

AGENDA

A MEETING OF THE NHS FIFE PUBLIC HEALTH & WELLBEING COMMITTEE WILL BE HELD ON MONDAY 13 JANUARY 2025 FROM 10AM TO 1PM VIA MS TEAMS

Note: There will be a pre meeting of Non-Executive Members only at 9.30am

John Kemp
Chair

		<i>Purpose</i>	
10:00	1. Apologies for Absence (<i>JK</i>)		
	2. Declaration of Members' Interests (<i>JK</i>)		
	3. Minutes of Previous Meeting held on Monday 11 November 2024 (<i>JK</i>)	<i>(approval)</i>	(enc)
	4. Chair's Assurance Report presented to Fife NHS Board on 26 November 2024 (<i>JK</i>)	<i>(for information)</i>	(enc)
	5. Matters Arising / Action List (<i>JK</i>)	<i>(assurance)</i>	(enc)
	5.1 Psychological Therapies Improvement Plan (<i>J Torrens</i>)	<i>(assurance)</i>	(enc)
10:20	6. GOVERNANCE MATTERS		
	6.1 Aspects of the Fife Alcohol and Drug Partnership Strategy 2024-27 and the MAT Standards (<i>E Butters/G Docherty</i>)	<i>(decision)</i>	(enc)
	6.2 Corporate Risks Aligned to Public Health & Wellbeing Committee (<i>JT</i>)	<i>(assurance)</i>	(enc)
	6.2.1 Proposed Substance Related Morbidity and Mortality Risk (<i>E Butters/G Docherty</i>)	<i>(decision)</i>	(enc)
	6.2.2 Update on Health & Inequalities Risk (<i>JT</i>)	<i>(assurance)</i>	(enc)
	6.3 Internal Controls Evaluation Report 2024/25 (<i>JL</i>)	<i>(assurance)</i>	(enc)
	6.4 Proposed Annual Workplan 2025/26 (<i>JT</i>)	<i>(decision)</i>	(enc)
	6.5 Delivery of Annual Workplan 2024/25 (<i>JT</i>)	<i>(assurance)</i>	(enc)
11:30	7. STRATEGY / PLANNING		
	7.1 Post Diagnostic Support for Dementia (<i>J Torrens</i>)	<i>(assurance)</i>	(enc)
	7.2 Key Areas of Focus for the Director of Public Health Annual Report 2023/24 (<i>JT</i>)	<i>(discussion)</i>	(enc)
11:55	8. QUALITY / PERFORMANCE		
	8.1 Integrated Performance & Quality Report (<i>JT/J Torrens</i>)	<i>(assurance)</i>	(enc)
	8.2 Dental Services & Oral Health Improvement (<i>JT</i>)	<i>(assurance)</i>	(enc)

- 12:20 **9. ANNUAL REPORTS / OTHER REPORTS**
- 9.1 Annual Climate Emergency and Sustainability Report 2023/24 *(NM)* **(assurance)** (enc)
- 12:30 **10. LINKED COMMITTEE MINUTES**
- 10.1 Equality and Human Rights Strategy Group held on 7 November 2024 (confirmed) (enc)
- 10.2 Public Health Assurance Committee held on 23 October 2024 (unconfirmed) (enc)
- 11. ESCALATION OF ISSUES TO NHS FIFE BOARD**
- 11.1 To the Board in the IPQR Summary (verbal)
- 11.2 Chair's comments on the Minutes / Any other matters for escalation to NHS Fife Board (verbal)
- 12. MEETING REFLECTIONS & AGREEMENT OF MATTERS FOR CHAIR'S ASSURANCE REPORT TO BE PRESENTED TO FIFE NHS BOARD ON 28 JANUARY 2025**
- 13. ANY OTHER BUSINESS**
- 12:50 **PRIVATE SESSION**
- 14.** Apologies for Absence *(JK)*
- 15.** Declaration of Members' Interests *(JK)*
- 16.** Minutes of Previous Meeting held on Monday 11 November 2024 *(JK)* **(approval)** (enc)
- 17.** Matters Arising (verbal)
- 18.** Any Other Business

Date of Next Meeting: **Monday 3 March 2025 from 10am – 12.30pm** via MS Teams

Fife NHS Board

Unconfirmed

MINUTE OF THE NHS FIFE PUBLIC HEALTH & WELLBEING COMMITTEE MEETING HELD ON MONDAY 11 NOVEMBER 2024 AT 10AM VIA MS TEAMS

Present:

John Kemp, Non-Executive Member (Chair)
Jo Bennett, Non-Executive Member
Alistair Morris, Non-Executive Member
Arlene Wood, Non-Executive Member
Lynne Parsons, Employee Director
Janette Keenan, Director of Nursing
Margo McGurk, Director of Finance & Strategy
Carol Potter, Chief Executive
Dr Joy Tomlinson, Director of Public Health

In Attendance:

Pat Kilpatrick, Board Chair
Suzy Cooke, Public Health Registrar, NHS Borders (*observing*)
Cathy Cooke, Public Health Scientist (*item 9.1 only*)
Sharon Crabb, Public Health Service Manager (*item 7.3 only*)
Fiona Forrest, Acting Director of Pharmacy & Medicines
Lynne Garvey, Director of Health & Social Care
Kirsty MacGregor, Director of Communications & Engagement
Dr Gillian MacIntosh, Head of Corporate Governance & Board Secretary
Neil McCormick, Director of Property & Asset Management
Jimmy Ramsay, Head of Sustainability (*from item 7.4*)
Lyndsey Thomson, Employability Officer (*item 7.3 only*)
Duncan Fortescue-Webb, Consultant in Public Health (*item 8.2 only*)
Tom McCarthy-Wilson, Portfolio Manager (*item 7.1 only*)
Hazel Thomson, Board Committee Support Officer (Minutes)

Chair's Opening Remarks

The Chair welcomed everyone to the meeting, and extended a warm welcome to Lynne Garvey who has joined the Committee as a new member in her recently appointed role as Director of Health & Social Care. A warm welcome was also extended to Suzy Cooke, Public Health Registrar from NHS Borders, who was joining today's meeting as an observer.

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

1. Apologies for Absence

Apologies were received from member Dr Chris McKenna (Medical Director) and attendees Susan Fraser (Associate Director of Planning & Performance) and Ben Hannan (Director of Reform & Transformation).

2. Declaration of Members' Interests

There was no declaration of members' interests.

3. Minutes of Previous Meeting held on 9 September 2024

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

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

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

5. Matters Arising / Action List

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

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

The Board Secretary advised that the Committee's ToR was presented at the September Committee meeting, and that further discussion has since taken place on the specific changes that were proposed. It was reported that there is some overlap with the Clinical Governance Committee's ToR, in terms of the quality aspect of delegated services within the remit, and that further discussion will take place on the remits when all of the Board's Standing Governance Committee ToRs are considered as part of their annual review in March 2025. It was noted that there are implications in relation to the corporate risks around quality of service provision.

The Committee considered the attached changes to the remit, which reflect discussions since the last meeting, and **approved** the final version for submission to the Board at the end of November.

6. GOVERNANCE MATTERS

6.1 Corporate Risks Aligned to Public Health & Wellbeing Committee

The Director of Public Health provided an update on progress of the five corporate risks aligned to the Committee and highlighted the inclusion of the new pandemic risk. It was confirmed that further detail around mitigations for the pandemic risk will come forward in due course, following discussions within East Region, and the overarching approaches at a national level, which will influence mitigation locally.

It was reported that the health inequalities risk rating has reduced slightly, due to the ratification of the Prevention & Early Intervention Strategy, and the work that has been ongoing to develop the Marmot approach. It was reported that NHS Fife was not selected as one of the three initial Marmot sites for Scotland, but that the clear commitment to address health inequalities will continue within Fife. It was highlighted that the gap between deprived and less deprived areas is widening, and it was noted that evidence-based actions are being taken forward through the refresh of the Plan 4 Fife and working towards a universal approach in terms of preventative actions within the Prevention & Early intervention strategy.

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

6.2 Delivery of Annual Workplan 2024/25

The Director of Public Health highlighted that consideration has been given to providing a mid-year report for each of the annual reports, and that the detail has been added to the workplan, including those where it would not be feasible to have a mid-year report.

The Committee agreed to the proposal to extend the January 2025 Committee meeting to incorporate a deep dive on the drugs-related deaths risk, and aspects of the Fife Alcohol and Drug Partnership Strategy 2024-27 and the MAT standards.

Action: Director of Public Health / Board Committee Support Officer

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

7. STRATEGY / PLANNING

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

The Director of Finance & Strategy introduced T McCarthy-Wilson, Portfolio Manager, to the meeting, who outlined the key points of the report, as detailed within the executive summary of the paper. The Rapid Cancer Diagnostics Service was highlighted by the committee as a positive example of service improvement within the report. Suggestion was made to strengthen the aspects of participation & engagement, and achievements around digital.

It was noted that the majority of performance data is measured on a yearly basis and included within the annual report. It was agreed to reference these measurements within the mid-year report.

The importance of aligning objectives to delivery plans was highlighted. Discussion took place on the challenges and importance of balancing qualitative information, case studies and robust metrics, and capturing insights from the reporting metrics of various underpinning strategies and frameworks to measure outcomes from the overall Population Health & Wellbeing Strategy in a way that was consistent with other reports. It was noted that an early draft of the corporate objectives for 2025/26, which will be linked to the overall strategy, will be developed in the forthcoming months.

Members commented on the challenges of measuring outcomes, and therefore agreed to take a lower level of assurance than was recommended within the report. The Committee, therefore, took a **“moderate” level of assurance** that the identified risks associated with the ongoing monitoring of the implementation Population Health and Wellbeing Strategy continue to be mitigated.

7.2 Annual Delivery Plan (ADP) Quarter 2 Report

The Director of Finance & Strategy advised that of the 35 deliverables within the ADP, which are aligned specifically to improving health & wellbeing, 22 (63%) are on track. It was advised that, of the remaining 9, which are described as being as at risk, 4 have

moved into that category since the previous reporting period. It was advised that the main factor for the movement of the deliverable around improving access and uptake of vaccinations across the whole population is largely due to difficulties releasing nursing capacity over the autumn/winter months. Activity is ongoing to reduce that level of risk before the year-end. In terms of the deliverable to refresh the Mental Health Strategy and the review of existing wellbeing indicators, it was reported that work is ongoing for those deliverables. The position is likely to improve before the year-end. Difficulty was reported in progressing an increase to specialist clinics in deprived areas to achieve higher levels of smoking quits.

It was highlighted that two deliverables are categorised as 'unlikely to be completed/meet target'. The first being the challenges to increase capacity in dental services, due to the supply of dental practitioners. The second is difficulty progressing the children's speech, language and communication development plan, which is due to the pressure on services. It was reported that there is one deliverable that has been suspended in relation to developing community services for drug & alcohol services, which is due to funding restrictions. Teams are exploring other options for an outreach service.

Members questioned the impact of actions within the ADP and determining whether these actions are sufficient. Committee members raised concerns in regard to the detail provided within the ADP, noting that it was difficult to identify priorities, due to the large scale and number of deliverables. Members also noted that it is difficult to take assurance that targets will be achieved. In response, it was advised that the priorities within the ADP are all set by Scottish Government. This report provides high-level detail, and that any areas that have a significant risk or are a broader organisational concern, would be reported separately. It was also noted that, as per the discussion on the previous agenda item around triangulation, consideration will be given to capturing insights from the reporting metrics Florida the variety of other strategies and frameworks.

The Committee took a **“moderate” level of assurance** from the report and **endorsed** the Annual Delivery Plan Q2 return for formal approval at the NHS Fife Board and for submission to the Scottish Government.

7.3 Anchor Institution Programme Board Update

Sharon Crabb, Public Health Service Manager, and Lyndsey Thomson, Employability Officer, were welcomed to the meeting to provide an update on the Anchor Institution programme of work.

It was reported that the last update to the Committee was provided in May 2024, following the development and submission of the Anchor Institution Strategic Plan and prior to submission of the baseline anchor metrics. It was advised that recent feedback from the Scottish Government was positive about the progress in Fife. A collated report on progress is being used as a comparison and for benchmarking against other NHS Scotland Health Boards, as the work of the Anchor Operational Group is taken forward. It was noted that there was one recommendation, around having a stronger focus on employability, which is being addressed.

It was advised that a six-month review has been carried out using the progression framework, and that a key finding was the level of engagement with local authorities and community planning partners, exploring joined up working. It was noted that updated self- assessment progress has been reported to the Fife Anchor Institution Programme Board.

An overview was provided on the employability work and initiatives that have been undertaken over the previous six months, which are detailed within the paper. One observation from the EMERGE programme has been much higher uptake amongst young women, there will be focus on increasing male participation in future cohorts. It was noted that there are opportunities for trainee pharmacy technicians in this area that could be usefully promoted.

The Public Health Service Manager agreed to share the Fife baseline data with the Committee.

Action: Public Health Service Manager

The Board Chair acknowledged all the hard work of the teams and thanked them for their efforts in this area.

The Committee took a **“moderate” level of assurance** from the work progressed by the Anchor Operational Group and noted the progression over a six-month period from our baseline metrics.

7.4 Sustainability & Greenspace Update Report

The Director of Property & Asset Management advised that a large amount of work has been undertaken over the previous 18 months, and that two Sustainability Officers are now in post on a permanent basis. Jimmy Ramsay, Head of Sustainability, was welcomed to the meeting and provided an overview on the key aspects of the report, noting that the report includes a deep dive into the environmental management and climate change corporate risk.

It was advised that there are teams within NHS Fife who have Sustainability Champions and that work is ongoing to collaborate with those teams and identify the wider challenges and objectives. It was noted that decarbonisation is the main challenge due to a lack of funding, and an overview was provided on the work for a whole system approach for NHS decarbonisation solutions, Fife wide.

It was reported that positive progress has been made on greenspace, and that an action plan has been developed that is linked to the Greenspace Strategy. It was also reported that positive progress is being made on the Environmental Management System.

In terms of the Sustainability Ambassadors’ network, it was advised that 35 people have signed up to date, which is positive.

Following a query, the difficulties in identifying the carbon footprint for the whole organisation was explained. It was noted that building, travel & transport are the largest contributors to the carbon footprint, and the detail will be provided in the report that will be presented to the NHS Fife Board at their November 2024 meeting. An explanation

was also provided on the specific design guide that is required to be followed for capital processes.

It was noted that the Sustainability & Greenspace Annual Report will be presented to the Committee at the January 2025 meeting.

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

7.5 Delivering ‘The Promise’ in NHS Fife

The Director of Health & Social Care provided an update on the delivering ‘The Promise’ activity and highlighted the key points from the paper, noting that the paper focuses on what is being delivered both nationally and locally. It was highlighted that work is underway in relation to targeted work for the development of e-learning for the workforce. It was noted that there is a commitment to strengthen the governance and assurance processes across the wider NHS Fife / IJB structure for this area, and to drive forward key initiatives, escalations and regular reporting.

It was noted that an updated progress framework has not yet been published by the Scottish Government, and that it may have an impact on the work that is being undertaken.

A request was made to include within the report the detail in relation to connecting the children’s social work aspects with ‘The Promise’. The Director of Health & Social Care agreed to consider including within future reporting an action plan, which includes priorities to measure progress of delivery, without duplicating governance with other high level corporate boards that are in place.

The Committee agreed to reduce the level of assurance recommended, based on the work that is required around the future governance arrangements, and took a **“moderate” level of assurance** from the paper.

