7.3 External Annual Audit Plan

C Brown, External Auditor, advised that the report has been updated to include details of the audit fee for 2025/26, following release by Audit Scotland. The fee has been discussed and agreed with management and represents an increase of 2.3% from the previous year. It was noted that there are no further changes to the plan from that previously presented to the Committee.

The Committee took **assurance** from the update.

7.4 Patients' Private Funds - Audit Planning Memorandum

The Head of Procurement & Financial Services explained that NHS Fife Board manage a number of patients' private funds, which are held separately from the NHS Fife Board Accounts, and that a stand-alone Audit Planning Memorandum is being prepared.

An explanation was provided on auditing community hospitals, and it was advised that funds held by NHS Fife are predominately for mental health patients on long-term stay, which only occurs at certain sites. The Head of Procurement & Financial Services agreed to clarify the process for auditing patients' private funds.

Action: Head of Procurement & Financial Services

The Committee took **assurance** from the paper.

8. ANNUAL ACCOUNTS

8.1 Initial Annual Accounts Preparation Timeline

The Head of Procurement & Financial Services presented the initial Annual Accounts preparation timeline and highlighted that the robust timescales are always a challenge in relation to ensuring maximum time for external auditors to review the Annual Accounts.

It was highlighted that the Integrated Joint Board have a slightly later submission date for their Annual Accounts, and assurance was provided that early discussions have taken place to explain NHS Fife's position, and that communication channels will remain open to share any developments, which may impact on submission dates.

The Committee took a **"significant" level of assurance** from the paper.

9. RISK

9.1 Corporate Risk Register

The Medical Director reported that a new risk for Substance Related Morbidity and Mortality has been considered by the Public Health & Wellbeing Committee, and that, following closure of the Optimal Clinical Outcomes risk, a new risk for Hospital Acquired Harm has been developed for consideration by the Board at its next meeting. Further detail is provided as an appendix and captures where the risk derives from and the mitigations that sit against it. It was reported that, through delegation within the system, subgroups are responsible for the delivery of each of the subsets of the risk and taking accountability of monitoring actions.

It was advised that the Off-Site Sterilisation and Disinfection Unit risk has been removed as a corporate risk and is now monitored as an operational risk. An overview was provided on the number of risks aligned to each strategic priority, and it was noted that an updated risk appetite statement has been included as an appendix. It was also reported that a further corporate risk is being developed for dentistry.

Discussion followed, and it was advised that work continues at Board level to identify areas of discomfort for risks that are above the risk appetite level. It was also advised that a continual area of development for the Board is in relation to making decisions in relation to resources and activity for risks that are higher than the target score. It was emphasised that a continued approach to risk, transformation work and prioritising resource across the whole system is required, and to continue those discussions. The importance of 'deep dives' was highlighted, noting the likelihood of this term being replaced by a more meaningful name, and the role of the Committee in terms of ensuring the overall systems and processes are working properly was highlighted.

The Medical Director agreed to share the deep dive on the Substance Related Morbidity and Mortality risk.

Action: Medical Director

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

9.2 Risks & Opportunities Group Progress Report - March 2025

The Medical Director reported that the Risk & Opportunities Group continues to support the Executive Directors' Group in the ongoing development of the effective Risk Management Framework. It was advised that responsibility of the group includes considering the review of the Risk Management Framework, key performance

indicators, deep dive reviews for risks, and horizon scanning of potential future risks. It was noted an annual assurance statement for the group will be provided in May 2025, as part of the overall suite of assurance reports included within the year-end Annual Accounts.

Discussion took place on the current usage of the terminology of 'deep dives', and it was suggested to remove this to replace instead with a reference to a comprehensive re-evaluation of each risk ('risk and focus' is a term used elsewhere) and to have a rolling and prioritised programme of these detailed reviews, commencing with the highest-level risks.

It was agreed to hold a Development Session in the forthcoming year to better understand the evidence around managing corporate risks.

Action: Medical Director/Board Committee Support Officer

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

10. GOVERNANCE MATTERS

10.1 Audit & Risk Committee Self-Assessment Report 2024/25

The Board Secretary advised that a self-assessment is carried out for all the Board's Standing Governance Committees on an annual basis. This paper provides the feedback for the Audit & Risk Committee.

An overview on the themes of the self-assessment was provided, and it was noted that there were some common themes identified across all the Board's Standing Governance Committees self-assessment outcomes. It was advised that a long-standing vacancy on the Committee for much of the previous year had regrettably affected attendance levels. Within the responses, there were mixed opinions on whether the required level of independent challenge and discussion is evident at the Committee, particularly around broader internal control-related matters. It was advised that the Committee could be strengthened by including a member with specific risk management experience and that would be a focus of the forthcoming Non-Executive recruitment. The length of papers was highlighted, and it was also noted that further development on the full scope of assurance responsibilities that sit with the Committee was requested. Work in the next year will attempt to address members' comments as part of a continuous improvement exercise, and a meeting has been arranged in the coming weeks with the Chair and Committee Chairs to start discussions on Board-wide enhancements.

The Chair took the opportunity to encourage members to approach the Chair, should they have any issues that they would wish to discuss on a one-to-one basis.

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

10.2 Annual Review of Audit & Risk Committee Terms of Reference

The Board Secretary provided a verbal update and advised that a review of the Terms of Reference is carried out for all the Board's Standing Governance Committees on an

annual basis, and any updates are taken forward through the Audit & Risk Committee, followed by the Board, and are reflected in the publication of the Code of Corporate Governance.

It was reported that the Committee's Terms of Reference will be presented at the next Committee meeting, following the incorporation of the Global International Accounting Standards changes, as discussed earlier in the meeting, and feedback/comments from a scheduled Committee Development Session in April 2025 to discuss the Committee's Terms of Reference. Assurance was provided that the timing for the revised Terms of Reference to go to the NHS Fife Board is still within the required timeframe.

The Committee **noted** the update.

10.3 Blueprint for Good Governance Improvement Plan Update

The Board Secretary provided background detail, advising that a survey was undertaken in December 2023, which took the form of benchmarking against the Blueprint for Good Governance. Following on from that exercise, an action plan was developed and approved by the Board in March 2024. An update on the action plan was last presented at the September 2024 Audit & Risk Committee meeting.

Progress on a number of actions were highlighted. It was reported that one outstanding action is mainly linked to work that is ongoing at a national level, including improving diversity of Board members via this year's recruitment exercises. The second outstanding action is related to creating an assurance framework for the Board, and it was reported that NHS Scotland Board Secretaries are in discussions around good practice in this area, which will be adopted a local level. A first draft of the assurance framework is expected later in the year.

The Committee took a **"moderate" level of assurance** and **noted** progress in delivery of the Board's current Improvement Plan.

10.4 Losses & Special Payments Quarter 3 Report

The Head of Procurement & Financial Services highlighted the key points from the report and advised that the Board's losses and special payments have increased by £814,528 in quarter 3 (£1,026,309) in comparison to quarter 2 (£211,781) 2024/25. The increase was predominantly as a result of the increase in value of the clinical ex-gratia compensation payments, which will be given further scrutiny going forward. An overview was provided on the quarterly analytical review, provided within the paper.

It was questioned what systems and processes are in place to enable learning and identify patterns. In response, it was advised that the work of the Organisational Learning Group is still developing and that this will form part of consideration to share learnings across the whole system.

It was agreed to hold a Committee Development Session on losses & special payments, to enhance the understanding of reporting.
Action: Head of Procurement & Financial Services/Board Committee Support Officer

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

10.5 Procurement Tender Waivers Quarter 3 Report

The Head of Procurement & Financial Services reported that, during quarter 3, there were two waivers of competitive tender for the provision of oral nutritional supplements, with a value of £353k, and urology thulium fibre laser consumables, with a value of £78k, which have both been approved in line with NHS Fife's Standing Financial Instructions.

Discussion followed, and an explanation was provided on the reasons why tender waivers can be provided to the same suppliers on a cyclical basis, and assurance was provided that this is scrutinised by the Finance Team. An explanation was also provided on the methods of paying for assets through a contract. A further explanation was provided on provision of oral nutritional supplements and the mitigations circumstances for the tender waiver.

The Committee took a **"significant" level of assurance** that the Procurement process for the waiver of competitive tenders was correctly applied in the period.

11. FOR ASSURANCE

11.1 Audit Scotland Technical Bulletin 2024/4

The Head of Procurement & Financial Services highlighted that the bulletin is provided to the Committee for awareness around the key developments that are being highlighted to the Auditors, and that this edition of the bulletin is largely around the Annual Accounts.

The Committee took a **"significant" level of assurance** from the update.

11.2 Delivery of Annual Workplan 2024/45

The Committee took **assurance** from the tracked workplan, noting that the External Quality Assessment, Internal Audit Framework and Counter Fraud Standards Assessment have been deferred to the next meeting and added to the 2025/26 workplan.

12. ESCALATION OF ISSUES TO NHS FIFE BOARD

There were no escalations to NHS Fife Board.

13. MEETING REFLECTIONS & AGREEMENT OF MATTERS FOR CHAIR'S ASSURANCE REPORT TO BE PRESENTED TO FIFE NHS BOARD ON 25 MARCH 2025

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

14. ANY OTHER BUSINESS

14.1 Chair

The Board Secretary, on behalf of the Board and Executive team, warmly thanked the Chair for his service and chairmanship during his time on the Committee. Members joined in thanking the Committee Chair for his input into the work of the Committee. It was advised that Arlene Wood, Non-Executive Director, will take over the role from 1 April 2025.

Date of Next Meeting: Thursday 15 May 2025 from 2pm – 4.30pm via MS Teams.

Fife NHS Board

Confirmed

MINUTE OF THE NHS FIFE CLINICAL GOVERNANCE COMMITTEE MEETING HELD ON FRIDAY 7 MARCH 2025 AT 10AM VIA MS TEAMS

Present:
Arlene Wood, Non-Executive Member (Chair)
Jo Bennett, Non-Executive Member
Colin Grieve, Non-Executive Member
Anne Haston, Non-Executive Member
Janette Keenan, Director of Nursing
Dr Chris McKenna, Medical Director
Lynne Parsons, Interim Area Partnership Forum Representative
Carol Potter, Chief Executive
Nicola Robertson, Area Clinical Forum Representative
Joy Tomlinson, Director of Public Health

In Attendance:
Bryan Archibald, Planning & Performance Manager *(items 8.1 & 9.1 only)*
Lisa Cooper, Head of Primary & Preventative Care *(deputising)*
Claire Dobson, Director of Acute Services
Fiona Forrest, Acting Director of Pharmacy & Medicines
Alistair Graham, Director of Digital & Information
Dr Gillian MacIntosh, Head of Corporate Governance & Board Secretary
Hazel Thomson, Board Committee Support Officer (Minutes)

Chair's Opening Remarks

The Chair welcomed everyone to the meeting.

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

1.   **Apologies for Absence**

        Apologies were received from routine attendees Lynn Barker (Director of Nursing, Health & Social Care Partnership), Norma Beveridge (Director of Nursing, Acute), Gemma Couser (Associate Director of Quality & Clinical Governance), Susan Fraser (Associate Director of Planning & Performance), Lynne Garvey (Director of Health & Social Care), Ben Hannan (Director of Planning & Transformation), Helen Hellewell (Deputy Medical Director, Health & Social Care Partnership), Dr Iain MacLeod (Deputy Medical Director, Acute Services Division), Margo McGurk (Director of Finance & Strategy), Neil McCormick (Director of Property & Asset Management) and Dr Shirley-Anne Savage (Associate Director for Risk & Professional Standards).

2.   **Declaration of Members' Interests**

        There were no declarations of interest made by members.

3. **Minutes of Previous Meeting – Friday 17 January 2025**

The Committee **approved** the minutes of the previous meeting.

4. **Chair's Assurance Report Presented to Fife NHS Board on 30 January 2025**

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

5. **Matters Arising / Action List**

The Committee noted the closed item on the Action List.

It was noted that the Safe Delivery of Care Report has been published and will be presented to Committee at the May meeting.

5.1 **Orthopaedic Hip Fracture Audit Update & Action Plan**

The Medical Director provided a verbal update and reported that a comprehensive review has been undertaken by the Senior Clinical and Managerial Team in Orthopaedics and Acute Services in relation to theatre capacity. A paper has been prepared and will be discussed at the Executive Directors' Group before being presented to the Committee at the May 2025 meeting, along with the action plan.

The Committee **noted** the update.

5.2 **Clinical Outcomes of Closed Loop System Insulin Therapy**

The Medical Director advised that the report presented describes the clinical outcomes of the closed loop system insulin therapy and the reasons to continue to invest in the technology for patients, of which an overview was provided. It was advised that the introduction of this technology for people with diabetes in the short / medium term, will provide a significant reduction on consequences associated with the condition. An overview was also provided on the funding elements.

Following questions, it was advised that NHS Fife has the highest rate of implementation of this form of treatment, which is testament to the commitment and dedication of the team. It was noted that, meantime, there are only a small number of patients on the waiting list who are receiving standard treatment for diabetes and follow up. It was also advised that there is an element of choice for patients, however, there will be some patients who will not meet the strict criteria.

Discussion took place on early intervention outcomes, with it being noted that some aspects of using the technology are having an immediate positive impact. The impact, particularly for children trying to manage glucose levels, was also highlighted.

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

6. **ACTIVE OR EMERGING ISSUES**

There were no active or emerging issues to be raised.

7.   GOVERNANCE MATTERS

7.1   Clinical Governance Committee Self-Assessment Report 2024/25

The Board Secretary advised that a self-assessment is carried out for all the Board's Standing Governance Committees on an annual basis. This paper provides the feedback for the recent survey undertaken for Clinical Governance Committee.

An overview on the themes of the self-assessment was provided, and it was noted that there were some common themes identified across all the Board's Standing Governance Committee self-assessment outcomes. The length of papers and ensuring that members feel confident to raise points during Committee meetings were highlighted. The Chair emphasised the importance of supporting members on the Committee and took the opportunity to encourage members to approach the Chair, should they have any issues that they would wish to discuss on a one-to-one basis. Work in the next year will attempt to address members' comments as part of a continuous improvement exercise, and a meeting has been arranged in the coming weeks with the Chair and Committee Chairs to start discussions on Board-wide enhancements.

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

7.2   Annual Review of Clinical Governance Committee Terms of Reference

The Board Secretary advised that a review of the Terms of Reference is carried out for all the Board's Standing Governance Committees on an annual basis, and any updates are taken forward through the Audit & Risk Committee, followed by the Board, and are reflected in the annual publication of the Code of Corporate Governance.

It was advised that, following an internal audit recommendation to review the respective Terms of Reference in relation to possible duplication between the Clinical Governance Oversight Group and the Clinical Governance Committee, the only duplication identified were items that had been escalated from the Group to the Committee.

An overview was provided on the updates, which were tracked as changes within the document. The addition to section 5.1, around receiving external reports from the Mental Health Welfare Commission, was highlighted.

The Board Secretary clarified that Best Value is covered explicitly in the Committee's year-end statement, with a section demonstrating how this has been achieved as part of the Committee's yearly workplan.

The Committee **endorsed** a final version for further consideration by the Board.

7.3   Clinical Governance Oversight Group Assurance Summary from 11 February 2025 Meeting

The Medical Director highlighted the key points from the Clinical Governance Oversight Group meeting held on 11 February 2025, as detailed within the assurance summary.

An explanation was provided on the reporting structure to the Clinical Governance Oversight Group, noting that a diagram explaining this is contained within the Clinical Governance Strategic Framework.

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

7.4 Mental Health Oversight Group Assurance Summary from 7 February 2025 Meeting

The Medical Director highlighted the key points from the Mental Health Oversight Group meeting held on 7 February 2025, as detailed within the assurance summary.

The Committee noted the risk of ligatures, and an explanation was provided that this related to use of Velcro on equipment and was being addressed.

Following a question relating to the Mental Health Welfare Commission unannounced visit and mental health legislation, an explanation was provided that this relates to patients with delayed discharge due to guardianship.

It was confirmed that there are plans in place to ensure that there is joint governance and oversight, in partnership with the Health & Social Care Partnership, for the new Mental Health Strategy.

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

7.5 Corporate Risks Aligned to Clinical Governance Committee, including updates on Whole System Capacity and Hospital Acquired Harm

The Medical Director provided a brief overview on the updates to the Whole System Capacity risk, Quality & Safety risk and Cyber Resilience risk, as detailed within the report. Following a question in relation to the Whole System Capacity risk being above the Board's risk appetite, it was explained that once the planned work for 2025/26 has taken effect, the risk level would then be reviewed. It was also confirmed that the Hospital Acquired Harm risk is specifically related to hospitals, and assurance was provided that the community aspect is considered within the Health & Social Care Partnership.

In terms of the new risk for Hospital Acquired Harm, it was advised that the wording of the new risk was agreed at the Committee meeting in January 2025 and a brief overview was provided on this risk, as detailed within appendix 3. It was reported that work is ongoing to mitigate each element of the risk through an action plan. It was questioned how the effectiveness of the Organisational Learning Group is measured, in terms of assessing the outcome impact of the Hospital Acquired Harm risk mitigations, and the Medical Director agreed to take this forward as an action and discuss with the Associate Director of Quality & Clinical Governance.

Action: Medical Director

Concern was raised in relation to the Information Governance and Cyber Security risk requiring clearer mitigation within the corporate risk register, and the incoming and outgoing Chair will meet with the Director of Digital to discuss further.

Action: Director of Digital & Information

The Committee:
- **noted** details of the corporate risks aligned to this committee as at 20 February 2025;
- **noted** the risk appetite status of the risks against the new risk appetite;
- **noted** and comment on the draft deep dive for the suggested new risk Hospital Acquired Harm; and
- **considered** and were assured of the mitigating actions to improve the risk levels and took a **"moderate" level of assurance**.

7.6 Proposed Annual Workplan 2025/26

Discussion took place, and it was advised that additional items for the workplan arising from the corporate objectives process will be added on, as appropriate.

The Committee **approved** the final annual workplan for 2025/26.

7.7 Delivery of Annual Workplan 2024/25

It was advised that the Value Based Health and Care Delivery Plan, the Public Protection, Accountability & Assurance Framework, Participation & Engagement Report and the East Region Neonatal Services Report, have all been deferred due to timings, and added to the 2025/26 workplan.

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

8. STRATEGY / PLANNING

8.1 Annual Delivery Plan (ADP) Quarter 3 Report

The Chair welcomed the Planning & Performance Manager to the meeting, who spoke to the report. It was highlighted that there are 87 deliverables within the ADP 2024/25, which are aligned to the 'Improving Quality & Care' strategic priority. A brief overview of the assessment section within the report was provided.

Discussion followed, and an update was provided in relation to rheumatology transformation, which has been paused since November 2024. It was noted that rheumatology is a national issue with input from the Centre for Sustainable Delivery, who are leading a programme of work at a national level. It was advised that there are significant issues for rheumatology, which are multi-factorial, and that a discovery phase is underway. Assurance was provided that an Oversight Board has convened who are monitoring the deliverables for this work. It was agreed to update the ADP report before submission, and the Head of Primary & Preventative Care agreed to provide wording.

Action: Head of Primary & Preventative Care

The Committee took a **"moderate" level of assurance** from the report and **endorsed** the Annual Delivery Plan Quarter 3 return for formal approval at the NHS Fife Board and for submission to the Scottish Government.

9. QUALITY / PERFORMANCE

9.1 Integrated Performance & Quality Report

The Director of Nursing advised that the falls position continues to be below the upper control limit, and that a lot of work is ongoing in this area, including an improvement plan. It was noted that the driver for the falls position is due to the patient cohort and the focus on preventing falls, which is complex. An improved position for pressure ulcers was reported, and it was advised that education and training continue to be delivered. An overview was provided on the position for healthcare-associated infections.

The Medical Director reported that the main area of focus for Significant Adverse Event Reviews (SAERs) relates to the improvement trajectory around the completion of reports, and it was advised that the governance process has improved over the previous year. It was noted that the number of SAERs is almost consistent with the previous year.