8. QUALITY / PERFORMANCE

8.1 Integrated Performance & Quality Report (IPQR)

The Director of Public Health reported that the immunisation data within this most recent report is from June 2024, and that the publication data is slightly behind current actual performance. It was advised that there was a slight reduction in the six-in-one immunisation, compared to the previous quarter, however, the position is close to the target. In terms of the MMR2 immunisation, it was advised that the position has remained static. It was highlighted that the quality improvement work that has been taking place is detailed within the report, and that uptake for childhood immunisation is being promoted through a programme of work, including the winter programme.

It was reported that uptake for Covid and influenza immunisations at this point in the season is encouraging, particularly for priority groups in care homes.

It was advised that the IPQR is collated and based on when public health data is released, hence the data is not the most up to date. It was noted that the teams gather as much data in real time as possible.

It was noted that there is no change to the adult screening programme uptake statistics which are published nationally on an annual basis. The annual report covering all of the screening programmes will be covered later on this agenda.

The Committee took a “**moderate**” level of assurance from the report and **endorsed** the Quality and Care section of the IPQR.

8.1.1 Fife Smoking Cessation Services Deep Dive

The Director of Health & Social Care presented the smoking cessation services deep dive and provided background to the service, advising that the Scottish Government published its tobacco & vaping framework, which includes a five-year implementation plan with actions. It was noted that it was positive that vaping has been included within the Scottish Government’s framework, given the rise in the number of teenagers who partake in vaping. In terms of the prevalence in Fife, it was advised that Fife is 2.7% higher than the Scottish average, including pregnant smokers. It was noted that the number of pregnant smokers has reduced slightly over time.

It was reported that three different approaches have been put in place for the smoking cessation service, which are described in the paper. These are provided by the health promotion specialist service, who provide intensive 1:1 support, the community pharmacy support, which has a high volume of quit attempts, however, this reduces as the 12-week programme progresses. In terms of pregnancy support, it was advised that there is higher retention in this area.

An overview was provided on performance, and it was advised that more work is required to be carried out to meet the LDP standard (target) that is set and agreed with Scottish Government. This target is due for review and has not been updated since 2017. It was reported that the service is looking to increase face-to-face provision to improve the performance quit rate, and that this has been progressed in the most deprived areas within Fife, which has resulted in an increase in referrals for those on low incomes.

The challenges of benchmarking with other NHS Scotland Health Boards were highlighted, due to the differences in recording data. The example was given of differences in approach, with some areas counting vaping within their quit attempts.

It was noted during the meeting that the service is carrying a number of vacancies, and a question was raised about the impact of this on achieving target quit rates. It was advised that improving recruitment retention in specialist workforce has been highlighted from a national review, with a focus on maternity as a key priority.

The new vaping bill within the UK, which is currently going through the bill passage to become law, was highlighted, and it was noted that this will be mirrored within Scotland.

The Director of Health & Social Care agreed to provide members, via email, with further detail on areas that have not yet been explored, to improve the position.

Action: Director of Health & Social Care

The Committee took a “**moderate**” level of assurance from the deep dive.

8.2 Joint Health Protection Plan

Duncan Fortescue-Webb, Consultant in Public Health, was welcomed to the meeting.

The Director of Public Health advised that there is low residual risk that the plan will not achieve its purpose, as the model of establishing a Joint Health Protection plan has been well tested over the previous eight years. It was noted that while there are some workforce challenges, there is no immediate risk to workforce within NHS Fife.

A request was made to consider the timing of the reports being brought forward to the Committee, with it being noted that the updated plan and programme of work commenced in April 2024.

The Committee took a **“significant” level of assurance** from the paper and **endorsed** the updated Joint Health Protection Plan 2024-26.

8.3 No Cervix Exclusion Final Audit

The Director of Public Health explained that the nationally-led process was followed in NHS Fife, in terms of sending reminders to people to come forward. It was noted that the national team have received feedback on the process and experience from local Boards, and that the findings of the national audit report is anticipated will be published during 2025.

The Director of Public Health agreed to send J Bennett, Non-Executive Member, detail on the mechanisms in place, at a national level, to prevent the issue from happening again.

The Committee took a **“significant” level of assurance** from the paper.

8.4 East Region Health Protection Service Overview

The Committee discussed the Single-Employer approach and Fife’s readiness to support the delivery arrangements currently in place for East Region Health Protection Service. The Director of Public Health provided an overview on the benefits realisation of the service, and agreed to provide A Wood, Non-Executive Member, with further detail on the unintended consequences and risks that might result for Fife with the host Board approach.

Action: Director of Public Health

In response to a question about specialist workforce retention, it was explained that the duration of the Public Health Consultant training programme is five years, with only six months in a particular sub-specialist area such as health protection Trainees who have completed the programme do not necessarily choose health protection as their specialist area of interest. Committee members sought assurance about staff perspectives within the service. It was explained that there are mixed views with staff who are involved in the service, with some concerns relating to equity issues between employees and challenges with transition. It was noted that this is an early stage in considering the single-employer approach and expert advice and input is being provided from partnership and HR leads.

Committee members sought assurance on the availability of funding for planned expansion of the workforce. In response, it was advised that Health Protection Teams and NHS Health Boards have been given an additional baseline allocation to be able to respond to future variants and mutations. This will support workforce plans and will enable resilience for the service.

Points were raised in relation to the governance structure and details previously shared at Board level, and it was agreed to discuss this further outwith the meeting, including any further updates to be provided to NHS Fife Board.

Action: Director of Public Health

The Committee took a **“moderate” level of assurance** of the delivery arrangements currently in place for East Region Health Protection Service.

8.5 Child & Adolescent Mental Health Services Update

Due to time constraints during the meeting, it was agreed to consider the best approach for the update on Child & Adolescent Mental Health Services outwith the meeting.

Action: Director of Health & Social Care

8.6 Psychological Therapies Standard Update, including Improvement Plan

Due to time constraints during the meeting, it was agreed to consider the best approach for the update on Psychological Therapies outwith the meeting.

Action: Director of Health & Social Care/Director of Public Health

9. ANNUAL REPORTS / OTHER REPORTS

9.1 Public Health Screening Programmes Annual Report 2024

Cathy Cooke, Public Health Scientist, was welcomed to the meeting.

A query was raised in relation to the issue highlighted with the report around the availability of audiology staff in relation to newborn screening, and it was advised that a further two additional audiologists have since been trained, which is expected to eliminate any further issues in that area.

The targeted work around breast and bowel screening was highlighted, and it was reported that there are challenges around slippage, particularly for breast screening.

It was advised that the public health screening programmes are nationally led. The Committee agreed to reduce the recommended level of assurance, due to the difficulty in reflecting a significant level of assurance across all six programmes, and thus took a **“moderate” level of assurance** from the report.

9.2 Pharmaceutical Care Services Annual Report 2023/24

The Acting Director of Pharmacy & Medicine advised that there is a requirement for NHS Scotland Health Boards to publish a pharmaceutical care service annual report. It was advised that, following an assessment using a range of critical data analysis, and

significant public engagement through the Health & Social Care Partnership, it has been identified that there is no unmet need for pharmaceutical care services within Fife, and that a focus is to continue improving the quality of service to our patients.

It was further reported that there is a separate nationally defined process around control of entry for new pharmacies and a separate report will be presented to the Finance, Performance & Resources Committee.

The Committee took a “**significant**” level of assurance from the report.

10. LINKED COMMITTEE MINUTES

The Committee noted the linked committee minutes:

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

11. ESCALATION OF ISSUES TO NHS FIFE BOARD

11.1 To the Board in the IPQR Summary

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

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

It was agreed that two matters be escalated to NHS Fife Board, via the Chair’s Assurance Report, as detailed below.

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

It was agreed to highlight to the NHS Fife Board the smoking cessation service performance, and to raise awareness overall about the significance of harm from smoking. It was also agreed to highlight the potential for a new Board or Committee development session covering the Scottish Government’s 10 Year Population Health & Wellbeing framework, which is due to be published in January 2025, with tobacco as a key theme.

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

13. ANY OTHER BUSINESS

None.

Date of Next Meeting - Monday 13 January 2025 from 10am – 12.30pm via MS Teams.

Meeting: Public Health & Wellbeing Committee

Meeting date: 11 November 2024

Title: Committee Chair's Assurance Report

1. Committee's Performance against Annual Workplan

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

The following item has been deferred and rescheduled:

- Director of Public Health Annual Report 2023/24

The January 2025 Committee meeting will be extended to incorporate a deep dive on the drugs-related deaths risk, and aspects of the Fife Alcohol and Drug Partnership Strategy 2024-27 and the MAT standards.

2. The Committee considered the following items of business:

2.1 Population Health & Wellbeing Strategy

Members commented on the challenges of measuring outcomes. Consideration will be given to strengthening linkages across the reports of the various strategies and frameworks. The Committee took a "moderate" level of assurance that the identified risks associated with the ongoing monitoring of the implementation Population Health and Wellbeing Strategy continue to be mitigated.

2.2 Annual Delivery Plan Quarter 2 Report

The challenges of identifying priorities were highlighted, and consideration will be given to strengthening linkages across the various strategies and frameworks. The Committee took a "moderate" level of assurance from the report and endorsed the Annual Delivery Plan Q2 return for formal approval at the NHS Fife Board and for submission to the Scottish Government.

2.3 Anchor Institution Programme Board Update

The Committee took a "moderate" level of assurance from the work progressed by the Anchor Operational Group and noted the progression over a six-month period from our baseline metrics.

2.4 Sustainability & Greenspace Update Report

A large amount of work has been undertaken over the previous 18 months. The Committee took a "moderate" level of assurance from the report.

2.5 Delivering 'The Promise' in NHS Fife

The Committee agreed to reduce the level of assurance recommended, based on the work that is required around the future governance arrangements, and took a “moderate” level of assurance from the paper.

2.6 East Region Health Protection Service Overview

The Committee took a “moderate” level of assurance of the delivery arrangements currently in place for East Region Health Protection Service. A report will be brought to a future board meeting.

2.7 Annual Reports

There were two annual reports 2023/24 presented for assurance:

- Public Health Screening Programme Annual Report 2024 (moderate level)
- Pharmaceutical Care Services Annual Report 2023/24 (significant level)

3. Delegated Decisions taken by the Committee

3.1 Review of Committee’s Terms of Reference

The Committee considered the changes to the remit, which reflected discussions since the last meeting, and approved a final version for submission to the Board at the end of November.

4. Update on Performance Metrics

4.1 Noted slight reduction in the six-in-one immunisation, however, close to target. Take up of MMR2 remains static. Improvement work for childhood immunisation is being promoted through a programme of work, including the winter programmes. The Committee took a “moderate” level of assurance from the report and endorsed the Quality and Care section of the IPQR.

4.2 Fife Smoking Cessation Services Deep Dive

Noted the Scottish Government published its tobacco & vaping framework, which includes a five-year implementation plan with actions. Also noted various models have been put in place for delivery of the service. The Committee took a “moderate” level of assurance from the deep dive and agreed that this issue should be considered further at a future session.

4.3 Joint Health Protection Plan

The Committee took a “significant” level of assurance from the paper and endorsed the updated Joint Health Protection Plan 2024-26.

4.4 No Cervix Exclusion Final Audit

The Committee took a “significant” level of assurance from the paper.

5. Update on Risk Management

There are five corporate risks aligned to the PH&WC. A new pandemic risk has been added.

Highlighted that the gap between deprived and less deprived is widening and evidence-based actions are being taken forward through the refresh of the Plan 4 Fife and working towards a universal approach in terms of preventative actions.

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

Risk	Actions Required
Population Health & Wellbeing Strategy	No change
Health Inequalities	Reduced slightly
Policy obligations in relation to environmental management and climate change	No change
Primary Care Services	No change
Pandemic Risk	New risk

6. Any other Issues to highlight to the Board:

- 6.1 NHS Fife was unfortunately not selected as one of the three initial Marmot sites for Scotland, but that the clear commitment to address health inequalities will continue within Fife.
- 6.2 Due to time constraints during the meeting, it was agreed to consider the best approach for the update on Child & Adolescent Mental Health Services and psychological Therapies, outwith the meeting.
- 6.3 In terms of smoking cessation service performance, more work is required to be carried out to meet the LDP standard (target) that is set and agreed with Scottish Government. The Committee also wishes to raise awareness overall with the Board about the significance of harm from smoking.
- 6.4 There is a potential for a new Board or Committee development session covering the Scottish Government’s 10 Year Population Health & Wellbeing framework, which is due to be published in January 2025, with tobacco as a key theme.

John Kemp
Chair
Public Health & Wellbeing Committee

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

PUBLIC HEALTH & WELLBEING COMMITTEE – ACTION LIST

Meeting Date: Monday 13 January 2025



NO.	DATE OF MEETING	AGENDA ITEM / TOPIC	ACTION	LEAD	COMMENTS / PROGRESS	COMPLETION DATE
1.	15/01/24	Corporate Risks Aligned to Public Health & Wellbeing Committee	To confirm timelines for roll-out of the risk dashboard to Committees.	AG	30/10/24 – Followed up. Currently a work in progress. Timescale extended. Update requested on 06/01/25.	January 2024
2.	11/11/24	East Region Health Protection Service Overview	To provide A Wood, Non-Executive Member, with further detail on the unintended consequences and risks that might result for Fife with the host Board approach.	JT	A joint paper will be prepared for East Region Boards setting out the governance, planning, associated risks and proposed next steps.	Timescale to be confirmed by the end of January 2025
3.	11/11/24		Points were raised in relation to the governance structure and details previously shared at Board level, and it was agreed to discuss this further outwith the meeting, including any further updates to be provided to NHS Fife Board.	JT		
4.	11/11/24	Anchor Institution Programme Board Update	To share the Fife baseline data with the Committee.	S Crabb	The updated national metrics will be included in the update for the Committee at the March meeting. Deadline extended from January 2025.	March 2025
5.	09/09/24	Development of Public Health Indicators	Psychological therapies improvement plan, to be brought back to the Committee.	LG	On agenda.	January 2025
6.	13/05/24 & 11/11/24	Development Sessions	To have a Development Session on aspects of the Fife Alcohol and Drug Partnership Strategy 2024-27 and the MAT standards.	LG/HT	On agenda.	January 2025

NO.	DATE OF MEETING	AGENDA ITEM / TOPIC	ACTION	LEAD	COMMENTS / PROGRESS	COMPLETION DATE
7.	11/11/24	Fife Smoking Cessation Services Deep Dive	To provide members, via email, with further detail on areas of the service that have not yet been explored, to improve the position.	LG	Closed.	January 2025

Meeting:	Public Health & Wellbeing Committee
Meeting date:	13 January 2025
Title:	Psychological Therapies Improvement Plan
Responsible Executive:	Lynne Garvey, Director & Chief Officer of Fife Health & Social Care Partnership
Report Author:	Dr Frances Baty, Director, Fife Psychology Service

Executive Summary

- The Psychological Therapies (PT) indicators within the 2024/25 Annual Delivery Plan are: an increase in capacity to improve access to PTs; a reduction of waiting times in line with the RTT waiting times target - *at least 90% of clients will wait no longer than 18 weeks from referral to treatment for psychological therapies*, and ;a decrease in waits over 52 weeks.
- Since August 2024, NHS Fife has been in receipt of a package of enhanced support from Scottish Government Mental Health Directorate Performance Unit, looking at performance on the PT indicators.
- The four months since August 2024 show an improving trajectory on the waiting times RTT target, with performance in November 2024 being 75.4%. The local target for 2024/25 is 73%, which takes into account the continued focus on meeting the needs of people on the waiting list who have waited over 18 weeks.
- The percentage reduction in waits over 52 weeks is still significant (54% between January and October 2024), however the rate of reduction for longest waits slowed significantly during Q2 2024/25 and November saw an increase of 14% - the highest increase for 23 months.
- Demand for PTs has shown a slight increase over the past 24 months (3%), with demand for highly specialist PTs showing a slightly higher increase (5%). Demand for the latter PTs is now higher than pre-covid levels.
- Between January and October 2024, 4812 adults commenced a PT. The number of people starting a highly specialist PT increased by over 12.8% during this period compared to same period in 2023.
- The Psychology Service does not have enough staff able to work with more complex presentations to increase capacity to the level required to clear the accumulated waiting lists and meet the 90% RTT target. The service continues to try to mitigate the challenges in relation to performance on the RTT target in numerous ways.
- This report provides a moderate level of assurance on NHS Fife's ability to meet the RTT PT waiting times target and sustain the reduction in patients waiting over 52 weeks for a PT.