In terms of Hospital Standardised Mortality Ratio (HSMR), it was advised that the position is below the Scottish average 0.95.

The stroke bundle position was reported as having improved since the last reporting period, and that work continues in this area. It was advised that the National Audit Programme Board discuss the stroke bundle and indicators at each meeting. Further detail was provided in relation to door to needle time for thrombosis, and it was advised that improvements are expected due to a resource allocation from the Scottish Government. An explanation was provided on the reporting of the additional resource, and that any areas of concern or escalation would be brought forward to the Committee. It was agreed that a summary of the annual report that is submitted to the Managed Clinical Network will be presented to the Committee on an annual basis. The Board Committee Support Officer will add to the workplan.

Action: Board Committee Support Officer

It was noted that for the mental health quality indicators, control limits and targets have been added to the report. The anti-ligature work that is ongoing in relation to updating our estate was also highlighted.

The Committee took a **"moderate" level of assurance** from the report and **endorsed** the quality & care section.

9.2 Healthcare Associated Infection Report

The Director of Nursing spoke to the report and advised that the surveillance programme continues to be suspended at a national level. It was highlighted that an unannounced Health Improvement Scotland visit took place in December 2024 at Victoria Hospital and that the report is expected to be published the following week and will be presented to the Committee in May 2025. It was also highlighted that the national cleaning services specification remains at green status. In terms of COVID-19, it was reported that there has been two new Antimicrobial Resistance and Healthcare Associated Infection Scotland reportable outbreaks/incidents, which are detailed in the report.

The Director of Nursing agreed to provide additional information relating to the quarter 3 report for methicillin-resistant Staphylococcus aureus (MRSA) and carbapenemase-producing Enterobacteriaceae (CPE), out with the meeting.

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

9.3 Quality of Care Review Framework

The Director of Nursing advised that the report provides assurance on NHS Scotland's Excellence in Care Programme and Quality of Care review process, and an overview was provided on the process. It was highlighted that the framework will ensure a standardised approach across Scotland. It was advised that an annual summary will be provided to the Committee, and the Board Committee Support Officer will add to the workplan.

Action: Board Committee Support Officer

The Committee agreed to commend the approach to the NHS Fife Board.

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

10. DIGITAL / INFORMATION

10.1 Information Governance and Security Steering Group Assurance Report

The Director of Digital & Information outlined the key points from the executive summary within the paper. It was highlighted that the Network and Information Systems (NIS) action plan primarily focusses on looking at resilience and disaster recovery testing, and recovery preparedness, which is a focus nationally. It was also highlighted that training, education and awareness continues for staff from a cyber resilience perspective. It was reported that work continues around the Information Asset Register to understand the data being held, and that this links to the accountability framework. Incident reporting was also highlighted, and it was advised that during the 12-month period from January 2024 to December 2024, eight incidents were reported to the Information Commissioner's Officer, and that during that period two incidents were not reported within the 72-hour period required. It was noted that further definition on the 72-hour period has been sought from the Information Commissioner's Office.

Questions followed, and assurance was provided in relation to the active incidents, and that there are no concerns to be raised in terms of any disclosure for this financial year. An explanation was also provided on compulsory audits.

The Committee agreed to commend to the NHS Fife Board, the comprehensive and robust approach to risk management.

The Committee **noted** the progress being made across the Information Governance and Security domains and took a **"moderate" level of assurance** from the governance, controls and improvement plans in place.

11. PERSON CENTRED CARE / PARTICIPATION / ENGAGEMENT

11.1 Patient Story

The Director of Nursing presented on a patient story in relation to celebrating breastfeeding support. The peer supporters were acknowledged and praised for their breastfeeding support.

The Committee welcomed the presentation.

11.2 Patient Experience & Feedback Report

The Director of Nursing spoke to the report and highlighted the key points from the executive summary, noting that all the hard work that has been ongoing has resulted in positive traction for complaints performance. It was advised that there are 16 open cases with the Scottish Public Services Ombudsman.

It was also advised that NHS Fife continues to be the best performing Health Board in Scotland for Care Opinion, which has also improved staff morale. It was confirmed that patient volunteers are approached for feedback. It was agreed to include detail of the feedback within the next quarterly report.

Action: Director of Nursing

It was agreed to highlight to the NHS Fife Board in the Chair's Assurance Report the improvement work that has been undertaken.

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

12. ANNUAL REPORTS / OTHER REPORTS

12.1 Director of Public Health Annual Report 2024

The Director of Public Health advised that the report was presented to the Public Health & Wellbeing Committee on 3 March 2025, and that the final version will be presented to the NHS Fife Board at their meeting on 25 March 2025.

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

12.2 Medical Education Annual Report 2024

The Medical Director advised that, as NHS Fife achieves Teaching Board status, it is expected that more regular reporting to the Committee will take place on medical education. An overview was provided on the contents of the report, and the totality of undergraduate medical education that is underway was highlighted. It was also highlighted that positive progress has been made in relation to postgraduate training, and that further work will be ongoing to increase the numbers further.

An overview was provided on the improvement work being carried out for the areas of concern highlighted in the postgraduate survey of student feedback. The Medical Director agreed to provide more detail in relation to the undergraduate areas that are red flagged within the report.

Action: Medical Director

The Committee examined and considered the contents of the report and took a **"moderate" level of assurance** in relation the approach taken to ensure the delivery of high-quality medical education in NHS Fife.

12.3 Organisational Duty of Candour Annual Report 2023/24

The Medical Director advised that there are no significant changes in relation to the areas of reporting, since the previous year, and that positive progress has been made. Table 2 within the report was highlighted, and it was advised that it sets out the events where Duty of Candour applied in the years from 2018 – 2024 and that this additional information is being included for completeness, as Duty of Candour was applicable to events which concluded the review process after respective annual reports were submitted.

Following a question in relation to the uptake and engagement with training, the Medical Director agreed to discuss the relevance of the outdated TURAS module with the Clinical Governance team.

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Action: Medical Director

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The Committee took a **"significant" level of assurance** from the report and **noted** that any incidents that conclude after submission of the 2023/2024 report will then be included in the 2024/2025 report.

13.   LINKED COMMITTEE MINUTES

The Committee **noted** the linked committee minutes and also **noted** that there were no escalations to the Committee from these minutes.

13.1   Area Medical Committee held on 8 October 2024 (confirmed) & 10 December 2024 (unconfirmed)

13.2   Cancer Governance & Strategy Group held on 31 October 2024 (unconfirmed)

13.3   Clinical Governance Oversight Group held on 11 February 2025 (unconfirmed)

13.4   Fife Area Drugs & Therapeutic Committee held on 18 December 2024 (unconfirmed)

13.5   Mental Health Oversight Group held on 7 February 2025 (unconfirmed)

13.6   Resilience Forum held on 12 December 2024 (unconfirmed)

- NHS Fife is now accredited to provide Major Incident Medical management & Support (HMIMMS) internationally Advanced Life Support Group (ALSG) accredited training for all staff involved in Hospital Response.
- NHS Fife Acute Services & Health & Social Care Partnership has agreed to include Psychological Support Cell in any response event where Major Incident response is required.

14.   ESCALATION OF ISSUES TO NHS FIFE BOARD

14.1   To the Board in the IPQR Summary

There were no performance-related issues to escalate to the Board.

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

It was agreed to commend the Quality & Care Review Framework, the risk management approach used in the Information Governance & Security Steering Group Assurance Report, and the complaints improvement, to NHS Fife Board.

15. **MEETING REFLECTIONS & AGREEMENT OF MATTERS FOR CHAIR'S ASSURANCE REPORT TO BE PRESENTED TO FIFE NHS BOARD ON 25 MARCH 2025**

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

16. **ANY OTHER BUSINESS**

16.1 **Chair**

The Medical Director, on behalf of the Board, warmly thanked the Chair for her service and valuable contribution during her time on the Committee. Members joined in thanking the Committee Chair for her input into the work of the Committee. It was advised that Anne Haston, Non-Executive Director, will take over the role from 1 April 2025.

Date of Next Meeting – Friday 2 May 2025 from 10am – 1pm via MS Teams.

Fife NHS Board

Confirmed

MINUTE OF THE FINANCE, PERFORMANCE & RESOURCES COMMITTEE MEETING HELD ON TUESDAY 11 MARCH 2025 AT 10AM VIA MS TEAMS

Present:
Alistair Morris, Non-Executive Director (Chair)
Jo Bennett, Non-Executive Director
Sinead Braiden, Non-Executive Director
Alastair Grant, Non-Executive Director
Cllr Mary Lockhart, Non-Executive Director
Janette Keenan, Director of Nursing
John Kemp, Non-Executive Director
Margo McGurk, Director of Finance and Strategy / Deputy Chief Executive
Dr Chris McKenna, Medical Director
Lynne Parsons, Employee Director
Carol Potter, Chief Executive
Joy Tomlinson, Director of Public Health

In Attendance:
Claire Dobson, Director of Acute Services
Susan Dunsmuir, Incoming Director of Finance
Fiona Forrest, Acting Director of Pharmacy and Medicines
Lynne Garvey, Director of Health and Social Care
Ben Hannan, Director of Planning and Transformation
Dr Gillian MacIntosh, Head of Corporate Governance and Board Secretary
Neil McCormick, Director of Property and Asset Management
Maxine Michie, Deputy Director of Finance
Susan Fraser, Associate Director of Planning and Performance *(for Item 7.1)*
Paula Lee, Head of Procurement *(for Items 8.3 and 8.4)*
Kerrie Donald, Executive Assistant *(minutes)*

1. **Apologies for Absence / Thanks**

   Apologies were noted from attendee Alistair Graham, Director of Digital and Information.

   The Chair paid tribute to Margo McGurk, for whom this was her last meeting before retiring in April 2025. Members joined with the Chair in thanking Margo for her input to the Committee and wished her a long and healthy retirement.

2. **Declaration of Members' Interests**

   There were no members' interests to declare.

3. **Minute of Previous Meeting held on 14 January 2025**

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

4. **Chair's Assurance Report Presented to NHS Fife Board on 30 January 2025**

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

5. **Action List / Matters Arising**

The Committee **noted** the updates on the action list.

6. **GOVERNANCE MATTERS**

6.1 **Finance, Performance & Resources Committee Self-Assessment Report 2024/25**

The Board Secretary presented the report, thanking members for taking the time to complete the survey. It was noted that common themes were highlighted across all board committees, including the reduction in number of late papers being circulated and ensuring real time data is supplied in papers. The Committee Chair encouraged direct contact from any member who wished to discuss any recommendations with him.

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

6.2 **Annual Review of Finance, Performance & Resources Committee Terms of Reference**

The Board Secretary presented the updated terms of reference, noting the minor changes tracked within. It was confirmed that the Director of Planning and Transformation is listed within the 'attendees' section of the remit, due only NHS Fife Board members being members of Board committees.

The Committee **endorsed** the updated terms of reference for onward submission to the NHS Fife Board.

6.3 **Corporate Risks Aligned to Finance, Performance & Resources Committee**

The Director of Finance and Strategy provided an in-depth review of the paper, highlighting that the table within the assessment section has been updated to show the relevant risks to the Committee, and highlighting where each risk sits in relation to the Board's agreed risk appetite.

Following a query regarding the target score of Risk 13 - 'Delivering a balanced in-year financial position', the Director of Finance and Strategy reminded members the target score was changed to reflect the forecast position NHS Fife based on the November figures.

The Committee took a **moderate level of assurance** (with the exception of the financial position, which provides a **limited level of assurance**) that all actions within the control of the organisation are being taken to mitigate these risks as far as is possible to do so.

6.4 **Review of Annual Workplan 2025/26**

The Director of Finance and Strategy presented the proposed 2025/26 annual workplan.

The Committee **approved** the annual workplan.

6.5 Delivery of Annual Workplan 2024/25

The Director of Finance and Strategy presented the tracked 2024/25 annual workplan.

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

7. STRATEGY / PLANNING

7.1 Annual Delivery Plan 2024/25 Quarter 3 Report

The Associate Director of Planning and Performance presented the report, highlighting that of the 60 deliverables within the 'Deliver Value and Sustainability' strategic priority, 39 were on track, 14 are at risk or not likely to be completed within the year, and four are complete.

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

7.2 Decarbonisation of NHS Fife Fleet

The Director of Property and Asset Management presented the paper, highlighting that NHS Fife are currently 80% compliant, however plans are in place to ensure NHS Fife will be 100% compliant by the end of 2025. The Director of Property and Asset Management praised the team for ensuring all systems were in place in a timely and effective manner.

Following a query from A Grant, Non-Executive Director, the Director of Property and Asset Management noted that the installation of additional charging points at NHS Fife sites is a separate programme, however work is underway within the team to review car parking areas with the potential to cover them with solar panel canopies to generate charging to effectively subsidise the cost of electricity charging points.

The Committee took a **significant level of assurance** from the paper.

8. QUALITY / PERFORMANCE

8.1 Integrated Performance & Quality Report (IPQR)

The Director of Acute Services provided an overview of Acute performance, highlighting the January A&E performance was at 72%, which is below national standards but an increase on the month prior and an increase on the previous year. It was highlighted the team have been testing the Same Day Emergency Care model with positive results. The co-location of Emergency Care Ambulatory Service and Rapid Treatment Unit has resulted in 20-30 patients being seen each day, with 90% of patients going home. Work is planned to build further on this model to reduce the pressure from the front door.

The Director of Acute Services noted that a deep dive into neurological cancers has been undertaken, the findings of which have shown an increase in referrals for prostate since 2018, overall urology referrals have increased by 68% and urgent referrals that have been upgraded has increased significantly since 2021.

Work has been ongoing with Scottish Government and the Centre for Sustainable Delivery regarding plans for 2025/26 to consider how NHS Fife will bring all waiting times into the 52 weeks range, including submitting bids to Scottish Government to look at how to tackle the backlogs in 2025/26.

Following a query from Non-Executive Director J. Bennett, the Director of Acute Services advised that as part of the Planned Care planning for 2025/26, Scottish Government have asked Boards to submit a plan for all specialties that are at red or amber status. It was further noted that information along with data on those specialties where NHS Fife does not think it will be possible to meet the 52 week target by March 2026, will be collated into the plan and presented at a future meeting.

Action: Director of Acute Services

The Director of Health and Social Care provided an in-depth review of the delayed discharge performance, highlighting an improvement in bed days lost due to standard delay, noting that in comparison to other Boards, NHS Fife is still in the top 50% of performing Boards for all standard delays.

Following a query from the Chair, the Director of Health and Social Care highlighted the demand for long-term care and numbers coming through the system have increased significantly, indicating people are living longer and are living with long-term health conditions which require long term care, resulting in ongoing effects for social care.

The Committee took a **limited level of assurance** from the IPQR and **endorsed** the Quality and Care section of the IPQR.

8.2 Financial Performance Report

The Director of Finance and Strategy provided an in-depth review of the report, highlighting the improvement on the forecast financial position. It was noted from the £25m savings NHS Fife are delivering for 2024/25, £16.3m will be on a recurring basis.

The Committee took a **limited level of assurance** from the report and **discussed** the content noted within the paper.

8.3 Procurement Key Performance Indicators

The Head of Procurement joined the meeting and provided an in-depth analysis of the Key Performance Indicators presented within the paper, highlighting an overall validated savings of £793k, comprising £624k direct cash releasing and £169k cost avoidance. It was however noted these savings are offset by a significant cost pressure of £120k, resulting in a net saving of £673k.

Following discussion, the Head of Procurement highlighted processes are in place to manage stock control, including inventory management, which has already been Implemented in NHS Fife, and Scan for Safety will be implemented at a later date (as overseen by the Medical Devices Committee and reported to Clinical Governance Committee).

The Committee took a **significant level of assurance** from the paper.

8.4 Procurement & Commercial Improvement Programme (PCIP)

The Head of Procurement provided an overview of the report, noting the PCIP is a self-assessment carried out following collaboration with partner boards. It was noted of the eleven questions answered by NHS Fife, the performance towards eight was ranked as advanced, two were ranked as good and one was ranked as improving.

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

8.5 Reform, Transform, Perform (RTP) Performance Update

The Director of Planning and Transformation provided an overview of the report, highlighting workforce and supplementary staffing have now moved to a significant level of assurance for delivery, noting NHS Fife continue to show good progress in medicines optimisation despite the global medicine issues. Challenges have been identified in the business transformation space; however bridging actions have been identified to deliver these savings.

The Chair praised the work completed to get to this position and encouraged the positive energy to continue achieving targets in 2025/26.

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

9. LINKED COMMITTEE / GROUP MINUTES

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

9.1 Fife Capital Investment Group held on 5 February 2025 (unconfirmed)

9.2 Procurement Governance Board held on 29 January 2025 (unconfirmed)

9.3 IJB Finance, Performance and Scrutiny Committee held on 15 January 2025 (unconfirmed)

10. ESCALATION OF ISSUES TO NHS FIFE BOARD

10.1 To the Board in the IPQR Summary

There were no performance related issues to escalate to the Board.

10.2 Chair's Comments on the Minutes / Any Other Matters for Escalation to NHS Fife Board

There were no issues to escalate to the Board.

11. MEETING REFLECTIONS & AGREEMENT OF MATTERS FOR CHAIR'S ASSURANCE REPORT TO BE PRESENTED TO FIFE NHS BOARD ON 25 MARCH 2025

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

12. **ANY OTHER BUSINESS**

There was no other business.

Date of Next Meeting; Thursday 8 May 2025 from 10am – 12.30pm via MS Teams.

Fife NHS Board

Confirmed

MINUTE OF THE NHS FIFE PUBLIC HEALTH & WELLBEING COMMITTEE MEETING HELD ON MONDAY 3 MARCH 2025 AT 10AM VIA MS TEAMS

Present:
John Kemp, Non-Executive Member (Chair)
Jo Bennett, Non-Executive Member
Alistair Morris, Non-Executive Member
Arlene Wood, Non-Executive Member
Lynne Parsons, Employee Director
Janette Keenan, Director of Nursing
Dr Chris McKenna, Medical Director *(from agenda item 6.2)*
Dr Joy Tomlinson, Director of Public Health

In Attendance:
Lisa Cooper, Head of Primary & Preventative Care Services *(deputising for Lynne Garvey)*
Susan Fraser, Associate Director of Planning & Performance
Fiona Forrest, Acting Director of Pharmacy & Medicines
Ben Hannan, Director of Planning & Transformation
Kirsty MacGregor, Director of Communications & Engagement
Neil McCormick, Director of Property & Asset Management

The minutes were produced from the recording of the meeting, by Hazel Thomson, Board Committee Support Officer, who was not in attendance at the Committee itself.

Chair's Opening Remarks

The Chair welcomed everyone to the meeting.

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

1. **Apologies for Absence**

   Apologies were received from members Lynne Garvey (Director of Health & Social Care), Margo McGurk (Director of Finance & Strategy) and Carol Potter (Chief Executive) and routine attendee Dr Gillian MacIntosh (Head of Corporate Governance & Board Secretary).

2. **Declaration of Members' Interests**

   There was no declaration of members' interests.

3. **Minutes of Previous Meeting held on 13 January 2025**

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It was agreed to clarify within the previous minutes, that the new corporate risk requires to go to the Audit & Risk Committee before onward submission to NHS Fife Board for approval.

Action: Board Committee Support Officer

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

4. Chair's Assurance Report presented to Fife NHS Board on 30 January 2025

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

5. Matters Arising / Action List

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

A request was made to confirm the timescale for implementing the roll out of the corporate risk dashboard to the Standing Governance Committees. The Director of Public Health explained that the Risk & Opportunities Group has made a lot of progress, including a transition of some risk responsibilities, which has held up confirming timescale for rolling out the dashboard. It was agreed that a timescale is confirmed for the next Committee meeting in May 2025.

Action: Director of Digital & Information / Board Committee Support Officer

6. GOVERNANCE MATTERS

6.1 Public Health & Wellbeing Committee Self-Assessment Report 2024/25

The Chair advised that a self-assessment is carried out for all the Board's Standing Governance Committees on an annual basis. This paper provides the feedback for the Public Health and Wellbeing Committee.