1 Purpose

This report is presented for:

- Assurance

This report relates to:

- Annual Delivery Plan
- Government policy / directive
- National Health & Wellbeing Outcomes / Care & Wellbeing Portfolio
- NHS Board Strategic Priority/ies 1,2, and 4

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

This report provides an update on the psychological therapies (PTs) performance indicators as set out in the Scottish Government's Annual Delivery Plan (2024/25). The report provides: information on performance against the 18 week referral to treatment (RTT) waiting times standard; the numbers waiting including the longest waiting patients and projected performance on the RTT waiting times standard. Data on the numbers of people accessing psychological therapies is also provided.

At the time of writing, the November 2024 RTT percentage is available. However, the more detailed information on November's referral rates and waiting times is still being analysed by Information Services. Some of the sections below therefore refer to October's figures.

The report is provided for assurance and members of the committee are asked to note the report.

2.2 Background

Within the Annual Delivery Plan, the Psychological Therapies (PT) indicators within the mental health drivers for recovery are: an increase in capacity to improve access to PTs; a reduction of waiting times in line with the RTT waiting times target; and a decrease in waits over 52 weeks.

The RTT standard states that '*at least 90% of clients will wait no longer than 18 weeks from referral to treatment for psychological therapies*'.

Psychological Care and Psychological Practice: There is clear guidance from the Scottish Government regarding which PTs can be counted as part of the standard. The *National Specification for the Delivery of Psychological Therapies and Interventions in Scotland* (September 2023) differentiates between psychological care and psychological practice.

- Psychological Care is defined as the psychological approaches that professionals use to recognise, listen and help educate people in ways to support their mental health. For example, self help advice on healthy sleep.
- Psychological Practice is defined as the evidence-based talking therapies and interventions provided for people with more complex mental health or psychological needs. An example of this would be trauma-focused cognitive behavioural therapy for post-traumatic stress disorder or acceptance and commitment therapy for someone with chronic pain.

It is only the latter, evidence-based psychological practice, which is included in the waiting times performance reporting.

Longest waits: During 2022 and 2023 there were national workforce challenges, which caused significant difficulties recruiting the grades of psychologists qualified to meet the needs of those people with the most complex presentations. People with complex presentations require highly specialist psychological therapy or interventions from a clinical or counselling psychologist that can take many months to deliver. The backlog of longest waits in Fife is comprised of people with these most complex presentations. The specific workforce shortages are no longer as severe as they were in 2022-2023, however new processes have been put in place relating to recruitment which has caused some delays. Performance on the RTT target therefore continues to be affected by the backlog of longest waits.

It is of particular importance to note that in relation to PTs, complexity does not equate to severity or urgency. All people whose difficulties require urgent assessment and intervention are accorded priority.

Every three months, the Psychology Service contacts people who are on the waiting list, offering advice and information on resources. This meets the baseline 'waiting well' requirements of the National Specification for the Delivery of Psychological Therapies and Interventions in Scotland. The AMH Psychology service is testing an enhanced waiting well approach to improve the experience of people on the waiting list.

2.3 Assessment

Performance against RTT Waiting Times Standard

The Scottish Government's RTT standard includes performance data from CAMHS and psychological services for adults.

The RTT standard measures monthly performance by taking the number of people who begin psychological therapy in that month and comparing the number of people who had waited under 18 weeks with the number who had waited over 18 weeks.

The RTT does not measure the activity required to be undertaken before a course of therapy can begin, e.g. psychological assessment or indirect preparatory work with the team around the person.

Nor does the RTT target measure the total activity required to deliver a course of therapy; it solely records and considers the first appointment of a new course of therapy, which is typically only a small percentage of the total activity required.

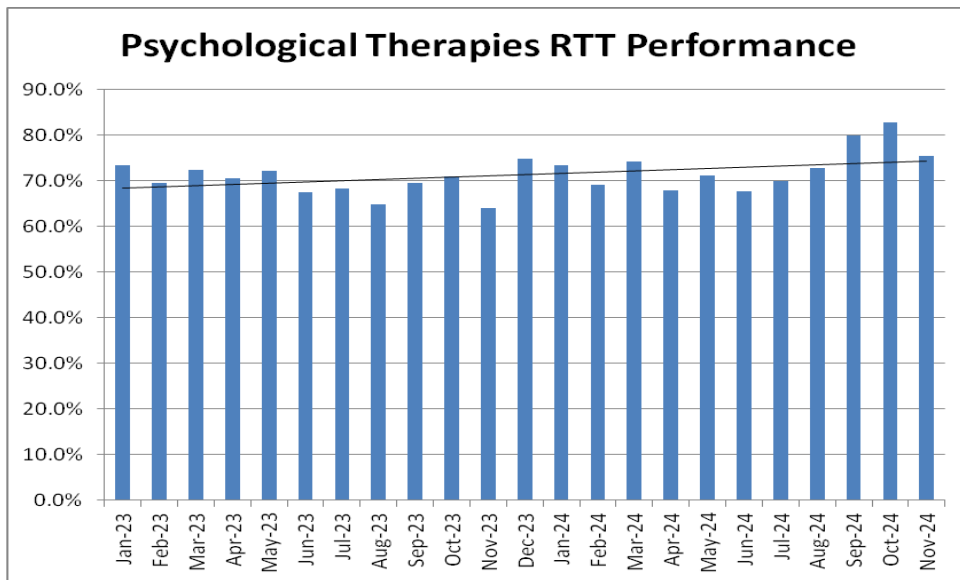
The RTT target only measures direct delivery of PT. It does not measure the indirect activity by specialist staff that contributes to enhanced psychological care by other practitioners, such as training, supervision, coaching or consultation.

Monthly % performance against the RTT target for the 24 months to November 2024 is shown in Figures 1 and 2. The figures show an improving picture in waiting times performance, with October's position being the highest for several years.

Figure 1

2022				2023							
Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23
73.8%	73.4%	69.6%	72.5%	70.5%	72.3%	67.5%	68.4%	64.8%	69.6%	71.0%	64.0%
2023				2024							
Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24
74.8%	73.4%	69.2%	74.3%	67.9%	71.2%	67.8%	69.9%	72.8%	79.9%	82.9%	75.4%

Figure 2



Performance against the target is below the waiting times standard of 90% because:

1. There are insufficient clinical staff to meet demand in some clinical areas, especially the more highly qualified staff required to provide PT to people with more complex problems.
2. Increased activity is reducing the queue, but because most people starting PT have waited > 18 weeks, this has a negative effect on performance.

Performance on the target is influenced by the proportion of clinical activity (first therapy appointments) focused on people waiting over 18 weeks versus those waiting under 18 weeks. During the 12 months to end November 2024, an average of 73.3% of people referred began a PT within 18 weeks of referral. Average performance April-November 2024 is 73.5%, which is in line with the 73% local trajectory target for 2024/25.

The reason Fife is not meeting the 90% performance standard is a consequence of the combination of:

1. Long waiting lists that built up over years of demand for PTs exceeding capacity, and
2. Increased activity delivering highly specialist PT in group and 1:1 formats.

The increase in activity is of course positive, because it means more people are receiving highly specialist PT. However, because of the built up waiting lists, most people starting PT have waited more than 18 weeks, so this increased activity will reduce performance against the target until waiting times for most people are brought down to less than 18 weeks.

Recent service development work has created additional capacity to manage referrals which are of low intensity in terms of therapist contact. Increasing PT activity in these areas improves target performance. The activity data for October suggest that this has been a factor in the improved RTT performance.

NHS Fife is currently in receipt of a Scottish Government enhanced package of support aimed at improving PT performance. The Psychology Service is working with colleagues from Government's Mental Health Directorate's PT Implementation Support Team. The focus of meetings to date has been refinement of tools to enhance capacity planning. The Psychology Service move to the Trakcare patient management system (scheduled February 2025) means that the service will be in a position to make use of these additional tools.

This remainder of this report focuses on PT data for adults.

Referrals and waiting times

The referral rate for adults has risen slightly over the past two years.

The referral rate for those who require highly specialist PT, which involves more input and therefore has a greater impact on capacity, has risen slightly more.

Referral rates

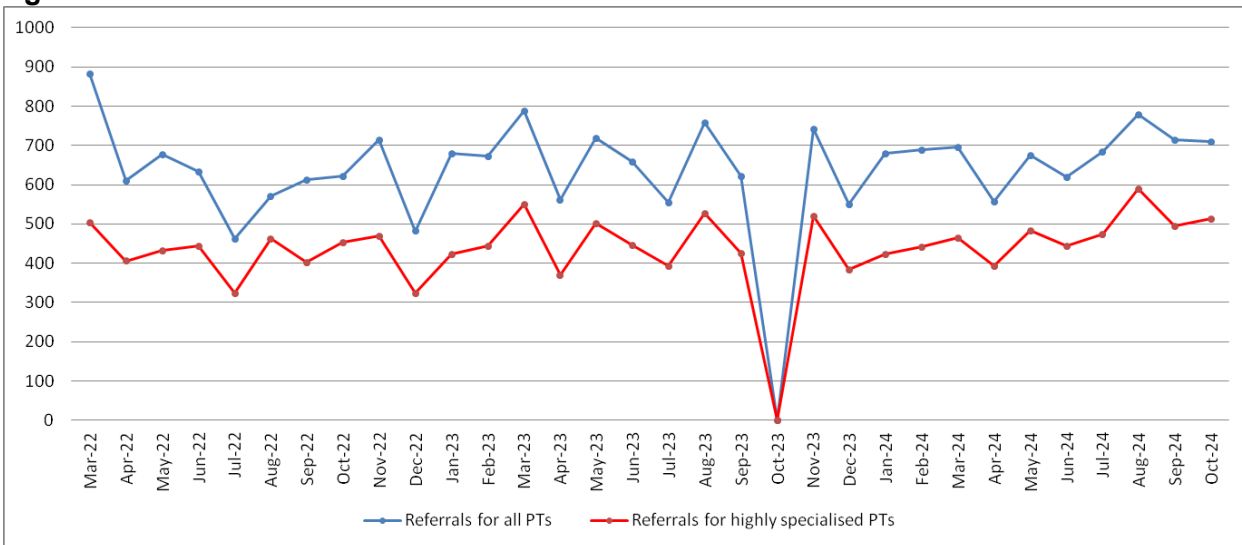
Referral rates have a major impact on capacity to reduce waiting times. Referral rates for PTs (adults only) have been quite stable over the last two years, with 3% more people being referred in the 12 months to October 2024 (8054 people) compared to the 12 months to October 2023 (7810 people).

These figures include both lower intensity and higher intensity highly specialist PTs. Following extensive service improvement work, the Psychology Service has, as reported above, created significant additional capacity to manage referrals for PTs which are low intensity in terms of therapist contact. This additional capacity has been created through skill mix and includes digital, group, and brief 1:1 options. Therefore, it is the referral rate for highly specialist PTs which has most influence on waiting times and capacity to improve performance.

Referral rates for these highly specialist PTs (which are high intensity in terms of therapist time) have increased by 5% over these same time periods (5628 people in the 12 months to October 2024 compared to 5329 people in the 12 months to October 2023). Average monthly referrals for highly specialist PTs are now higher than the pre-Covid rate. Additionally, many referrals are now more complex than pre-Covid, requiring more input and having a greater effect on capacity. This complexity shift has been recognised as a national issue for psychology services.

Figure 3 below shows the referral rates for all PTs and for highly specialist PTs (data missing for October 2023)

Figure 3



Longest waits

- Between January 2023 and October 2024, the number of people waiting more than 52 weeks reduced by 54%
- Rate of reduction in longest waits has slowed since July 2024
- November saw a 14% increase in people waiting over 52 weeks – the largest increase since January 2023.

The main focus for the Psychology Service remains meeting the needs of those who have waited the longest, while responding to clinical priorities as required.

All of the longest waits for highly specialist therapy are within the Psychology Service. In order to set the current longest waits in context, Figure 4 below gives the numbers waiting over the past 23 months. Clinicians continue to see patients in order of referral (unless they are expedited on clinical grounds). Because some areas of the service are not in balance, people on the waiting list can ‘tip’ into the longest wait categories before they are seen, ie. it is not all the same patients remaining in each category.

Figure 4 (October 2023 data missing).

Numbers waiting	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24
In total	2188	2265	2327	2284	2422	2339	2352	2389	2411		2260	2335	2188	2271	2286	2137	2035	2058	2032	2170	2181	2249	2314
>18 wks, <53+wks	720	739	771	836	802	829	882	815	876		755	804	720	762	810	772	688	639	666	659	679	753	729
53+ wks	331	297	255	248	225	216	211	207	218		245	263	248	273	237	213	197	173	149	153	153	149	175
104+ wks	83	74	53	49	61	57	51	49	33		31	25	83	20	17	26	20	10	15	19	19	24	23

The above data shows the significant reduction in the number of people waiting more than 52 weeks which has taken place since January 23 to October 2024 - 331 people to 149, a reduction of 54%. However, between July and October 2024 there was little change in the numbers waiting over 52 weeks and November’s data shows a 14% increase – 175 compared to the average 151 of the previous 4 months.

Some fluctuation can be explained from understandable differences in the number of new patients clinicians take on to their caseload each month and Figure 4 shows that there have been increases in the over 52 weeks category within the past 23 months. However, the 14% increase in November is the largest increase within this 23 month period. The fact that this increase follows a 4 month period of no significant change in numbers waiting suggests that it may be because of the impact which staff vacancies and recruitment delays are having upon capacity for work with the complex patients - the group who have been waiting the longest. The Psychology Service will continue to monitor the data and assess the impact of both this and of the growth in referral rate.

The longest waiting patients are all in one clinical area within the psychology service - the General Medical Psychology Service. A recent 'deep dive' into the data for this service has demonstrated the extent of the demand-capacity gap, exacerbated in recent months due to delays in recruitment and also staff absence. Despite taking positive steps to mitigate the challenges associated with the demand-capacity gap, trajectory modelling shows that the service as it is will not be able to meet demand. Plans for a major redesign are under consideration and a paper relating to these will be taken to the Health and Social Care Partnership's Senior Leadership Team, early in 2025, for consideration.

Figure 4 also shows that, despite workforce challenges, the service continues to maintain the 19 to 53 week waiting list in a relatively steady place – while it has fluctuated it has not increased significantly since the end of 2022.

Numbers commencing highly specialist psychological therapy

In the first 10 months of 2024, 2898 people started a highly specialist psychological therapy.

Between this period and the same in 2023, the number of people starting a highly specialist psychological therapy increased by 12.8%

Figures 6 and 6a show the number and percentage of people commencing therapy (excluding digital PTs) each month since January 2022, broken down by length of wait. Monthly fluctuations are associated with changes in therapist capacity to take on new patients and the commencement of specific group programmes.

Figure 6
(October 2023 data missing)

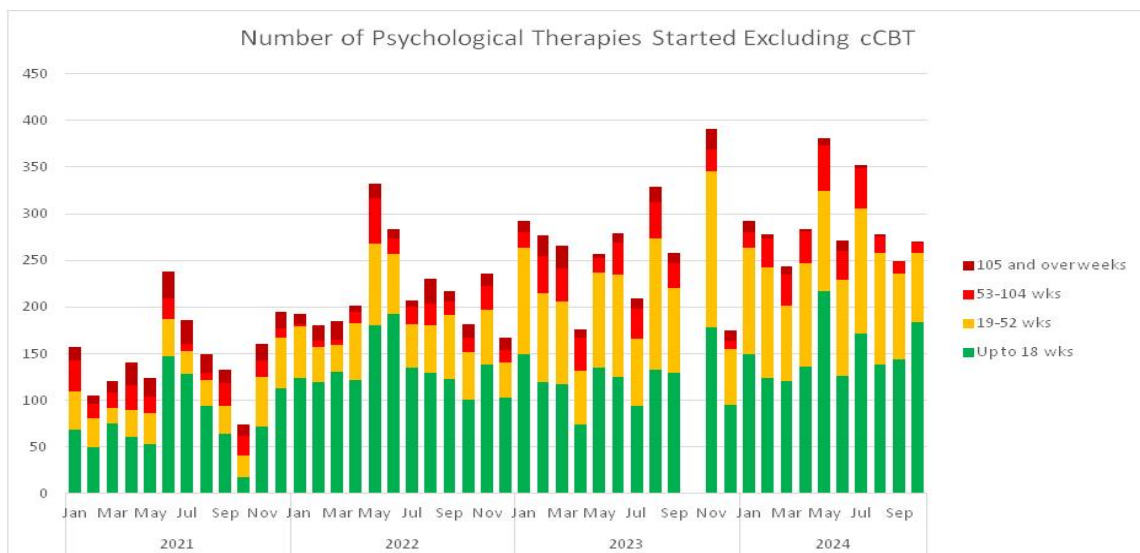
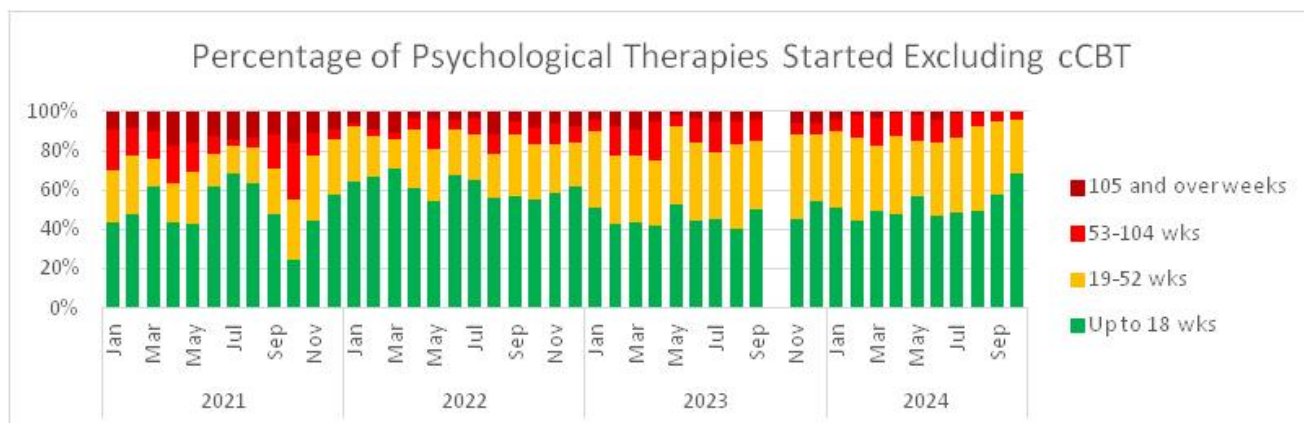


Figure 6a
(October 2023 data missing)



In the 10 months January to October 2024, 2898 people started a highly specialist psychological therapy. This is a 12.8% increase over the corresponding period in 2023.

The RTT target includes data for people commencing cCBT (computerised cognitive behavioural therapy) and those attending the Step on Stress course. Including these individuals in the data for the first 10 months of 2024, a further 1914 adults began therapy, giving a total of 4812 adults commencing therapy between January and October 2024.

Projected Performance on RTT Standard

Projected target performance of average 73% by March 2025 takes into account the need to focus on significantly reducing the number of people waiting over 18 weeks to start highly specialised PTs.

Projected performance is highly dependent on timely recruitment to vacant posts and admin support for clinical activities, and is vulnerable to increased demand caused by a reduction in other services.

Mitigation and improvement actions are in place. Challenges are increased in some small highly specialist areas of the Service.

Demand-capacity modelling for the service as a whole indicates that projected performance on the RTT target will average 73% by March 2025. This is in line with our local target for 2024/25 which takes into account the continued focus on meeting the needs of people on our waiting list who have waited over 18 weeks.

Risks

The risks below, which were reported in the update for the November 2024 meeting of the Public Health and Wellbeing Committee, remain relevant to current performance.

1. Vacancies: Currently the Psychology Service as a whole is almost in balance i.e. the service has capacity to respond to the current demand for referrals for specialist PTs without the waiting list increasing or decreasing significantly. However, this means that there is no spare capacity within the system and therefore performance against the RTT is highly dependent on timely recruitment to vacant posts. The introduction of new recruitment processes may present a risk reducing performance against the psychological therapies indicators within the Annual Delivery Plan, including the RTT. The nature of PT

delivery means that clinicians have to stop taking on new patients a minimum of 3-4 months before they leave post, so that they can complete PT before leaving. Due to notice periods and pre-employment checks, it usually takes a further 3-4 months after someone is appointed before they start in the service. Therefore, the current delays associated with recruitment mean that the service can be losing approximately 12 months of activity against the target for each clinician vacancy.

2. Demand: The lack of any spare capacity within the system means that any significant increase in referrals will push the service out of balance and start to increase the waiting list, reducing performance against the RTT.
3. Admin: The Psychology Service currently has several admin vacancies and admin support is essential for tasks that directly contribute to performance against the RTT, such as waiting list management, timely issuing of appointments, and booking clinics, and to the broader PT Specification requirements, such as supporting Waiting Well. There is also increased pressure on our admin team at present as we prepare to move to the Trakcare IT system (currently scheduled for February 2025). This IT change is essential to improve our capacity to report against the Scottish Government's PT Specification, and is resulting in increased admin during the transition period.
4. Systems pressures: The effects of the current financial pressures on other agencies (statutory and 3rd Sector) are leading to reductions in services, potentially increasing referrals to the Psychology Service.

Improvement actions

Despite the improvements in activity and progress in reducing long waits described above, the Psychology Service does not have enough clinical / counselling psychologists (i.e. staff able to work with more complex presentations) to increase capacity to the level required to clear the accumulated waiting lists and meet the 90% RTT target. This is partly due to the national workforce challenges during 2022 and the early part of 2023. While mitigation of this through skill mix change has improved the flow of patients with less complex needs, skill mix does not impact those waiting who have more complex presentations and need highly specialist PT. Recruitment of clinical and counselling psychologists is no longer the challenge that it was.

The update provided for the November 2024 meeting of the Public Health and Wellbeing Committee gave a detailed description of service redesign and developments that the Psychology Service has taken to try to mitigate the challenges in relation to performance on the RTT target. This work is on-going.

It should be noted that it is more problematic to mitigate the challenges in some of the smaller clinical areas within Psychology where we have a concentration of complex patients with long waits, and that these smaller clinical areas are particularly vulnerable to the effects of staff absence or turnover.

In addition to specific PT development work, staff from all clinical specialities within the Psychology Service, remain engaged in work to drive and support whole system change, which includes a focus beyond direct PT delivery. Quality improvement in mental health provision, as per the Scottish Government's mental health transformation agenda, is one driver for this. However, another driver is recognition of the likely future impact of the Covid pandemic and the cost of living crisis on the population's mental health. For most people, specialist psychological therapy will not be a necessary or appropriate response to the distress associated with these experiences. However, unless alternative, more appropriate pathways / options are in place, past experience suggests that referrals of people affected by these events will be made to the Psychology Service (and other mental health services). Equally, there are specific populations (e.g. people who were teenagers or young adults during the pandemic) where demand for PTs within adult services may

increase due to their experiences and where PT is an appropriate service response. Using some current clinical capacity to develop options that will avoid unnecessary future referrals and also working to build capacity to manage an anticipated increase in demand is another key aspect of supporting sustainable improvements in performance in the longer term.

This report provides the following Level of Assurance:

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

2.3.1 Quality, Patient and Value-Based Health & Care

Reducing waiting times for PTs will increase access and improve experience for people who can benefit from psychological therapies.

A review of complaints received by the Psychology Service January–December in 2024 found the following:

Nature of Complaint			Number received
<i>Service systems & processes</i>	<i>Issues with access to service</i>	<i>Experience within service</i>	
		Quality of intervention	1
		Quality of assessment	3
	Waiting time for intervention		1
	Redirection to other services		1
	Access to Service		4
Communication			4
Electronic storage			1* passed to IG
		Therapeutic relationship	2

All the above complaints were resolved at Stage 1.

2.3.2 Workforce

There is a risk of increased workforce stress due to workload demands while, at the same time, working in new ways in redesigned services and supporting psychologically informed practice across the wider health and care workforce. The Psychology Service has been successful in mitigating this and this will be an on-going focus for the service.

2.3.3 Financial

There are no additional financial implications arising from this report.

2.3.4 Risk Assessment / Management

The ongoing delay in maximising availability of PTs has a negative impact on demand for wider adult mental health services and reduced efficiencies in the provision of multidisciplinary care.

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

It is anticipated that timely access to psychological therapies, and delivery of ambitions to expand psychologically informed practice across Fife, will reduce health inequalities.

2.3.6 Climate Emergency & Sustainability Impact

There are no climate change or sustainability implications arising from this report.

2.3.7 Communication, involvement, engagement and consultation

There has been regular communication with colleagues from the Scottish Government Mental Health Division Performance and Improvement Team. As from August 2024, NHS Fife has been in receipt of an enhanced package of support in relation to PT performance.

2.3.8 Route to the Meeting

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

2.4 Recommendation

This paper is provided to members for:

- **Assurance** – This report provides a “**moderate**” **Level of Assurance**

3 List of appendices

None.

Report Contact

Dr Frances Baty

Director, Fife Psychology Service

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Meeting:	Public Health & Wellbeing Committee
Meeting date:	13 January 2025
Title:	Fife Alcohol and Drug Partnership MAT Standards and Delivery Plan 2024/25 Update
Responsible Executive:	Jillian Torrens, Head of Complex and Critical Care Service, Health and Social Care Partnership
Report Author:	Elizabeth Butters, ADP Service Manager, Health and Social Care Partnership

Executive Summary

- This report provides progress updates on MAT Standards Delivery in year measured locally against national benchmarks required by Public Health Scotland. This indicates that compliance and performance are mainly on track.
- MAT Standards is reported and governed on a quarterly basis by the ADP Committee. The implementation plan is also approved and submitted to Scottish Government MAT Implementation team.
- This report provides a summary of the first-year delivery plan of the Alcohol and Drug Partnership for quarters 1, 2 and 3.
- Most of the project across the five strategic themes have progressed on time. There is slippage on some projects but not a risk to overall delivery completion. A summary is provided in the body of the report. The full delivery plan is overseen by the ADP Service Manager and reviewed quarterly by the ADP Committee.
- Tier 3 service provision by statutory and commissioned third sector partners is provided with outputs and outcomes as part of this update. Most services are achieving targets set in their service level agreements. Monitoring and governance of performance is conducted by the Joint Commissioning Group, a subgroup of the ADP.

1 Purpose

This report is presented for:

- Discussion – The Public Health & Wellbeing Committee is asked to discuss the Alcohol and Drug Partnership (ADP) summarised first year Delivery Plan Q1, Q2 and Q3 and MAT Standards in year update report.
- Decision – The Public Health & Wellbeing Committee is asked to approve Alcohol and Drug Partnership (ADP) summarised first year Delivery Plan Q1, Q2 and Q3 and MAT Standards in year update report.

This report relates to:

- Annual Delivery Plan
- Government policy / directive
- NHS Board Strategic Priorities – No. 1 & 4

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

The ADP completed its Strategy for 2024-2027 with the vision “to enable all the people in Fife affected by drug and alcohol use to have healthy, safe, satisfying lives free from stigma”. This was approved by the Health and Social Care Partnership (HSCP) Integration Board and the NHS Population Health and Wellbeing Committee earlier this year.

The five themes within the strategy are detailed below:

WELLBEING – A Fife where we will support early intervention and prevention.

LOCAL – Risk is reduced for people who take harmful substances.

INTEGRATION – Treatment and recovery services are easily accessible and high quality.

OUTCOMES – Quality of life is improved to address multiple disadvantages.

SUSTAINABLE – Children, families and communities affected by substance use are supported.

From this the ADP produced a yearly improvement-based delivery plan with quarterly milestones, measures and mitigations for project and programme risks. This is RAG assessed and reported to each ADP Committee for assurance and escalation purposes. This process is also supported by a strategic risk assessment reviewed by the ADP support team and partners on a quarterly basis and approved by the ADP Committee. The yearly delivery plan is also tabled at the HSCP Strategic Planning Group for governance on a biannual basis. The yearly delivery plan does not contain all activity but focuses on priority areas across each theme where focused improvements are needed to achieve strategic objectives.

The Medication Assisted Treatment (MAT) Standards are a significant component of the integration theme and the prevention of drug related deaths in Fife. The standards provide a framework to ensure the system and services responsible for MAT delivery are human rights based, safe, effective, accessible and person centred to enable people to benefit from treatment and support for as long as needed. The standards refer to medication, psychological support and psychosocial support provided by the ADP system of care. Starting in 2021/22, Fife ADP received an uplift from Scottish Government to implement Standards 1 to 5. An uplift for Standards 6 to 10 was not provided and the ADP has allocated

whenever possible other income to implement these standards. As such sustainability within these standards is based more on quality improvement approaches within existing resources.

Fife ADP, the NHS and commissioned third sector services are currently in their fourth year of implementing the programme with significant progress made and evidenced by external assessment by Public Health Scotland. An update of current in year performance is provided based on numerical and experiential data only gathered and reported locally. Process information is not required this year but an analysis of current position using the FAIR (Facts, Analyse, Identify and Review) model is required by each ADP to provide assurance on availability, accessibility, acceptability and quality for all standards. This will support an understanding of the sustainability of the standards for the remainder of the implementation period.

2.2 Background

Fife Alcohol and Drug Partnership (ADP) is a strategic partnership of the Health and Social Care Partnership (HSCP) with a responsibility to reduce the prevalence, impact and harms associated with problematic alcohol and drug use throughout Fife for individuals, children, young people, families and communities. This involves contributing to prevention approaches, commissioning early intervention services and maintaining a recovery based, trauma informed system of care and support for people, their families and community members.