An overview on the themes of the self-assessment was provided, and it was noted that there were some common themes identified across all the Board's Standing Governance Committees self-assessment outcomes. The length of papers, resolving points of disagreement during meetings, and ensuring that members feel confident to raise points during Committee meetings, were highlighted in the self-assessment. The Chair encouraged all members to speak to him about concerns so these can be addressed. Work in the next year will attempt to address members' comments as part of a continuous improvement exercise.

The Board Secretary was thanked for all her hard work in preparing the report.

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

6.2 Annual Review of Public Health & Wellbeing Committee Terms of Reference

The Chair advised that a review of the Terms of Reference is carried out for all the Board's Standing Governance Committees on an annual basis, and any updates are taken forward through the Audit & Risk Committee, followed by the Board, and are reflected in the publication of the Code of Corporate Governance.

Following queries from members, the Board Secretary *(post meeting)* clarified that Best Value is covered explicitly in the Committee's year-end statement, with a section demonstrating how this has been achieved as part of the Committee's yearly workplan.

The Committee considered the remit and **endorsed** a final version for further consideration by the Board.

6.3 Corporate Risks Aligned to Public Health & Wellbeing Committee

The Director of Public Health highlighted the table within the paper detailing the five corporate risks aligned to the Public Health & Wellbeing Committee which have been agreed and approved. It was advised that following suggestion from the Committee to consider a specific high level corporate risk regarding access to general dentistry across Fife, this risk has now been articulated and proposed to the Primary Care Group Strategic Oversight Group and will be presented to Committee in May 2025.

It was highlighted that the risk descriptor for the Primary Care risk has been updated, to ensure a continued focus on patients at the centre. A request was made for additional narrative for this risk, to include the risk drivers and mitigations. It was advised that preliminary discussions have commenced at the Primary Care Governance & Strategic Oversight Group, including a review of the risk rating, and it is expected that the risk level will be on track by the next update to the Committee in May 2025.

Further detail was requested around the mitigating actions in place, for the Substance Related Morbidity and Mortality risk, and on the actions that are being implemented for the Population Health & Wellbeing Strategy risk to contribute to reducing health inequalities. It was reported that these risks rely on other programmes of activity, including those within multiple agencies, and that further consideration will be given to presenting the metrics to the Committee. It was also noted that further detail will be provided within the underpinning delivery plans, action plans and annual reports.

The Committee:
- **noted** details of the corporate risks aligned to this committee as at 20 February 2025
- **noted** the risk appetite status of the risks against the new risk appetite
- considered and were assured of the mitigating actions to improve the risk levels and took a **"moderate" level of assurance**

6.4 Proposed Annual Workplan 2025/26

It was agreed to add to the workplan, the planned quality improvement initiatives and priorities for the screening programmes. A question was raised about alignment of the corporate objective relating to waiting well initiatives. It was agreed to clarify this out with the meeting.

Action: Director of Public Health / Board Committee Support Officer

An explanation was provided on the deferment of the Food4Fife Delivery Plan from January 2025 to November 2025.

The Committee **approved** the workplan, subject to the additional items, as above.

6.5 Delivery of Annual Workplan 2024/25

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

7. STRATEGY / PLANNING

7.1 Annual Delivery Plan (ADP) Quarter 3 Report

The Associate Director of Planning & Performance highlighted the 35 deliverables within the ADP 2024/25 which are aligned to the 'Improve Health and Wellbeing' Strategic Priority, and she provided a brief overview of the assessment section within the report.

Further detail was requested in relation to the improved digital processes, as the provider has now been decommissioned, and what that means for NHS Fife. The Associate Director of Planning & Performance agreed to take this forward as an action.
Action: The Associate Director of Planning & Performance

A query was raised in relation to assessing the deliverables, and it was advised that further work on internal controls is required for 2025/26, and to ensure that the detail provided is more explicit.

The Committee took a **"moderate" level of assurance** from the report and **endorsed** the Annual Delivery Plan Quarter 3 return for formal approval at the Board and for submission to the Scottish Government.

7.2 Anchor Institution Update

The Director of Public Health advised that the executive summary within the update paper sets out the key points and progress over the previous year. It was reported that the Anchor Institution baseline metrics for 2023/24 will form part of this year's ADP submission to the Scottish Government. The two appendices were highlighted, and it was advised that they are a combination of both the guidance that the Scottish Government has provided and the completed information which will form the ADP return.

An overview was provided on progress over the previous year, including widening employment access and community asset transfer. It was advised that a key focus for the forthcoming year is to expand employability initiatives and work opportunities within Fife, prompt invoice payments, progress and use of renewable energy on our sites, greenspace development and work with stakeholders. It was reported that the Scottish Government have requested an additional local meeting with all Board leads to understand the joint working with local employability partnerships.

An explanation was provided on the apprenticeship detail within the appendices, which was noted as baseline metrics, and that there has been progression over the previous year. Committee members noted that it would be helpful to see trend information on employability in future. They also noted the potential in engaging the private sector as part of the local anchors approach. It was noted in response that working with external partners has not yet been a strong focus of this work to date. However, it is anticipated this will be a feature of joint work with Fife Partnership through their Community Wealth

Building programme. An explanation was also provided on the key metrics, such as the local spend percentage within Fife, which has fallen in comparison to 2023 (16.24% from 24.73%).

The Committee took a **"moderate" level of assurance** from the work progressed by the Anchor Operational Group and **noted** that the annual progression and future intentions are moving in a positive direction.

8. QUALITY / PERFORMANCE

8.1 Integrated Performance & Quality Report (IPQR)

The Director of Public Health advised that the national data release for childhood immunisation uptake was most recently updated in September 2024. The Head of Primary & Preventative Care added that a transformation group has been established with responsibility for, exploring specific improvement actions to increase uptake of childhood immunisation. It was noted that the IPQR will be framed around that moving into 2025/26. A brief update was provided on the transformational work for immunisations, and it was advised that the metrics are expected to be updated in the next iteration of the report.

The Head of Primary & Preventative Care reported that the waiting times for Child & Adolescent Mental Health Services (CAHMS) has been sustained and remains above the target for the reporting period. An improvement on the waiting times for psychological therapies was also reported and is line with the local trajectory.

It was advised that the national review which will set the new target for the smoking cessation service is awaited. It was noted that there are some variances in reporting smoking cessation at a national level, which make it difficult to interpret performance. Improvement actions are being taken forward for the smoking cessation service, including a focus within areas of deprivation. It was also noted that there have been challenges to deliver the service due to loss of clinic space. It was advised that discussions are ongoing with the Estates Department to explore potential venues for the service going forward, and the Head of Primary & Preventative Care agreed to provide further detail out with the meeting on the reasons for the loss of venues.   A positive uptake for smoking cessation within maternity services was also reported.
Action: Head of Primary & Preventative Care

The Committee noted the child development concerns report within the IPQR. It was advised that reducing developmental concerns at 27 – 30 months old will be a longer-term aim and that there is also interest at national level on this metric. The Director of Public Health highlighted the challenges with aligning the IPQR to the Population Health & Wellbeing Framework, and ensuring a balance around metrics, performance and improvements.

The Committee took a **"moderate" level of assurance** from the report and **endorsed** the Public Health & Wellbeing section of the IPQR.

8.2 Winter Covid/Flu Vaccine Delivery Campaign 2024/25 Update

The Head of Primary & Preventative Care advised that the rolling programme for Winter Covid and Flu vaccines continues with direction from the Chief Medical Officer. It was reported that Fife continues to deliver in line with the Joint Committee on Vaccination and Immunisation guidance, and appendix 2, which outlines the uptake detail, was highlighted. An overview was provided on the delivery plan, noting that a lessons learned exercise is being completed.

It was reported that data comes from various sources, and a brief overview was provided on the data that is being collated in relation to people who have been admitted to hospital with influenza.

It was advised that the Attendance Management Oversight Group monitor the impact on staff absence and pressures within the system.

The Committee took a **"significant" level of assurance** that the Winter Vaccine Programme met the agreed targets set out by the Chief Medical Officer.

9. INEQUALITIES

9.1 Equality Outcomes Final Report and Equality Outcomes and Mainstreaming Plan 2025-2029

The Director of Nursing highlighted the key points from the Executive Summary of the paper. It was reported that NHS Fife has developed an Equality Outcomes Plan 2025-2029, which sets out the next phase of priorities for promoting equality and embedding inclusive practices across the organisation. It was noted that these new equality outcomes have been aligned with key national directives, including Scotland's Anti-Racism Strategy and the Maternity and Neonatal Care Strategy, and that work has commenced. An overview was provided on the outcomes, as detailed within the report.

A request was made to include within future reports, the methodology on how the priorities are assessed and are linked to the protected characteristics. It was advised that there will be an interim report presented to the Committee in 2027.

The Director of Nursing agreed to include within the final report, the detail around the work carried out by the Equality & Human Rights Steering Group and the various services.

The Committee **examined** and **considered** the implications of both reports and **recommended** to Fife NHS Board that both reports are published, subject to the additional detail being added.

10. ANNUAL REPORTS / OTHER REPORTS

10.1 Director of Public Health Annual Report 2024

The Director of Public Health advised that the report follows on from the update provided to the Committee in January 2025 on the key findings. It was advised that feedback from the previous Committee meeting has been considered and a set of recommendations are now included within the report. It was advised that the report is

aligned with the priorities contained in the 10 year Population Health & Wellbeing Framework which it is anticipated will be published in early April.

The Committee considered the response that NHS Fife could make in relation to the key priorities within the report. It was advised that the expectation is that the report will be used to generate discussion and inform planning. It was also noted that there will be actions related to the Population Health & Wellbeing Framework which will support this wider agenda. It was noted that the topic chosen for inclusion in the Director of Public Health report is decided on a year-to-year basis and that this is often informed by national areas of concern as well as local concerns about the health of the population.

It was reported that actions through existing national plans, as well as those which are still subject to ministerial approval, will support providing a consistency of actions at a local level around enabling healthy living and areas of influence that NHS Fife has as a health-promoting organisation.