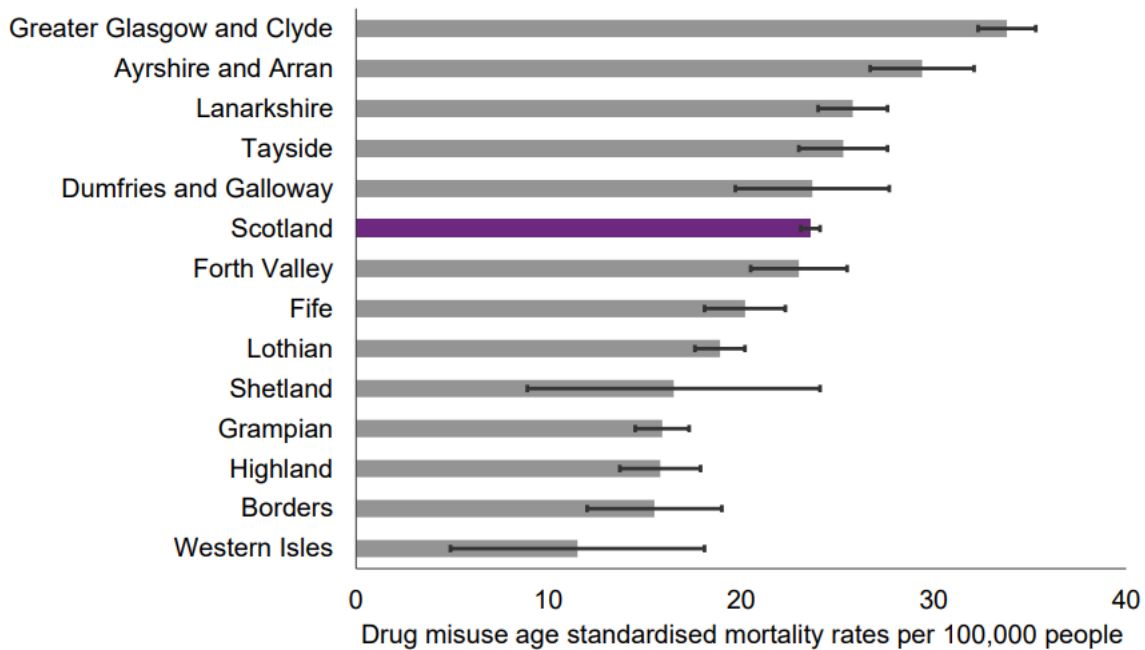
Fife ADP is chaired by the Integration Joint Board (IJB) Chief Officer and both the IJB Financial Officer and Head of Planning, Performance and Commissioning are also members. There is representation from NHS both operational services and Public Health, Fife Council including Criminal Justice and Children and Families Social Work and Housing, Police Scotland, HMP Perth, ADP third sector commissioned services and the ADP Lived Experience Panel.

ADPs are required to report to the Scottish Government on progress and improvements achieved from the annual allocated government alcohol and drugs income and Health and Social Care Partnership contribution. The ADP provides an annual report both for the HSCP and for Scottish Government including strategic planning progression, operational delivery and performance against locally and nationally applied priorities contained within the ADP Strategy 2024-2027.

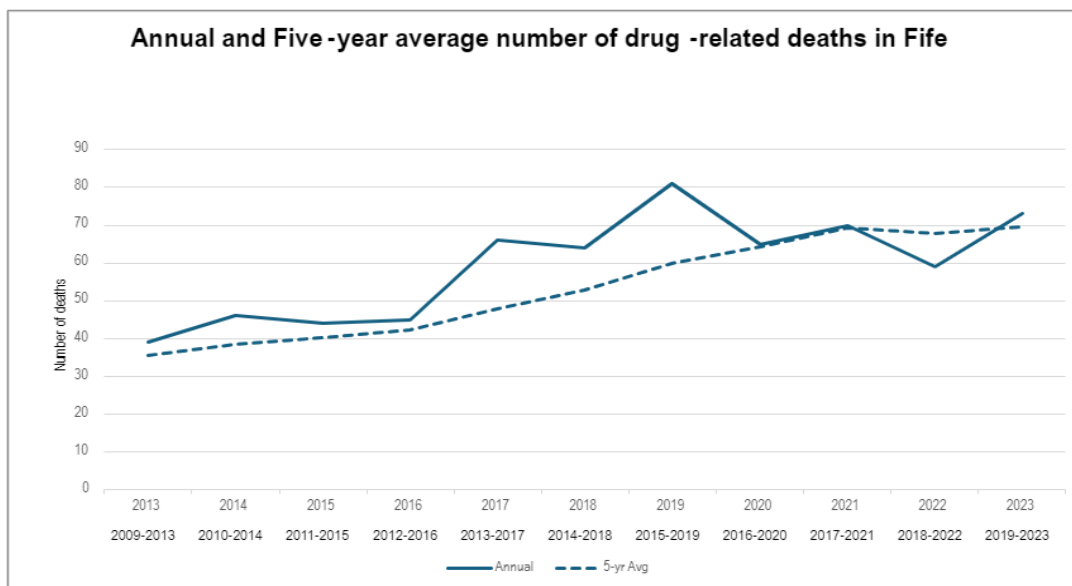
Drug Related and Alcohol Specific Deaths

Fife ADP faces significant challenges in reducing drug related and alcohol specific deaths. Nationally, 1,172 people died due to drug use in 2023. This is an increase of 121 deaths compared with 2022. Fife has followed this trend with an increase from 59 deaths in 2022 to 73 deaths in 2023 and unfortunately the initial decrease between 2021 and 2022 has not continued into a downward trend.

For purposes of understanding trends and meaningful changes, it is best practice to examine five year rolling averages and to rate per 100,000 to account to difference in population sizes for different areas across the country. The graph below compares Fife to Health Boards and to Scotland as a whole over the last five years. Fife is at the midway point lower than Scottish rate.



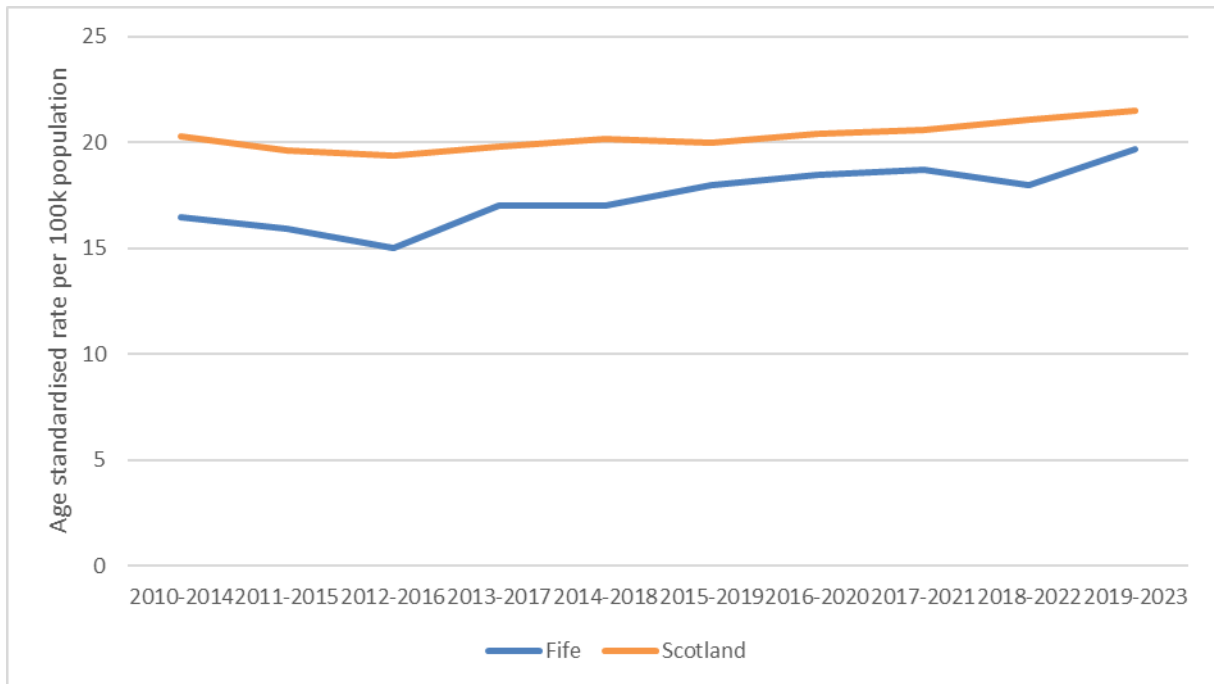
The graph below demonstrates the drug related death trend in the area from 2009 to 2023 as five year rolling averages (dotted line) and annual fluctuations. Similar to other areas of Scotland, Fife has observed a doubling from 36 deaths in 2009 to 73 in 2023.



Since 2019, Scotland has experienced a slight increase in alcohol specific deaths each year with 1,277 deaths recorded in 2023. These deaths are primarily attributed to alcohol-related liver disease and mental and behavioural disorders.

In Fife in 2021 there were 73 alcohol specific deaths, which has risen to 80 alcohol specific deaths in 2022, and 91 alcohol specific deaths in 2023. The gap between Fife and Scotland has narrowed, with an increase in alcohol specific deaths for both males and females.

Alcohol-specific deaths, age-sex standardised rates per 100k population, five-year aggregates Fife vs Scotland (Source: NRS)



The ADP has responded robustly to these statistics within its strategy, its structure and membership and in its commissioned delivery including statutory services, third and independent sectors. There are new subgroups formed to address alcohol harm, monitor drug trends and improve alerts and a new action plan developed from the ADP Drug Related Death Report 2023. Key work is outlined in the assessment part of this report.

2.3 Assessment

Medication Assisted Treatment (MAT) Standards

The table below provides an overview of Public Health Scotland’s external validation over the three years of the MAT programme and demonstrates Fife ADP’s progress from process, numerical and experiential data. Process includes standing operating procedures, pathways and protocols and in some incidences establishing an ADP subgroup. They were all met in year 3 and do not need to be re-assessed every year. Numerical and experiential data are gathered and analysed every quarter internally for performance and compliance purposes. This in-year position is provided in the table below for the first seven months of 2024/25. Please note that MAT 6 and 10 is now a combined standard.

During the external reporting period (November 2024 to March 2025) three consecutive months of this data will be submitted to Public Health Scotland for assessment.

MAT Standard	Numerical Measure only	RAGB Status 2021/22	RAGB Status 2022/23	RAGB Status 2023/24	Internal Assessment April to Oct 2024/25
1) Same Day Access and Prescribing	75% of people are offered first MAT assessment within 1 day from date of engagement with service.	Amber	Provisional Green	Green	Met for 5 of the last 7 months.
2) Medication Choice at initial assessment and at reviews	People have availability of all 3 Opioid Substitution Therapy (OST) options.	Amber	Provisional Green	Green	Met for 7 of the last 7 months.

3) Anticipatory Care & Assertive Outreach (3 rd sector provider)	75% of notified high risk events to multi-agency assessment team for assertive outreach have attempted first contact within 3 days of notification.	Amber	Amber	Green	Met for 7 of the last 7 months.
4) Harm Reduction provision within the MAT Services	75% of people on caseload have access to the 4 core harm reduction measures immediately and in the same place. New measure: 75% of ADP MAT OST (Opioid Substitution Therapy) caseload have access to immunisation and sexual health.	Amber	Amber	Green	3 of the HR interventions have been used over the last 7 months. BBV is available but not taken up by patients every month.
5) Retention in Services	75% of people on caseload are retained in treatment for 6 months or more.	Amber	Amber	Green	Met for 7 of the last 7 months.
6) Psychological Interventions & 10) Trauma Informed System of Care	50% of staff complete appropriate Tier 1 training. Percentage of staff trained in Tier 1 interventions who have attended coaching to support Tier 1.	Not scored	Amber	Provisional Green	Met for 2 of the Tier 1 training available. Recovery plan in place for recording period for the third tier 1 training.
7) Primary Care	Evidence of shared care. New: Provide the number of GPs on Enhanced Contract agreement (for OST Prescribing).	Not scored	Amber	Provisional Green	Met. There is OST prescribing in Primary Care.
8) Advocacy, Housing, Welfare (3 rd Sector Provider)	Provide number of referrals submitted for independent advocacy from substance use services.	Not scored	Amber	Provisional Green	Met for 7 months. Referrals range between 15-25 per month.
9) Mental Health	All new referrals that have received Mental Health screening.	Not scored	Red	Provisional Green	Met for 6 of the 7 months.

Appendix 1 provides the experiential data gathered to date, showing improvements on patient, family member and staff experience at this early stage of assessment for the year.

ADP Delivery Plan 2024/25

The full Delivery Plan summary below provides brief details of projects and programmes aligned to the five themes of the ADP strategy including the improvement priorities within these themes. Further detail and project objectives are provided in Appendix 2 where the full Delivery Plan is outlined. The Delivery Plan is measured by milestones achieved and post project evaluations.

Key:

	Progress significantly delayed, resulting in current failure to complete by end of year
	Progress delayed, resulting in possible risk to complete all actions by end of year
	Work completed for the quarter
	Not started due to an external dependency or paused due to financial implications

HSCP & ADP Theme	WELLBEING – Prevention and Early Intervention
ADP Focus	Environmental Targeted Education Availability
Projects – Q3 Position	
Improve our drug and alcohol education in schools across Fife reflective of the community issues and the needs of children, young people and the staff within schools.	
Improve our harm reduction knowledge, raise awareness, build better pathways for young people with early onset substance use.	
Provide additional whole family transitional support for children moving from primary into secondary school affected by substance use, childhood trauma and mental health and other associated difficulties within their family.	
Strengthen and improve the evidence provided to the Fife Licensing Board for the causal dependable link between alcohol harm and alcohol availability.	
Collaborate with Tackling Poverty and Preventing Crisis Board on general initiatives and interventions to ensure these reach people affected by alcohol and drug use.	
Whole population approach for hazardous and harmful alcohol consumption in partnership with Communities and Wellbeing Partnership of the Plan for Fife.	

HSCP & ADP Theme	LOCAL – Risk is reduced for people who take harmful substances
ADP Focus	Protect and safeguard people at risk Alert and Early Warning Programme ABI (Alcohol Brief Intervention) review Workforce Development
Projects – Q3 Position	
With support from Public Health Scotland RADAR (Rapid Action Drug Alerts and Response) team maintaining and refreshing a whole system substance use alert and early warning programme for both public and services. This should be community specific.	
Increase people at risk having Take Home Naloxone (THN) kits and access to injecting equipment provision (IEP). Extend our overdose awareness and Take Home Naloxone training programme to communities, services, families and businesses in contact with people at risk.	
Review alcohol screening in all settings and ABI delivery within ADP services and in priority settings (A&E, maternity, Primary Care).	

Full ADP workforce harm reduction training for those in settings where people, families and communities are at risk of all substances, including alcohol, across the reflective of the polysubstance use picture in Fife and Scotland.

HSCP & ADP Theme	INTEGRATION – Treatment and recovery services are easily accessible and high quality
ADP Focus	MAT Standards Quality Residential Rehabilitation Access Communication and Access Stigma Recovery Communities
Projects – Q3 Position	
Continue MAT Standards implementation for statutory and third sector services.	
Increase access to and residential rehabilitation (Q3 due to complete in January).	
Develop a recovery orientated alcohol and treatment support system of care (Q3 due to complete in January).	
Pathways and integration of treatment and care including use of technology and digital solutions to delivering care and support.	
Service visibility, awareness and access through our enhanced communication strategy.	
Amplify the voice of lived and living experience and build a rights-based approach in the ADP Services and within the wider system to better understand how both institutional and individual stigma impacts on those affected by alcohol and drug use and mental health and their families.	
Development and progression of recovery-based communities in Fife to support people needing mutual aid.	
Emergency Department 3rd sector hospital navigation project.	

HSCP & ADP Theme	OUTCOMES – Quality of life is improved to address multiple disadvantages
ADP Focus	Locality Provision Assertive Outreach Primary Care and Mental Health (MAT 7 and 9)
Projects – Q3 Position	
Provision of targeted support to people and communities at risk of harmful substance use by listening carefully to those communities and building responses and service provision together.	
Redevelop assertive outreach and retention approaches and improve follow up protocols and pathways into treatment from hospital wards and A&E and housing services.	
Building on the ADP third sector services commissioned in custody and prison to enhance individuals' early and successful access to health and social care and continuity of care following release from prison and custody by improving the sharing of information and partnership-working between relevant partners at the pre-release stage.	
Develop integrated and coordinated models of shared care and support between ADP Services and mental health and ADP Services and Primary Care for people affected by alcohol and drug use.	
Consider gender differences in the provision of services including trauma informed approaches.	

HSCP & ADP Theme	SUSTAINABLE – Children, families and communities affected by substance use are supported
ADP Focus	Children and Young People using substances

	Whole Family Support Scottish Government Best Practice Standards Adult Family Members & Family Inclusive Practice
Projects – Q3 Position	
Preventing alcohol specific and drug related harm and death affecting children and young people.	
Recommissioning in partnership with Education and Children’s Services the whole family support and young people’s service for families affected by substance use.	
Implement Scottish Government Young People Services Best Practice Standards (not yet published). Action will be moved to 2025/26 Delivery Plan.	
Better support for adult family members affected by substance use and make more use of universal support from Carers Services available in Fife. Improve family inclusive practise in the system of care.	

Most of the Delivery Plan is on target but there are three areas where there have been slight delays. Recovery work is underway with new completion dates agreed early into the next quarter. Some projects have not commenced or are delayed due to an external factor or the need to pause work due to further reviews required. In particular the Lived Experience Panel worker is not in post and as these are co-production projects they have been paused until Q4. Some projects will be included in next year’s Delivery Plan.

Fife ADP Local Delivery Plan Waiting Times

Waiting times are important to patients and are a high-profile measure of how Scotland is responding to demand for health services. In 2011, the Scottish Government set a Health improvement, Efficiency, and Access to Treatment (HEAT) target (now a Local Delivery Plan (LDP) Standard) that 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. This information is extracted from the Drug and Alcohol Information System (DAISy) and measures performance of all Tier 3 alcohol and drug service delivery including the NHS Addiction Services and third sector providers.

Fife has met the target for both quarter 1 and quarter 2 of this financial year. This was not met the previous year and indicates an improvement in performance and compliance.

Fife ADP Local Delivery Alcohol Brief Interventions

ABIs are an evidence-based, early intervention part of the national and local targeted programme to reduce harm caused by alcohol use. They are designed to be delivered by non-specialist services and as part of routine health care. They raise awareness of health and social harms and provide brief support/advice to any adult consuming more than recommended guidelines. All alcohol and drug services are trained and there are three priority settings also trained, Primary Care (mainly GPs), maternity services and A&E.

Fife is currently exceeding its set Scottish Government quarterly target (1,047) for both Q1 (1,558) and Q2 (1,543) and thus is on track to achieve its annual target of 4,187. Public Health Scotland have recently reviewed the ABI programme and it is currently unclear if it will remain a Scottish Government national target for 2025/26. Fife ADP will continue with this intervention and will consider the recommendations against the local context and need going forward.

Fife ADP Take Home Naloxone

Take Home Naloxone reverses the effects of an opioid overdose and as such if used in an emergency can prevent a drug related death. Fife ADP has set its own target to distribute 1,400 kits per year to those at risk, their families and their communities. For quarter 1 and quarter 2 alcohol and drug services distributed 805 kits. This is still on target but lower than corresponding quarters in the previous year.

Service Performance

Performance for commissioned services and projects is gathered and compared to service level agreements aligned to the overall strategic aims of the ADP. This is reported on a six-monthly basis to the ADP Joint Commissioning Group and is service specific. Poor performance is highlighted and addressed within an agreed timescale with the service. A summary of Tier 3 services is provided in Appendix 2. These services are the ADP's recovery orientated system of care and include statutory and third sector.

Tier 2 provision (mainly delivered by the third sector) across all the strategic themes is also gathered and reviewed on a six-monthly and year end basis.

Residential Rehabilitation

Fife ADP commissions a third sector service to assess, prepare and support people accessing and returning to Fife from residential rehabilitation placements. For the first two quarters of this year, 13 people attended residential rehabilitation. This is a significant increase from previous years when only 10 to 12 people attended for the full year. There is an even split between alcohol and drug use for this treatment pathway.

2.3.1 Quality, Patient and Value-Based Health & Care

The quality of care has improved for the people in the current system with implementation of the MAT Standards. Assertive outreach approaches employed by the third sector will increase access to support whilst also preventing unplanned early discharge, including the hospital liaison service and specialist Social Work team. Support offered to families, both as part of a whole family support in partnership with Children's Services, and delivery of adult carer's support has improved outcomes for people affected by a loved one's substance use and provides some targeted work for prevention of substance use problems within families and communities. Availability of harm reduction support across the Community Pharmacy network and within outreach teams will improve protection and act as access points for those not yet in the treatment and support system.

Delivery of support in the centre of communities (one stop shops in Kirkcaldy, Methil and Cowdenbeath) with the HSCP Localities Boards developed in partnership with people with lived and living experience has also improved quality of care.

2.3.2 Workforce

An increase in budget for the ADP amounting to over £2 million and the programme for Government funding continuation has significantly increased the ADP workforce including the Support Team. The MAT Standards plan for NHS Addiction Services has caused significant increases in workforce to manage implementation and additional patients. Psychologist input has also been required for both MAT Standards (MAT 6 and 10 workforce development) and for the new specialist Social Work team. This is part of a planned increase in demand for services and to also provide a more intensive and frequent level of support to those with comorbidity, complex and multiple needs.

Increases have also occurred in the third sector to manage capacity demands and respond to local needs associated with Drug Mission Priorities funding including residential rehabilitation.

2.3.3 Financial

The ADP provides quarterly financial information on the income and expenditure matched against key themes outlined within the Scottish Government reporting template. The ADP has an efficiency applied and has identified this for 2024/25. Further work is needed to identify the full efficiency on a recurring basis for 2025/26 and maintain existing priorities.

2.3.4 Risk Assessment / Management

The production of this report does not require a risk assessment or analysis of legal implications. The ADP has a current Risk Register reflective of projects outlined within the ADP Strategy and wider risks. Mitigations and contingency actions are identified and recorded. The risk register is reviewed on a quarterly basis by the ADP Committee.

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

For this report, an EqlA has not been completed and is not necessary as the report is retrospective and reflects the work undertaken over the year. An Equality Impact Assessment is not required to record previous activity and outcomes. However, an EqlA was completed in full during the development of the new ADP Strategy 2024-2027.

2.3.6 Climate Emergency & Sustainability Impact

This report does not have a direct impact on environmental and climate change position in Fife. Recovery based projects within the report do encourage and support people in recovery to be part of environmental based work.

2.3.7 Communication, involvement, engagement and consultation

The Lived Experience Panel Chair is a member of the ADP and has attended all meetings and consulted with the Panel on ADP strategy, policy and service reviews. Over the year the Lived Experience Panel has contributed to the review of their own Panel and the commissioning of an independent service to support their individual and collective development. People with lived and living experience have been involved with the co-production and planning of the locality-based approach in Levenmouth, Kirkcaldy and Cowdenbeath and continued to be regularly consulted on their needs. The ADP works closely with Scottish Drugs Forum's (SDF) Living Experience Group based in Dunfermline and a management group meets quarterly to consider feedback and improvement recommendations from this group.

The ADP, through its commissioning with SDF, has employed people with lived experience to regularly interview people and their family members using services in Fife to assess the impact of the MAT Standards implementation.

2.3.8 Route to the Meeting

Fife ADP considered both the MAT Standards Quarterly Performance Report and the ADP Delivery Plan 2024/25 at its committee on 9th December 2024 and both were examined and approved.

2.4 Recommendation

This paper is provided to members for a “**moderate**” level of assurance. It is also provided for:

- **Discussion** – The Public Health & Wellbeing Committee is asked to discuss the Alcohol and Drug Partnership (ADP) summarised first year Delivery Plan Q1, Q2 and Q3 and MAT Standards in year update report.
- **Decision** – The Public Health & Wellbeing Committee is asked to approve Alcohol and Drug Partnership (ADP) summarised first year Delivery Plan Q1, Q2 and Q3 and MAT Standards in year update report.

3 List of appendices

Appendix 1 – Fife ADP MAT Standards Experiential Data

Appendix 2 – Fife ADP Summary of Service Performance Report Q1 & Q2 - 2024/25

Report Contact

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Appendix 1

From August 2024 to October 2024 – 19 people in MAT services, 9 family and 12 staff interviewed by people with lived/living experience.

- 7 people in MAT and 3 family members had heard of the standards, with this coming from different sources (e.g. NHS or third sector staff, SDF group or peers).
- Of the 8 people in MAT who have accessed support in the last 2-3 years, 5 of them got a prescription on the same day.
- 5 of those recently started in MAT felt involved in deciding their initial medication/dose.
- 15 of the total in MAT have felt involved in changes made to their MAT.
- 14 people in MAT said they have a positive relationship with their worker and nobody interviewed reported negative relationships.
- 9 people also attributed having a positive relationship with their worker to retaining them in their MAT.
- 9 people in MAT have a family member/loved one involved and 4 others would like this.
- 11 people in MAT said they are accessing or have accessed mental health specific support.
- Staff feel MAT 1 is being achieved in most cases, with the KY Clubs being largely responsible for this; the Clubs were also mentioned as a great way for staff from different agencies to network and build relationships with each other and to support individuals/family members to access different forms of support.
- Staff have referred to training being offered to them about psychosocial interventions and trauma-informed approaches.

Appendix 2

Summary of Tier 3 Performance Delivery Q1 and Q2 2024/25.

NHS Addiction Services

- 57 individuals accessed rapid access clinics, an increase in the last six months.
- Treatment outcome profiles showed a decrease in the number of patients using opiates, cannabis and amphetamines.
- There was an increase in patients using cocaine and alcohol.
- Personal outcomes for patients across the full case load resulted in an increase in quality of life and psychological health.
- 91 Take Home Naloxone kits (opioid reversal) were distributed during this time period, an increase on the previous year for this service.

NHS Addictions Psychological Therapies Service

- 29 individuals received 1:1 psychological therapy.
- 937 appointments were offered and 203 consultations were carried out.
- There was a positive difference in pre and post outcome scores for psychological distress, anxiety and depression.
- 18 training courses took place for MAT 6 & 10 across the ADP workforce, increasing the offer of psychological interventions for people.

Compass Social Work Service

- 31 new referrals have been accepted during this time period and 40 have been closed.
- 21 of the people in the service in the last 6 months have reported positive outcomes.
- 9 of those people have been helped to secure housing and are currently maintaining this.
- 52% of these cases have remained open to the service for 3-6 months.
- The Compass team have attended 11 Adult Support and Protection case conferences during this time and 14 Inter-Agency Referrals have been completed.
- 56% of referrals are from Addiction Services and 29% are from Primary Care.

FIRST Residential Rehabilitation Access Services

- 60 referrals were received and 29 engaged.
- 13 of the referrals accessed residential rehabilitation within this time period.
- 26 individuals, when leaving the service, remained abstinent.
- The Residential Rehabilitation Group is now taking forward the actions outlined in the Health Improvement Scotland report.

FIRST Community Rehabilitation

- 156 individuals were referred to the service within the period.
- 35 individuals reported being abstinent on exit.
- 19 individuals saw a reduction in drug use and 41 saw a reduction in alcohol use.
- 269 individuals saw an improvement in physical and psychological health on exit and in the service.

DAPL Counselling and Psychological Therapies Service

- 249 individuals engaged with DAPL in the last six months.
- From 209 individuals who stated abstinence was their goal, 71% achieved this on exit from the service.
- 65% service users experienced improvement in physical and psychological health.
- Engagement rate from referral was 50%.

Meeting:	Public Health and Wellbeing Committee
Meeting date:	13 January 2025
Title:	Corporate Risks Aligned to the Public Health and Wellbeing Committee
Responsible Executive:	Dr Joy Tomlinson, Director of Public Health, NHS Fife
Report Author:	Dr Shirley-Anne Savage Associate Director for Risk & Professional Standards, NHS Fife

Executive Summary

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

1 Purpose

This report is presented for:

- Assurance

This report relates to:

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

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

This paper provides an update on the corporate risks aligned to this Committee since the last report on 11 November 2024. The Committee is invited to:

- note details of the corporate risks as at 20 December 2024 at Appendix 1;
- review all information provided against the Assurance Principles at Appendix 2, and the Risk Matrix at Appendix 3;
- consider and be assured of the mitigating actions to improve the risk levels;
- conclude and comment on the assurance derived from the report

2.2 Background

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

- relevance
- proportionality
- reliability
- sufficiency

2.3 Assessment

The Strategic Risk Profile as at 20 December is provided in Table 1 below. Please note that this is now compared against the new approved risk appetite (Appendix 4)



Table 1: Strategic Risk Profile

Strategic Priority	Total Risks	Current Strategic Risk Profile				Risk Movement	Risk Appetite
To improve health and wellbeing	5	3	2	-	-	◀▶	Hungry
To improve the quality of health and care services	6	4	2	-	-	◀▶	Open
To improve staff experience and wellbeing	2	2	-	-	-	◀▶	Open
To deliver value and sustainability	6	5	1	-	-	◀▶	Open
Total	19	14	5	0	0		
Summary Statement on Risk Profile							
The current assessment indicates that delivery against 3 of the 4 strategic priorities continues to face a risk profile in excess of risk appetite. An updated Risk Appetite was approved in November 2024.							
Mitigations are in place to support management of risk over time with some risks requiring daily assessment.							
Assessment of corporate risk performance and improvement trajectory remains in place.							
Risk Key				Movement Key			
High Risk	15 - 25			▲	Improved - Risk Decreased		

Moderate Risk	8 - 12	◀▶	No Change
Low Risk	4 - 6	▼	Deteriorated - Risk Increased
Very Low Risk	1 - 3		

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

Table 2: Risks Aligned to the Clinical Governance Committee

Strategic Priority	Overview of Risk Level	Risk Movement	Corporate Risks	Assessment Summary of Key Changes
 To improve health and wellbeing	<div style="display: flex; justify-content: space-around;"> <div style="width: 20px; height: 20px; background-color: red; border: 1px solid black;"></div> <div style="width: 20px; height: 20px; background-color: orange; border: 1px solid black;"></div> <div style="width: 20px; height: 20px; background-color: yellow; border: 1px solid black;"></div> <div style="width: 20px; height: 20px; background-color: green; border: 1px solid black;"></div> </div> 1 2 - -	◀▶	<ul style="list-style-type: none"> 1 - Population Health and Wellbeing Strategy 2 - Health Inequalities 4 - Policy Obligations in Relation to Environmental Management and Climate Change 21 – Pandemic Risk 	Mitigations updated for all risks. Risk 2 – risk level decreased from 20 to 16
 To improve the quality of health and care services	<div style="display: flex; justify-content: space-around;"> <div style="width: 20px; height: 20px; background-color: red; border: 1px solid black;"></div> <div style="width: 20px; height: 20px; background-color: orange; border: 1px solid black;"></div> <div style="width: 20px; height: 20px; background-color: yellow; border: 1px solid black;"></div> <div style="width: 20px; height: 20px; background-color: green; border: 1px solid black;"></div> </div> 1 - - -	◀▶	<ul style="list-style-type: none"> 10 - Primary Care Services 	

Since the last report to the Committee on 9 September 2024:

- Five risks aligned to this Committee.
- The risk level breakdown is now - 3 High and 2 Moderate.
- The risk level for risk 2 has decreased from 20 to 16.