An explanation was provided on the process for monitoring progress on the recommendations within the report.

The Director of Public Health was thanked for all her hard work.

The Committee **discussed** and were welcomed to **offer** final comment for the Director of Public Health Annual Report 2024 to proceed to presentation to NHS Board in March 2025. The Committee **recommended** that the report will broadly cover the following:

- Food and physical activity need to be addressed taking a whole systems approach and key settings provide great opportunities for this

- Addressing issues of food and physical activity are important through the whole life course. This is particularly important in the context of our ageing population and maintaining independence and well-being in later life

- Food and physical activity are inextricably linked to the places and spaces we live, work and play in. Spatial planning and the LDP 'Fife's Place Plan' provide a key opportunity for partners to contribute to making healthier places and communities

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

10.2 Sexual Health & Blood Borne Virus Framework Annual Report 2023/24

The Head of Primary & Preventative Care advised that the report describes the sexual health & blood borne virus service and what has been delivered in line with the National Sexual Health and Blood Born Virus Framework. It was advised that the service works in partnership with both the third sector and independent sector and that a focus is on prevention and early intervention with specific actions as deliverables which sit under the Prevention & Early Intervention Strategy. It was reported that a consultant within the service is also an ambassador for the service and takes forward ensuring that outcomes are generated by the improvement work, and that the service model is continually reviewed and evolved in line with learnings.

An increase in the uptake for pre-exposure prophylaxis for HIV, and an encouragingly low rate of new infections and late diagnosis, was reported. It was advised that there has been an increase in the demand for HIV treatment and care, due to new people coming into Fife who are already diagnosed. In response to a question about changes to achievement of targets before and after COVID, it was reported that an early analysis is being carried out for the Hepatitis C Programme, which is delivered in line with national targets.

It was highlighted that sexual health & blood borne viruses will be a priority area for the ADP in 2025/26.

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

10.3 Violence Against Women Annual Report 2023/24

The Head of Primary & Preventative Care advised that the report has been developed through multiple agencies and is currently being presented through the various governance routes. It was advised that the report brings forward the four priorities in line with the national strategic framework and the work being carried out with partners. It was highlighted that NHS Fife has a Gender-Based Violence Service (within the Sexual Health Service), who are key contributors to this programme of work.

It was agreed to include in future iterations of the report, further detail on the reduction in violence against women, in relation to outcome measures and experience measures. It was also agreed to consider in terms of next steps, parallel publication to highlight this work.

Action: Head of Primary & Preventative Care

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

11. LINKED COMMITTEE MINUTES

The Committee noted the linked committee minutes:

11.1 Public Health Assurance Committee held on 18 December 2024 (unconfirmed)

11.2 Equality and Human Rights Strategy Group held on 4 February 2025 (confirmed)

12. ESCALATION OF ISSUES TO NHS FIFE BOARD

12.1 To the Board in the IPQR Summary

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

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

There were no matters to escalate to NHS Fife Board.

13. MEETING REFLECTIONS & AGREEMENT OF MATTERS FOR CHAIR'S ASSURANCE REPORT TO BE PRESENTED TO FIFE NHS BOARD ON 25 MARCH 2025

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

14. ANY OTHER BUSINESS

None.

Date of Next Meeting - Monday 12 May 2025 from 10am – 12.30pm via MS Teams.

Fife NHS Board

MINUTE OF THE STAFF GOVERNANCE COMMITTEE MEETING HELD ON TUESDAY 4 MARCH 2025 AT 10.00 AM VIA MS TEAMS

Present:
Colin Grieve, Non-Executive Member (Chair)
Sinead Braiden, Non-Executive Member & Equality & Diversity Champion
Vicki Bennett, Health & Social Care Partnership (H&SCP) Local Partnership Forum (LPF) Co Chair
Anne Haston, Non-Executive Member
John Kemp, Non-Executive Member & Staff Health & Wellbeing Champion
Janette Keenan, Director of Nursing
Carol Potter, Chief Executive
Lynne Parsons, Employee Director
Andrew Verrecchia, Co-Chair, Acute Services Division (ASD) & Corporate Directorates LPF

In attendance:
Jane Anderson, General Manager, Women & Children's Clinical Services (*for Item 8.1 only*)
Lisa Cooper, Head of Service, Primary and Preventative Care Services, H&SCP (*deputising for Lynne Garvey*)
Claire Dobson, Director of Acute Services
Fiona Forrest, Acting Director of Pharmacy & Medicines
Susan Fraser, Associate Director of Planning & Performance *(for Item 8.2 only)*
Ben Hannan, Director of Planning & Transformation
Jenni Jones, Associate Director of Culture, Development & Wellbeing
Pat Kilpatrick, NHS Fife Chair
Jocelyn Lyall, Chief Internal Auditor *(for item 7.4 only)*
Neil McCormick, Director of Property & Asset Management
Dr Chris McKenna, Medical Director
Dr Gillian MacIntosh, Head of Corporate Governance & Board Secretary
David Miller, Director of Workforce
Kirsty MacGregor, Director of Communications & Engagement
Sandra Raynor, Head of Workforce Resourcing & Relations
Rhona Waugh, Head of Workforce Planning & Staff Wellbeing

Minute:
Lakshmi Anderson, Executive Assistant to the Director of Workforce

Chair's Opening Remarks

The Chair welcomed everyone to the meeting and in particular Anne Haston, Non-Executive Member, and Fiona Forrest, Acting Director of Pharmacy & Medicines, who were attending their first meeting of the Committee. The Chair thanked all staff for their continued efforts during the current financial and workforce pressures.

Special wishes were extended to Margo McGurk, Director of Finance & Strategy, who is retiring on 4 April, for her valued contribution to the work of the Committee.

Due to the challenges of managing the meeting remotely, the Chair requested those presenting papers to be as succinct as possible, on the assumption that all papers had

been read prior to the meeting. Thanks were extended to those who had responded to the request to contact report authors with queries in advance of the meeting.

The Chair advised that the meeting was being recorded for the purpose of producing the minutes.

1.   Apologies for Absence

Apologies for absence were received from attendees Lynne Garvey, Director of Health & Social Care, and Margo McGurk, Director of Finance & Strategy.

2.   Declaration of Members' Interests

There were no declarations of interest made by members.

3.   Minutes of the Previous Meeting held on Tuesday 7 January 2025

The minutes of the meeting held on 7 January 2025 were **agreed** as an accurate record.

4.   Chair's Assurance Report presented to Fife NHS Board on 30 January 2025

The Committee **noted** the contents of the Chair's Assurance Report presented to Fife NHS Board on 30 January 2025.

5.   Matters Arising / Action List

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

6.   Overview of Staff Governance Committee Meeting

The Chair invited the Director of Workforce to speak to the matter.

The Committee was advised that this was a new agenda item that was being tabled at the start of the meeting to provide members with a summary of the work being undertaken in relation to the NHS Scotland Staff Governance Standard. It was noted that in future a workforce report would be brought to each meeting of the Committee.

7.   GOVERNANCE MATTERS

7.1   Annual Review of Staff Governance Committee Terms of Reference

The Chair invited the Head of Corporate Governance & Board Secretary to speak to the report.

The Committee was advised that amendments to the Terms of Reference (ToR) had been tracked within the paper and that only minor changes were being proposed, to improve clarity and maintain consistency across all Standing Committees. These changes were highlighted within the ToR and included updated attendee job titles, Employee Relations matters and the Chair's Assurance Report to the Board which had been added to the Committee's scope of work.

A Haston, Non-Executive Member, enquired whether the Committee's oversight of Staff Wellbeing should be more explicitly highlighted within the ToR. The Director of Workforce and Employee Director agreed with this recommendation. It was agreed that the ToR would be updated to include a more overt reference to the Committee's oversight of Staff Health and Wellbeing, and that this additional change would be circulated to members for approval before the next meeting.

Action: Head of Corporate Governance & Board Secretary/Head of Workforce Planning & Staff Wellbeing

The Committee **took a 'Significant' level of assurance** from the report and, subject to the amendments discussed, **endorsed** a final version for further consideration by the NHS Fife Board.

7.2 Staff Governance Committee Self-Assessment Report 2024/2025

The Chair invited the Head of Corporate Governance & Board Secretary to speak to the report, which presented the outcome of the 2023/2024 self-assessment exercise recently undertaken by the Staff Governance Committee.

An overview of key themes observed within the report was provided, noting that a meeting with Committee Chairs was due to take place to reflect on common themes across the exercise as a whole. Areas for improvement were also highlighted, including limiting where possible the lag in reporting data, ensuring discussions remain focussed on strategic rather than operational detail, reducing the circulation of late papers and ensuring Development Sessions include topics of relevance and are well attended by Non-Executive Members. It was noted that, overall, the Committee's current mode of operation had received a positive assessment from members and attendees.

In response to a comment from the Director of Planning & Transformation, it was agreed that for next year's Self-Assessment exercise, the question set would be reviewed to ascertain if any enhancements could be made.

Action: Head of Corporate Governance & Board Secretary

The Committee **took a 'Moderate' level of assurance** from the Staff Governance Committee Self-Assessment Report 2024/2025.

7.3 Health and Care (Staffing) (Scotland) Act 2019 Quarter 3 / Annual Report 2023/2024

The Chair invited the Head of Workforce Planning & Staff Wellbeing to speak to the report, which provided a summary of the Board's activity up to 31st December 2024 in relation to the implementation of the Health and Care (Staffing) (Scotland) Act 2019 (HCSA).

Key achievements during Quarter 3 detailed within the report were highlighted, along with key milestones for Quarter 4 and actions for the 2025/2026 period including the revised Implementation Plan for the roll out of eRostering and SafeCare. The Committee noted that, as a result of the roll out of the Direct Engagement model, the third High Cost Agency Return submitted to the Scottish Government reflected a one-third reduction in the number of shifts exceeding the

150% threshold set within the legislation. Efforts were ongoing to triangulate workforce risks alongside whistleblowing cases where staffing concerns had been raised.