Key Updates

Risk 1- Population Health & Wellbeing Strategy

Reporting of progress against the strategy is through the published PHW Annual and Mid-Year Reports including public health metrics and case studies.

In 2024/25, assurance of delivery can be evidenced through the Annual Delivery Plan 2024/25, Corporate Objectives and RTP. Regular updates describe the progress against these plans.

The transformation agenda taken forward through RTP will inform opportunities to work towards the delivery of the strategic ambitions and reshape if necessary.

Risk 2 – Health Inequalities

The Prevention and Early Intervention strategy was ratified by the IJB and NHS Board at their meeting on 26th November 2024. The strategy will have a supporting delivery plan with actions which promote fairness and aim to reduce health inequalities.

Fife Partnership are preparing to refresh their 10 year plan, with a focus on the social determinants of health using the principles developed by Professor Michael Marmot. 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.

Risk 10 – Primary Care Services

Performance and Assurance Framework now in place with regular reporting to PCGSOG.

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 March 2025.

Emerging Risks

Proposed Drug Related Deaths Risk – presented in a separate paper.

Details of all risks are contained within Appendix 1.

Next Steps

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

This report provides the following Level of Assurance:

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

2.3.1 Quality, Patient and Value-Based Health & Care

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

2.3.2 Workforce

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

2.3.3 Financial

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

2.3.4 Risk Assessment / Management

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

The Board approved an updated Risk Appetite in November 2024 (Appendix 4).

The Committee is asked to note the risk appetite status of its corporate risks using the following:

Possible Risk Scores	1	2	3	4	5	6	8	9
Risk Rating	Vlow	Vlow	Vlow	Vlow	Vlow	Low	Moderate	Moderate
Allocation to 4 Point Model	Averse	Averse	Averse	Averse	Cautious	Cautious	Cautious	Cautious

Possible Risk Scores	10	12	15	16	20	25
Risk Rating	Moderate	Moderate	High	High	High	High
Allocation to 4 Point Model	Open	Open	Open	Hungry	Hungry	Hungry

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

The Board has a Hungry appetite for risks within this domain.

Risks 1 and 4 both have a current risk level of Moderate 12 and are below risk appetite.

Risk 2 and 21 have current risk levels of High 16 and High 20 respectively and are therefore both within risk appetite.

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

The Board has an Open appetite for risks within this domain.

The risk is currently assessed as High 16 and is therefore above appetite. This reflects the sustained level of challenge across all aspects of Primary Care Services delivery.

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

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

2.3.6 Climate Emergency & Sustainability Impact

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

2.3.7 Communication, involvement, engagement and consultation

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

2.3.8 Route to the Meeting

- Lynne Garvey, Director of Health & Social Care, on 30 December 2024
- Susan Fraser, Associate Director of Planning & Performance, on 30 December 2024
- Neil McCormick, Director of Property & Asset Management, on 30 December 2024
- Margo McGurk, Director of Finance & Strategy, on 30 December 2024
- Dr Chris McKenna, Medical Director, on 30 December 2024
- Carol Potter, Chief Executive, on 30 December 2024
- Dr Joy Tomlinson, Director of Public Health, on 30 December 2024

2.4 Recommendation

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

3 List of appendices

The following appendices are included with this report:

- Appendix 1, Summary of Corporate Risks Aligned to the Public Health and Wellbeing Committee as at 20 December 2024
- Appendix 2, Assurance Principles
- Appendix 3, Risk Matrix
- Appendix 4, Risk Appetite Statement



Report Contact

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Associate Director for Risk and Professional Standards

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NHS Fife Corporate Risk Register as at 20/12/24

No	Strategic Priority and Risk Appetite	Risk Title and Description	Mitigation	Risk Appetite Status	Current Risk Level/ Rating	Target Risk level & rating by dd/mm/yy	Current Risk Level Trend	Risk Owner	Primary Committee
1	 <p>HIGH</p>	<p>Population Health and Wellbeing Strategy</p> <p>There is a risk that the ambitions and delivery of the new organisational Strategy do not deliver the most effective health and wellbeing and clinical services for the population of Fife.</p>	<p>The strategy was approved by the NHS Fife Board in March 2023. This is in the context that the management of this specific risk will span a number of financial years.</p> <p>The service, workforce and financial challenges may have an impact on the scope and pace of the delivery of the ambitions within the Strategy.</p> <p>Reporting of progress against the strategy is through the published PHW Annual and Mid-Year Reports including public health metrics and case studies.</p> <p>In 2024/25, assurance of delivery can be evidenced through the Annual Delivery Plan 2024/25, Corporate Objectives and RTP. Regular updates describe the progress against these plans.</p> <p>The transformation agenda taken forward through RTP will inform opportunities to work towards the delivery of the strategic ambitions and reshape if necessary.</p>	Below	Mod 12	Mod 12 by 31/03/25	◀▶	Chief Executive	Public Health & Wellbeing (PHWC)
2	 <p>HIGH</p>	<p>Health Inequalities</p> <p>There is a risk that if NHS Fife does not develop and implement an effective strategic approach to contribute to reducing health inequalities and their causes, health and wellbeing outcomes will continue to be poorer, and lives cut short in the most deprived areas of Fife compared</p>	<p>Public Health and Wellbeing Committee established, with the aim of providing assurance that NHS Fife is fully engaged in supporting wider population health and wellbeing for the local population.</p> <p>The Population Health and Wellbeing Strategy is monitoring actions which will contribute to reducing health inequalities.</p>	Within	High 16	High 16 by 31/03/25	▲	Director of Public Health	Public Health & Wellbeing (PHWC)


		<p>to the least deprived areas, representing huge disparities in health and wellbeing between Fife communities.</p>	<p>Consideration of Health Inequalities within all Board and Committee papers.</p> <p>Leadership and partnership working to influence policies to 'undo' the causes of health inequalities in Fife.</p> <p>Development of Anchors strategic plan with links to addressing determinants of health inequalities. Key achievements to date:</p> <ul style="list-style-type: none"> - Real Living Wage accreditation achieved - 100% of newly awarded contracts of 50K and over are with Real Living Wage accredited businesses - Eight employability programmes in place and engaging with Local Employability partnership - Baseline reporting in place to track spend on local businesses within Fife <p>Fife Partnership 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.</p> <p>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.</p> <p>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</p>						
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			<p>resolution of issues faced by inclusion health groups such as those who are homeless.</p> <p>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.</p>						
4	 <p>HIGH</p>	<p>Policy obligations in relation to environmental management and climate change</p> <p>There is a risk that if we do not put in place robust management arrangements and the necessary resources, we will not meet the requirements of the 'Policy for NHS Scotland on the Global Climate Emergency and Sustainable Development, Nov 2021.'</p>	<p>Robust governance arrangements remain in place including an Executive Lead and a Board Champion. Further appointments have been made which include a lead for Clinical Sustainability and a non-exec Sustainability Champion.</p> <p>Regional working group and representation on the National Board ongoing. The new RTP infrastructure and change board has evolved to now include sustainability projects designed in response to the NHS Scotland Climate Change Emergency & Sustainability Strategy 2022 – 2026.</p> <p>Active participation in Plan 4 Fife continues.</p> <p>The NHS Fife Climate Emergency Report and Action Plan have been developed. These form part of the Annual Delivery Plan (ADP). The Action Plan includes mechanics and timescales.</p> <p>Our objectives are set out and monitored through Section 10 of the ADP</p> <p>Work is ongoing with SG, Fife Council and East Region to include innovation in energy generation etc.</p>	Below	Mod 12	Mod 10 by 01/04/25	◀▶	Director of Property & Asset Management	Public Health & Wellbeing (PHWC)

			<p>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).</p> <p>The Board's Climate Change Annual Report was prepared for submission to PHWC in January 2024 and thereafter to Scottish Government (SG) and has been published as per the requirements of the policy DL38. A secondary mid-year sustainability & greenspace report has been produced to provide a progress update following the publication of the board report in January 2024.</p> <p>Resource in the sustainability team has increased to 4 FTE's in total including an energy manager who will be key in supporting the requirements of the strategy and policy.</p> <p>The Head of Sustainability has been seconded from the Estates initially for 18 months to drive delivery of the Climate Emergency Action Plan.</p> <p>A partnership plan for Fife Council, Fife College and University of St Andrews was prepared for submission to the Fife Partnership board in May 2024. This set out the agreed actions discussed in the 'addressing the climate emergency working group' and formally create joint actions we will work on as part of the climate emergency in Fife.</p> <p>A corporate risk deep dive was produced in October 2024 on the risk of Environmental Management & Climate change. This is to ensure there will be</p>						
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			effective management of the risk that will allow us to meet our strategic priorities.						
10		<p>Primary Care Services</p> <p>There is a risk that due to a combination of unmet need across health and social care as a result of the pandemic, increasing demand on services, workforce availability, funding challenges, adequate sufficient premises and overall resourcing of Primary Care services, it may not be possible to deliver sustainable quality services to the population of Fife for the short, medium and longer term.</p>	<p>A Primary Care Governance and Strategy Oversight Group (PCGSOG) is in place.</p> <p>A Primary Care Strategy was developed following a strategic needs analysis and wide stakeholder engagement. This was approved at IJB in July 2023 and is now moving to implementation. This is a 3-year strategy focused on recovery, quality and sustainability. The Annual Report for year one of delivery of the strategy was presented and approved at the PCGSOG on 16 August 2024 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.</p> <p>Performance and Assurance Framework now in place with regular reporting to PCGSOG</p> <p>A Primary Care Improvement Plan (PCIP) is in place; subject to regular monitoring and reporting to General Medical Services (GMS) Board, Quality & Communities (Q&C) Committee, IJB NHS Board and Scottish Government.</p> <p>Local negotiations in relation to MOU2 transitionary payments are complete and agreement has been reached and implemented for 23/24. Awaiting further direction and/or guidance from Scottish Government for 24/25. Guidance now received and detailed within PCIP report above. Discussions continue locally.</p>	Above	High 16	Mod 12 by 31/03/25	◀▶	Director of Health & Social Care	Public Health & Wellbeing (PHWC)

			<p>Memorandum of Understanding 2 (MOU2) - in line with the direction of MOU2, the focus for the PCIP remains to be delivery of a complete CTAC and Pharmacotherapy, This programme of work will be underpinned by the PCIP 2023-2024 with regular monitoring and oversight by the GMS groups and the governance structures of the IJB. This will be reviewed - April 2024. - Complete</p> <p>Pharmacotherapy and CTAC models for care continue to be developed and implemented throughout 2024/25. A General Practice Pharmacy Framework has been issued by the Directors of Pharmacy which outlines the vision to transform the pharmacy service in GP Practices. Pharmacotherapy, CTAC and In Hours Urgent Care have been accepted to HIS Primary Care Improvement Collaborative</p> <p>GMS IG have now approved end point to delivery of PCIP as March 2026. Planning is now being progressed in line with this.</p> <p>Pharmacotherapy and CTAC models for care continue to be shaped and developed. The anticipated date for completion is April 2024.– Complete. Level of 82% achieved for CTAC. All practices (52 across Fife) have access to Pharmacotherapy service.</p> <p>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 March 2025.</p>						
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			Primary Care Strategic Communication Plan has been developed and approved at PCGSOG and is now a key deliverable of the year two strategy.						
21		<p>Pandemic Risk</p> <p>There is a risk that a novel pandemic with widely disseminated transmission and significant morbidity and mortality may cause significant harm to those infected and cause widespread disruption to healthcare, supply chains, and social functioning.</p>	<p>An NHS Fife Pandemic Framework Group has been established to coordinate management of this risk, including consideration and implementation of measures to reduce the pressures and negative effects a pandemic would cause locally, and to act as a source of advice to the organisation and partners.</p> <p>Work is underway to collate lessons from the COVID-19 response and outputs of related inquiries and implement these locally.</p> <p>Preparation underway to deliver large-scale population immunity and immunisation campaigns.</p>	Within	High 20	High 20		Director of Public Health	Public Health & Wellbeing (PHWC)

Risk Movement Key

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

Assurance Principles

Risk Assurance Principles:

Board

- Ensuring efficient, effective and accountable governance

Standing Committees of the Board

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


Committee Agenda

- Agenda Items should relate to risk (where relevant)

Seek Assurance of Effectiveness of Risk Mitigation

- Relevance
- Proportionality
- Reliable
- Sufficient

Chairs Assurance Report

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

Year End Report

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





General Questions:

- Does the risk description fully explain the nature and impact of the risk?
- Do the current controls match the stated risk?
- How weak or strong are the controls? Are they both well-designed and effective i.e., implemented properly?
- Will further actions bring the risk down to the planned/target level?
- Does the assurance you receive tell you how controls are performing?
- Are we investing in areas of high risk instead of those that are already well-controlled?
- Do Committee papers identify risk clearly and explicitly link the strategic priorities and objectives/corporate risk?

Specific Questions when analysing a risk delegated to the committee in detail:

- History of the risk (when was it opened) – has it moved towards target at any point?
- Is there a valid reason given for the current score?
- Is the target score:
 - In line with the organisation's defined risk appetite?
 - Realistic/achievable or does the risk require to be tolerated at a higher level?
 - Sensible/worthwhile?
- Is there an appropriate split between:
 - Controls – processes already in place which take the score down from its initial/inherent position to where it is now?
 - Actions – planned initiatives which should take it from its current to target?
 - Assurances – which monitor the application of controls/actions?
- Assessing Controls
 - Are the controls "Key" i.e., are they what actually reduces the risk to its current level (not an extensive list of processes which happen but don't actually have any substantive impact)?
 - Overall, do the controls look as if they are applying the level of risk mitigation stated?
 - Is their adequacy assessed by the risk owner? If so, is it reasonable based on the evidence provided?
- Assessing Actions – as controls but accepting that there is necessarily more uncertainty
 - Are they on track to be delivered?
 - Are the actions achievable or does the necessary investment outweigh the benefit of reducing the risk?
 - Are they likely to be sufficient to bring the risk down to the target score?
- Assess Assurances:
 - Do they actually relate to the listed controls and actions (surprisingly often they don't)?
 - Do they provide relevant, reliable and sufficient evidence either individually or in composite?
 - Do the assurance sources listed actually provide a conclusion on whether:
 - the control is working
 - action is being implemented
 - the risk is being mitigated effectively overall (e.g. performance reports look at the overall objective which is separate from assurances over individual controls) and is on course to achieve the target level
 - What level of assurance can be given or can be concluded and how does this compare to the required level of defence (commensurate with the nature or scale of the risk):
 - 1st line – management/performance/data trends?
 - 2nd line – oversight / compliance / audits?
 - 3rd line – internal audit and/or external audit reports/external assessments?

Level of Assurance:

Significant Assurance	Moderate Assurance	Limited Assurance	No Assurance
			

Risk Assessment Matrix

A risk is assessed as **Likelihood x Consequence**

Likelihood is assessed as Remote, Unlikely, Possible, Likely or Almost Certain

Figure 1 Likelihood Definitions

Descriptor	Remote	Unlikely	Possible	Likely	Almost Certain
Likelihood	Can't believe this event would happen – will only happen in exceptional circumstances (5-10 years)	Not expected to happen, but definite potential exists – unlikely to occur (2-5 years)	May occur occasionally, has happened before on occasions – reasonable chance of occurring (annually)	Strong possibility that this could occur – likely to occur (quarterly)	This is expected to occur frequently / in most circumstances – more likely to occur than not (daily / weekly / monthly)

Consequence is assessed as, Negligible, Minor, Moderate, Major or Extreme.