It was advised that the HCSA Annual Report template is currently being completed for submission to the Scottish Government by 30 April 2025. The Committee was informed that, given the submission date was outwith the Committee meeting cycle and the timeline for the fourth quarter data capture, consideration will be given as to how the template will be shared with members for review and feedback prior to submission to the Scottish Government.

The Director of Workforce commented that feedback received from Health Improvement Scotland to date on the Board's performance and progress in relation to the implementation of the Act was positive.

The Committee **took a 'Moderate' level of assurance** from the report, **noting** that reporting will continue to evolve and **endorsed** its presentation to the NHS Fife Board in March for consideration.

7.4   Internal Control Evaluation Report 2024/2025

The Chair welcomed the Chief Internal Auditor and invited her to speak to the report.

The Committee was provided with a comprehensive explanation of the overarching themes of the report, which focus on improvement, strong leadership and maintaining robust controls. The challenging circumstances being faced by NHS Fife and other Health Boards across Scotland and the work being undertaken by the Reform, Transform and Perform (RTP) Programme in ensuring a sustained focus on the safe delivery of care, savings and pace of change were highlighted. The need for strategic long term sustainable change as noted in the Audit Scotland 'NHS in Scotland 2024' report was emphasised.

Effective leadership and a clear vision and strategic direction for reform were highlighted as essential for developing an integrated transformation plan and for building on the work undertaken in first year of the RTP Programme. The challenges of achieving the outcomes of the RTP Framework, despite being well embedded, were acknowledged and in relation to this, the importance of transparent and realistic performance reporting, consideration of barriers to achievement, collaborative working and a focus on lessons learned was reiterated.

Evidence of continuous improvement and strong assurance of reporting through Committee governance structures was highlighted as a positive achievement. It was emphasised that Workforce Risks and their potential impact on service delivery continue to remain significant, whilst capacity, including the impact of vacancies and sickness absence, remains a significant risk, with supplementary staffing costs noted as a continuing though improving financial pressure. The report referenced ongoing work to agree staffing establishments, with a focus on data quality to inform the Workforce Plan and the role of the People & Change Board in delivering safe, sustainable workforce improvements, whilst contributing to savings.

The Committee was informed that there had been a robust management response to the recommendation to improve the Health & Safety Sub Committee Incident Reporting and work was underway to develop an enhanced report to include data analysis and incident themes.

The Chair and the Director of Workforce expressed thanks to the Chief Internal Auditor for the work undertaken to finalise the report.

The Committee **took a 'Moderate' level of assurance** from the Internal Control Evaluation Report 2024/2025.

7.5   Equality Outcomes Progress Report and Plan 2025-2029

The Committee noted that the paper circulated was an incorrect version. Following discussion, it was agreed to defer this matter until May 2025, to ensure that the Board's Equality Outcomes Plan for the period 2025 to 2029 is informed by the most up-to-date learning and reflection.

Action: Director of Nursing/Director of Workforce

7.6   Annual Staff Governance Committee Workplan 2025/2026

The Chair invited the Director of Workforce to speak to the report, which detailed the Committee's annual programme of work for the period 2025/2026.

The Chief Executive requested that the Workplan be edited to reflect that the Corporate Objectives 2025/2026 should be allocated to the Chief Executive.

Action: Head of Workforce Planning & Staff Wellbeing

The Employee Director requested that the Annual and Mid-Year Report of the Area Partnership Forum be included in the Workplan.

Action: Head of Workforce Planning & Staff Wellbeing

The Committee agreed that the Workplan would be updated to reflect that the 'Improved and Safe Working Environment' strand of the Staff Governance Standard would be tabled to align with the quarterly publication of the Health & Safety Incident Report.

Action: Head of Workforce Planning & Staff Wellbeing

The Head of Workforce Planning & Staff Wellbeing advised that Workplan would be updated to specify individual dates when updates on Core Skills/Mandatory Training, Personal Development & Planning Review (PDPR) and Protected Learning Time would be presented to the Committee.

Action: Head of Workforce Planning & Staff Wellbeing

The Committee **took a 'Moderate' level of assurance** from the report subject to the amendments discussed and **noted** the content of the 2025/2026 Staff Governance Committee Annual Workplan.

7.7   Delivery of Annual Workplan 2024/2025

The Director of Workforce spoke to the report, which noted self-explanatory updates to the 2024/2025 Annual Workplan, since it was last presented to the Committee on 7 January 2025.

The Committee **took a 'significant' level of assurance** from the update provided.

8. STRATEGY / PLANNING

8.1 Reform, Transform & Perform / People & Change Board Update

The Chair invited the Director of Workforce to speak to the report, which provided a progress update on the work being undertaken by the People & Change Board in relation to Supplementary Staffing, Direct Engagement, Non-Compliant Rotas, Whole Time Equivalent Reduction, Non-Pay Elements of the 2023/2024 Agenda for Change Pay Award, Attendance Management and Priorities for 2025/2026.

It was reported that as at 31 January 2025, the Board had achieved £4.8 million in Supplementary Staffing savings and was on track to meet the £5 million savings target approved in the 2024/2025 Financial Plan. The Direct Engagement model for Locums had achieved savings to the value of £451,656 since it had been rolled out in August 2024. Additional work is progressing to increase compliance rates, which are currently at 79%. The Director of Workforce expressed thanks to all colleagues who were engaged in this ongoing collaborative effort.

In relation to Whole Time Equivalent (WTE) Reduction, improved system-wide data consolidation has facilitated reliable modelling and benchmarking with other Health Boards. In line with a Circular recently issued by the Scottish Government in relation to the implementation of the final hour of the planned Reduced Working Week for AfC staff, it was noted that work is ongoing to develop plans by July 2025, to support full implementation by April 2026. The Committee was informed that the Band 5/6 Nursing Review continues at pace. A Programme Plan for 2025/2026 is currently being developed and will include planning for the final hour's reduction in the working week, recommendations for Allied Health Professionals agency usage reduction and WTE reductions.

In her capacity as Co-Chair of the Attendance Management Oversight Group, the General Manager, Women & Children's Clinical Services provided an update on Attendance Management, noting that sickness absence as at February 2025 was 7.99%. The Committee was informed that work is ongoing to establish a correlation between absence data, reasons for staff absence and how these align with support available to staff and that a progress update would be brought back to a future Committee.

Action: General Manager, Women & Children's Clinical Services/Head of Workforce Resourcing & Relations

Following the benchmarking exercise completed in relation to the application of the Once for Scotland (OfS) Attendance Management Policy and in line with recommendations approved in partnership with Staff Side colleagues, it has been agreed to adopt the use of triggers rather than targets to manage short-term absence and to consistently apply the three formal stages to manage long-term

absence, taking action at the 29 day trigger stage in order to facilitate timely and supportive management conversations with staff.

Development of the 2025/2026 Plan for recovery continues as a priority action. Recommendations from a multi-factorial review of absence management conducted by the Health & Social Care Partnership are due to be discussed to identify pilot areas for a Test of Change.

The Employee Director commended the positive work being done in the area of absence management.

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

8.2   Annual Delivery Plan Quarter 3 Performance Report 2024/2025

The Chair welcomed the Associate Director of Planning & Performance to the meeting and invited her to speak to the Quarter 3 progress update against the 2024/2025 Annual Delivery Plan.

The Committee noted that there are 21 deliverables aligned to the Strategic Priority to 'Improve Staff Experience and Wellbeing' and, as of December 2024, 16 of these are reported to be 'on track', whilst five remain 'at risk'. It was noted that delivery of the eRostering Implementation Programme and helping carers to take a break from their caring role were among the deliverables that have moved trajectory from being 'on track' in Quarter 2 to being 'at risk' in Quarter 3.

The Committee **took a 'Moderate' level of assurance** from the report and **endorsed** the 2024/2025 Annual Delivery Plan Quarter 3 return for formal approval by the NHS Fife Board and onward submission to the Scottish Government.

8.3   Workforce Plan for 2025/2026

The Chair invited the Head of Workforce Planning & Staff Wellbeing to provide an update on the Workforce Plan for 2025/2026.

The Committee was informed that work is continuing at pace to finalise collation and analysis of the responses received to develop the Workforce Planning Template in alignment with the Annual Delivery Plan, financial plans and ongoing business transformation work, for onward submission to the Scottish Government. A draft will be shared with members once completed. It is anticipated that the Template will be presented at the Executive Directors' Group on 20 March 2025 and at the Area Partnership Forum later this month.

The Committee **noted** the update provided by the Head of Workforce Planning & Staff Wellbeing in relation to the Workforce Plan for 2025/2026.

9. STAFF GOVERNANCE AND STAFF GOVERNANCE STANDARD

9.1 Appropriately Trained: Recovery Plan to Increase Uptake of PDPRs and Core Skills / Mandatory Training

The Chair invited the Associate Director of Culture, Development and Wellbeing to speak to the report, which provided a progress update on the Board's Recovery Plan that was implemented in December 2024 to improve performance in the areas of Personal Development Planning & Review (PDPR) and Core Skills compliance.

It was reported that as at 31 January 2025, Core Skills compliance was at 64% against a corporate target of 80% and PDPR was at 44.3% against a corporate target of 60%. It was noted that this was the highest level of compliance which had been achieved in the past five years. The Committee was provided with an overview of the mitigating actions to improve compliance including data reconciliation, ensuring provision of core skills training and capacity and engagement with services. Reference was made to training reports that have been made available to Executive Directors in all Corporate Services, as well as to Line Managers, offering the opportunity to directly access and review training compliance for individual staff members. Efforts are ongoing for similar reports to be made available to Executive Directors and managers in the Health & Social Care Partnership and Acute Services. It was noted that Good Practice Guides will also be issued to promote engagement across the system.

The Committee was informed that, in the event that all corporate areas achieve 100% PDPR completion, it is anticipated that an overall Board compliance rate of 50% could potentially be achieved. Additionally, if all TURAS standalone accounts could be linked to NHS Fife employment, it is anticipated that an overall completion rate of 74% could likely be achieved.

S Braiden, Non-Executive Member and Equality & Diversity Champion, commented that the current metrics were still a risk to the Board and that it was important to see improvements going forward. The Employee Director welcomed the concerted efforts being employed, particularly in relation to data quality, and was optimistic that these would deliver better results. P Kilpatrick, NHS Fife Chair, emphasised the importance of continued focus and a systematic approach to improve performance in this area.

The Committee **took a 'Limited' level of assurance** from the report.

9.2 NHS Fife Leadership Framework

The Chair invited the Associate Director of Culture, Development & Wellbeing to speak to the report, which provided an update on the development of the NHS Fife Leadership Framework (Our Leadership Way), as part of the 2024/2025 Corporate Objectives and in support of the organisation's commitment to a healthy workplace culture.

A comprehensive overview of the Framework that had been developed through engagement with staff via a Volunteers' Group and wider Enquiry Groups across the organisation was provided. It was advised that the Programme illustrates 'Our

Leadership Way' as a shared leadership philosophy designed to promote the agreed leadership behaviours which matter most to NHS Fife. An outline of the Delivery Plan for the Framework was also shared with the Committee, highlighting nine key activities that will be progressed through 2025/2026 including Launch / Promotion, Attraction, Onboarding, Nurture / Train, Reward & Recognition. It was noted that the Programme had been endorsed by the Executive Directors' Group on 27 February 2025 and was due to be presented to Fife NHS Board later this month. The collaborative efforts of employees across the organisation who had engaged in the Programme were recognised. The Committee unanimously commended the work that had been undertaken to develop 'Our Leadership Way' and expressed support for the programme.

Discussion took place on the importance of Senior Leadership commitment to successfully embedding the programme in the organisation. The Chief Executive reiterated the expectation that senior leadership commitment to the programme would be evidenced by a deliberate and overt reference to actions in the Executive Director Cohort's individual performance objectives, which would support the embedding of the Leadership Framework.

In addition to the Framework, the Director of Workforce advised that developing and supporting managerial capability had been earmarked as a priority area for the Workforce Directorate for 2025/2026. Commenting on the organisation's commitment to redevelop its Performance & Assurance Framework, the Director of Planning & Transformation emphasised that the Leadership Framework should be regarded as part of the effort to deliver the Board's overall Strategy.

The Committee **took a 'Moderate' level of assurance** from the report and endorsed presentation of the Leadership Framework to the NHS Fife Board.

9.3   Whistleblowing Quarter 3 Report 2024/2025

The Chair invited the Head of Corporate Governance & Board Secretary to speak to the report, which provided a progress update on Quarter 3 Whistleblowing activity for the 2024/2025 reporting period.

It was reported that there was one Whistleblowing concern raised in Quarter 1 that is presently close to completion, two anonymous concerns were raised during Quarter 2, one Whistleblowing concern was received in Quarter 3 (which was being dealt with at Stage 1) and a previously unreported Whistleblowing concern from 2023/2024, which has been concluded in Quarter 3 of the current reporting year, was detailed within the report. It was advised that there had been no articles within the local press highlighting new issues of a Whistleblowing nature in Quarter 3.

An overview of the work being undertaken by the new Speak Up / Whistleblowing Coordinator was provided, acknowledging that this role has made a notable difference to the support given to staff to encourage a speak up culture within the organisation. It was noted that the Whistleblowing Oversight Group continues to progress work in relation to management and improvement of whistleblowing processes and communication activities.

The Committee was advised that the Recruitment Pack for the Board's currently vacant Non-Executive Whistleblowing Champion position had been finalised and

submitted to the Scottish Government Public Appointments Team to progress recruitment to this role.

The Committee **took a 'Moderate' level of assurance** from the report, acknowledging that work is ongoing to improve organisational support to Whistleblowing activity, including outreach to staff to encourage speaking up and to improve the timeliness of handling concerns.

9.4 Wellbeing Champion Update

The Chair invited J Kemp, Non-Executive Member and Staff Health & Wellbeing Champion, to provide an update.

J Kemp commended the engagement and collaborative efforts being undertaken by various stakeholder groups across the system to improve staff wellbeing. The importance of continuing to invest in staff wellbeing support to both mitigate and manage sickness absence was highlighted, along with the requirement for an ongoing review of what further efforts could be made in this context. The Chief Executive and Employee Director agreed to discuss what additional support could be offered to promote staff wellbeing.

Action: Chief Executive/Employee Director

The Head of Workforce Planning & Staff Wellbeing advised the Committee that engagement with Fife Health Charity was ongoing to explore additional areas of support to improve staff wellbeing.

In response to a query from J Kemp regarding what additional efforts could be employed to improve Staff Vaccination metrics, the Head of Service, Primary and Preventative Care Services, H&SCP, commented that the Vaccination Programme had been extremely agile and that the output of the lessons learned exercise would be shared with the relevant Governance Committees to provide feedback on what could be done differently to promote uptake.

The Committee **noted** the update provided by the Board's Staff Health & Wellbeing Champion.

9.5 Equality & Diversity Champion Update

The Chair invited S Braiden, Non-Executive Member & the Board's Equality & Diversity Champion, to provide an update.

The Committee was informed that work was ongoing in the areas of racism and neurodiversity. Having expressed intent to gain a better understanding of Violence & Aggression occurrences within the Board, S Braiden advised that she was scheduled to attend the April and June 2025 meetings of the Quality Matters Assurance Group and would work closely with this cohort in the coming months. Referring to the recommendation in the Internal Control Evaluation Report that Mental Health Services should be noted as a risk in the Corporate Risk Register, the importance of remaining cognisant of the significant pressures facing staff in Mental Health Services in relation to the delivery of services in the current, medium and longer term was reiterated.

The Committee **noted** the update provided by the Board's Equality & Diversity Champion.

10.   QUALITY/PERFORMANCE

10.1   Integrated Performance & Quality Report

The Chair invited the Director of Workforce to speak to the report, which reflected the Board's performance in relation to Sickness Absence, Personal Development & Planning Reviews (PDPR) and Vacancy rates.

It was reported that Sickness Absence had increased from 6.91% in November 2024 to 7.80% in December 2024. The work of the Attendance Management Oversight Group to effect improvements in this area, as well as ongoing efforts by other stakeholder groups across the system to improve Staff Health & Wellbeing, were highlighted. It was noted that actions to improve PDPR metrics reported at 44.3% in January 2025 had been discussed earlier in the meeting.

The report highlighted that vacancy rates as of September 2024 were 3.3% (Medical & Dental), 2.7% (Nursing & Midwifery) and 4% (Allied Health Professionals). The Committee was advised that a Development Session was due to be held to reevaluate this metric for purposes of the IPQR.

A Haston, Non-Executive Member, queried the use of 'other' as a reason for sickness absence and also what mitigating efforts were being employed to prevent staff absence due to stress, anxiety and depression. In response, the Head of Workforce Resourcing & Relations highlighted efforts being made to reduce the use of this absence code and the use of absence triggers, rather than targets to promote supportive conversations with staff members.

Highlighting the importance of understanding the underlying reasons for sickness absence, the Chair enquired whether there was work ongoing to remove the absence code 'other' from the system. The Director of Workforce acknowledged that additional work needed to be undertaken to address this issue.

The Committee **took a 'Limited' level of assurance** from the report and **endorsed** the Workforce section of the Integrated Performance & Quality Report.

10.2   Corporate Risks Aligned to Staff Governance Committee

The Chair invited the Director of Workforce to speak to the report, which provided an update on the risks aligned to the Staff Governance Committee, along with the accompanying mitigations, since the report was presented at the meeting on 7 January 2025.

Referring to Appendix 1 of the report, the Director of Workforce highlighted that the risk ratings and levels for Risks 11 (Workforce Planning & Delivery) and 12 (Staff Health & Wellbeing) remain unchanged and are still assessed as High, while Risk 19 (Implementation of Health and Care (Staffing) (Scotland) Act 2019) remains at moderate.

An overview of the mitigating actions detailed in the paper was provided. It was advised that a risk-focussed Development Session would be held to reset and reword Workforce related Corporate risks to ensure that they reflect the current financial, planning and resourcing landscape. Following discussion, the Committee agreed that Mandatory Training would be considered by the Risks & Opportunities Group, to determine whether this risk should be aligned to Clinical Governance rather than Staff Governance, considering its impact on quality of care.

Action: Head of Workforce Planning & Staff Wellbeing

The Committee **took a 'Moderate' level of assurance** from the Corporate Risks aligned to the Staff Governance Committee **noting** that all actions within the control of the organisation are being taken to mitigate these risks as far as is possible to do so.

11. LINKED COMMITTEE MINUTES

The Committee **noted** the following linked Committee Minutes:

11.1   Area Partnership Forum held on 22 January 2025 (unconfirmed)
11.2   Health & Social Care Partnership Local Partnership Forum held on 12 November 2024 (confirmed)
11.3   Workforce Planning Forum held on 15 January 2025 (confirmed)
11.4   Equality & Human Rights Strategy Group held on 4 February 2025 (unconfirmed)

Noting that the Acute Services Division & Corporate Services Local Partnership Forum meeting on 19 December 2024 had been cancelled, the Chair requested the Director of Acute Services to provide an update. The Director of Acute Services advised that the meeting (which had been cancelled due to operational pressures and number of apologies submitted) had been rearranged for February 2025 and the draft minute was currently being finalised for circulation. From the discussions which had taken place at the meeting, matters to be escalated to the APF included the lack of clarity in relation to the Vacancy Management approval process and a request to be more involved in the Board's business transformation work going forward.

The Committee **noted** the update provided by the Director of Acute Services.

12. ESCALATION OF ISSUES TO NHS FIFE BOARD

12.1 To the Board in the IPQR Summary

There were no issues to escalate to the Board in the IPQR summary, notwithstanding the Committee noted the continual challenges around managing the Board's sickness absence position.

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

There were no matters identified for escalation to the NHS Fife Board.

13. **Meeting Reflections & Agreement of Matters for Chair's Assurance Report to be Presented to Fife NHS Board on 25 March 2025**

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

14. **ANY OTHER BUSINESS**

There was no outstanding business not otherwise covered on the agenda.

DATE OF NEXT MEETING

Tuesday 13 May 2025 from 10.00 am to 12.00 noon via MS Teams