Risk Level is determined using the 5 x 5 matrix below based on the AUS/NZ Standard. The risk levels are:

- Very Low Risk (VLR)
- Low Risk (LR)
- Moderate Risk (MR)
- High Risk (HR)

Figure 2 Risk Matrix

<u>Likelihood</u>	<u>Consequence</u>				
	Negligible 1	Minor 2	Moderate 3	Major 4	Extreme 5
Almost certain 5	LR 5	MR 10	HR 15	HR 20	HR 25
Likely 4	LR 4	MR 8	MR 12	HR 16	HR 20
Possible 3	VLR 3	LR 6	MR 9	MR 12	HR 15
Unlikely 2	VLR 2	LR 4	LR 6	MR 8	MR 10
Remote 1	VLR 1	VLR 2	VLR 3	LR 4	LR 5

Risks once identified, must be categorised against the following consequence definitions

Figure 3 Consequence Definitions

Descriptor	Negligible	Minor	Moderate	Major	Extreme
Patient Experience	Reduced quality of patient experience / clinical outcome not directly related to delivery of clinical care.	Unsatisfactory patient experience / clinical outcome directly related to care provision – readily resolvable.	Unsatisfactory patient experience / clinical outcome, short term effects – expect recovery <1wk.	Unsatisfactory patient experience / clinical outcome, long term effects – expect recovery - >1wk.	Unsatisfactory patient experience / clinical outcome, continued ongoing long term effects.
Objectives / Project	Barely noticeable reduction in scope / quality / schedule.	Minor reduction in scope / quality / schedule.	Reduction in scope or quality, project objectives or schedule.	Significant project over-run.	Inability to meet project objectives, reputation of the organisation seriously damaged.
Injury (Physical and psychological) to patient / visitor / staff.	Adverse event leading to minor injury not requiring first aid.	Minor injury or illness, first aid treatment required.	Agency reportable, e.g. Police (violent and aggressive acts). Significant injury requiring medical treatment and/or counselling.	Major injuries/long term incapacity or disability (loss of limb) requiring medical treatment and/or counselling.	Incident leading to death or major permanent incapacity.
Complaints / Claims	Locally resolved verbal complaint.	Justified written complaint peripheral to clinical care.	Below excess claim. Justified complaint involving lack of appropriate care.	Claim above excess level. Multiple justified complaints.	Multiple claims or single major claim/. Complex justified complaint
Service / Business Interruption	Interruption in a service which does not impact on the delivery of patient care or the ability to continue to provide service.	Short term disruption to service with minor impact on patient care.	Some disruption in service with unacceptable impact on patient care. Temporary loss of ability to provide service.	Sustained loss of service which has serious impact on delivery of patient care resulting in major contingency plans being invoked.	Permanent loss of core service or facility. Disruption to facility leading to significant "knock on" effect
Staffing and Competence	Short term low staffing level temporarily reduces service quality (less than 1 day). Short term low staffing level (>1 day), where there is no disruption to patient care.	Ongoing low staffing level reduces service quality. Minor error due to ineffective training / implementation of training.	Late delivery of key objective / service due to lack of staff. Moderate error due to ineffective training / implementation of training. Ongoing problems with staffing levels.	Uncertain delivery of key objective / service due to lack of staff. Major error due to ineffective training / implementation of training.	Non-delivery of key objective / service due to lack of staff. Loss of key staff. Critical error due to ineffective training / implementation of training.
Financial (including damage / loss / fraud)	Negligible organisational / personal financial loss (£<10k)	Minor organisational / personal financial loss (£10k-100k)	Significant organisational / personal financial loss (£100k-250k)	Major organisational / personal financial loss (£250 k-1m)	Severe organisational / personal financial loss (£>1m)
Inspection / Audit	Small number of recommendations which focus on minor quality improvement issues.	Recommendations made which can be addressed by low level of management action.	Challenging recommendations that can be addressed with appropriate action plan.	Enforcement action. Low rating Critical report.	Prosecution. Zero rating Severely critical report.
Adverse Publicity / Reputation	Rumours, no media coverage. Little effect on staff morale.	Local media coverage – short term. Some public embarrassment. Minor effect on staff morale / public attitudes.	Local media – long-term adverse publicity. Significant effect on staff morale and public perception of the organisation.	National media / adverse publicity, less than 3 days. Public confidence in the organisation undermined Use of services affected	National / International media / adverse publicity, more than 3 days. MSP / MP concern (Questions in Parliament). Court Enforcement Public Enquiry, FAI

Based on NHS Quality Improvement Scotland (February 2008) sourced AS/NZS 4360:2004: Making it Work: (2004) and Healthcare Improvement Scotland, Learning from Adverse Events: A national framework (4th Edition) (December 2019)

NHS Fife Risk Appetite Statement

November 2024

NHS Fife's Population Health and Wellbeing Strategy (2022-2027) sets an organisational vision that the people of Fife live long and healthy lives. This strategic framework, developed by our staff and built on our vision and values details how our priorities will link to National Care Programmes, underpinned by system enablers. It is also important that the risk appetite is aligned to our Reform, Transform and Perform (RTP) Programme.

The Board recognises that it is not possible to eliminate all the risks which are inherent in the delivery of health and care and is willing to accept a certain degree of risk when it is in the best interests of the organisation, and ultimately, the population of Fife and people we serve. The Board has therefore considered the level of risk that it is proposed to accept for key aspects of the delivery of health and care, and these are described in line with our four organisational aims.

Therefore, the Board and the relevant Board committees will not accept risks with an assurance level of less than moderate (no appetite for none or limited assurance). A higher level of scrutiny will be applied to risks and associated mitigation plans where the level of assurance is none or limited, until a minimum of moderate assurance is agreed. (Tolerate moderate assurance).

To ensure a common understanding of 'levels' of risk appetite, the following definitions have been adopted by the NHS Fife Board.

- Averse – Avoidance of risk and uncertainty is a key organisational objective.
- Cautious – Preference for safe delivery options that have a low degree of residual risk and may only have limited potential for reward.
- Open - Willing to consider all potential delivery options and chose the one that is most likely to result in successful delivery while also providing an acceptable level of reward (and value for money etc).
- Hungry – Eager to be innovative and chose options offering potentially higher business rewards, despite greater inherent risk.

The risk appetite aligns to the strategic priorities within our four-point model as outlined below:

Hungry	Eager to be innovative and chose options offering potentially high despite greater inherent risk.	Improving health and wellbeing
Open	Willing to consider all potential delivery options and chose the one that is most likely to result in successful delivery while also providing an acceptable level of reward (and value for money etc).	Improving the quality of health and care services Improving staff experience and wellbeing Delivering value and sustainability
Cautious	Preference for safe delivery options that have a low degree of residual risk and may only have limited potential for reward.	
Averse	Avoidance of risk and uncertainty is a key organisational objective.	

The diagram below demonstrates where each of the corporate risks would fall in terms of this model:

Hungry	Eager to be innovative and chose options offering potentially higher business rewards, despite greater inherent risk.	Improving health and wellbeing		
		1) Population Health and Wellbeing Strategy 2) Health Inequalities 4) Policy obligations in relation to environmental management and climate change 5) Optimal Clinical Outcomes 21) Pandemic Risk		
Open	Willing to consider all potential delivery options and chose the one that is most likely to result in successful delivery while also providing an acceptable level of reward (and value for money etc).	Improving the quality of health and care services	Improving staff experience and wellbeing	Delivering value and sustainability
		6) Whole System Capacity 7) Access to outpatient, diagnostic and treatment services 8) Cancer Waiting Times 9) Quality and Safety 10) Primary Care Services 19) Implementation of Health and Care (Staffing) (Scotland) Act 2019	11) Workforce Planning and Delivery 12) Staff Health and Wellbeing	13) Delivery of balanced in year financial position 14) Delivery of recurring financial balance over the medium-term 15) Prioritisation & Management of Capital funding 17) Cyber Resilience 18) Digital and Information 20) Reduced Capital Funding

Meeting: Public Health and Wellbeing Committee

Meeting date: 13 January 2025

Title: Substance Related Morbidity and Mortality

Responsible Executive: Dr Joy Tomlinson, Director of Public Health
Lynne Garvey, Director of H&SCP

Report Author: Gabe Docherty, Interim Consultant in Public Health
Elizabeth Butters, Fife Alcohol and Drug Partnership
Service Manager

Executive Summary

- Nationally, 1,172 people died due to drug use in 2023, according to latest statistics published by National Records of Scotland. This is an increase of 121 deaths compared with 2022. Deaths in Fife increased from 59 deaths in 2022 to 73 deaths in 2023
- Fife has observed a doubling from 36 deaths in 2009 to 73 in 2023
- National data demonstrates that death rates are linked to deprivation with people living in the most deprived areas of Scotland being 15 times more likely to die from drugs use than in the least deprived areas. NHS Fife's effort to address inequalities and tackle poverty and deprivation are vital in our efforts to reduce deaths from drugs use.
- NHS Fife is a strategic and commissioned partner of the Fife Alcohol and Drugs Partnership (ADP) which has a comprehensive risk register. NHS Fife actively contributes to the management of the risks identified by the ADP.
- Following a direction requested by the Public Health and 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 is 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 recommend actions that reduce the likelihood and consequence.
- In Fife the purpose is to look more broadly at the opportunities across the full Board to manage the risk of drug related death and include operational delivery where a contribution can be made to mitigate the overall risk of drug related death in Fife. This is attached as **Appendix 1**.
- After identifying work already underway as part of its ADP delivery, other areas and criteria were identified for the 'deep dive'. These have not been assessed fully as they are out with of remit for this first stage, but it is recommended that the Board agrees a process on how to assess these aspects of the risk going forward.
- In order to undertake this work, it is recommended that NHS Fife considers the inclusion of a risk on its corporate risk register outlining the risk of not providing systematic and timely support and treatment to individuals.
- The following Corporate Risk is proposed for discussion and endorsement:

Title: Substance Related Morbidity and Mortality

Descriptor: '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'.

1. Purpose

This report is presented for:

- Discussion
- Decision

This report relates to:

- Annual Delivery Plan
- Emerging issue
- Government policy / directive
- Local policy
- NHS Board Strategic Priorities 1 and 2, To Improve Health and Wellbeing and To Improve Quality of Health and Care Services

This report aligns to the following NHSScotland quality ambitions:

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

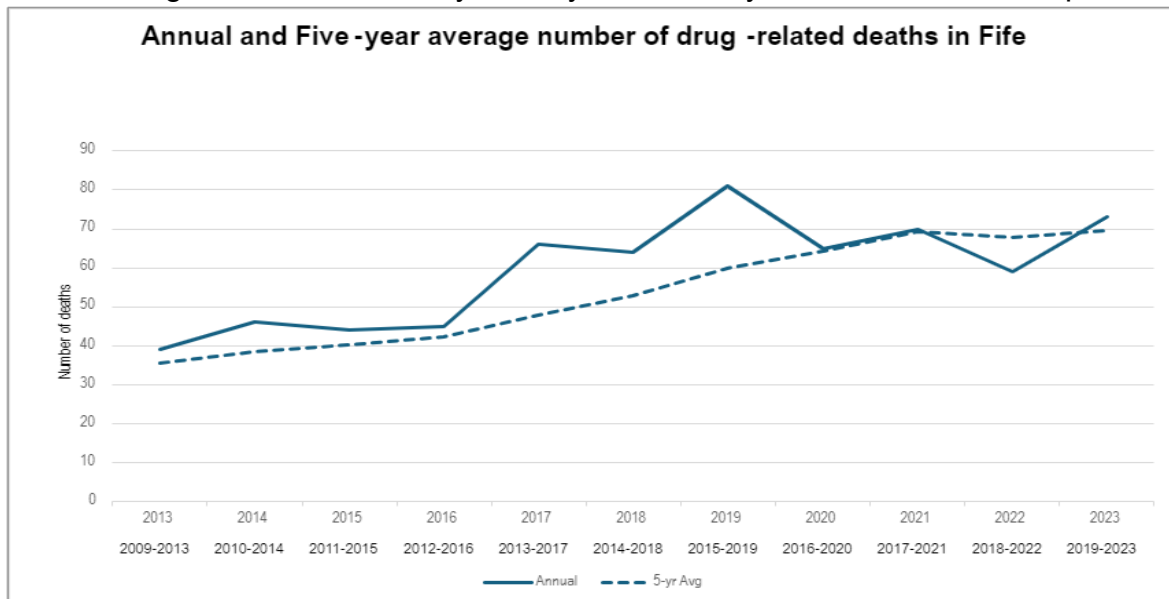
Nationally, 1,172 people died due to drug use in 2023, according to latest statistics published by National Records of Scotland. This is an increase of 121 deaths compared with 2022. Deaths in Fife increased from 59 deaths in 2022 to 73 deaths in 2023. This represents continual upward trend from 36 deaths in 2009.

Following discussion at the Public Health and Wellbeing Committee (PHWC), it was agreed to scope establishment of a stand-alone risk for Drug Related Deaths on the Corporate Risk Register. A deep dive was initiated and presented to EDG for discussion and decision on 20 December 2024. This paper is now brought back to PHWC and presents the key findings from a Deep Dive (**Appendix 1**) and the proposed Risk Descriptor after discussion and suggestions for EDG.

2.2 Background

National data demonstrates people living in the most deprived areas of Scotland are 15 times more likely to die from drugs use than in the least deprived areas. The graph below demonstrates the drug related death trend in the area from 2009 to 2023 as 5 year rolling

average (dotted line) and annual fluctuations. Similar to other areas of Scotland, Fife has observed significant fluctuations year on year but sadly there is a sustained upward trend.



Many of the factors that contribute to drugs deaths are historic and out with the control and reach of the NHS and many of these issues are addressed by partnership working within the ADP support team and directed by members of the Committee.

NHS Fife through resources agreed with the ADP Committee has responsibility to provide safe, effective, evidence-based treatment and support to people experiencing problem substance use at point of need and has complied fully with MAT Standards Framework. Failure to do so could result in continuation of harm to people at risk of drug related death, their families and their community as treatment provides a protective factor against premature mortality and disease. There are also other NHS departments that significantly contribute to the care of people at risk of drug related death.

It should be highlighted that through its prevention and inclusion work to address inequalities, tackle poverty and being an Anchor organisation, NHS Fife is addressing some of the root causes of drug use and ultimately harm and death from this use.

Over a number of years, there has been a significant and concerted drive both nationally and locally to understand, redevelop approaches, improve evidence base and include those with lived and living experience to prevent the increasing numbers of drugs related deaths. All outline the role and responsibilities of the HSCP, its ADP and the Local Authority and the NHS Board as a national and local strategic and operational partner. Within national strategy, there is recognition that the excessive mortality rate in Scotland is caused by a number of factors, the main being a higher rate per population of people using harmful substances than other UK countries. However, the national and local position remains that drug related deaths are preventable in all partners respond fully and collaboratively. National Strategies include:

- [Implementation of The National Strategy for Alcohol and Drug use “Rights, Respect, Recovery” November 2018.](#)
- [Implementation of the Medication Assisted Treatment \(MAT\) Standards 2021](#)
- [National Strategy Drug Mission Priorities 2022-26](#)
- [Drug Death Taskforce Recommendations 2023](#)

- [Changing Lives Our Final report July 2022](#)

In January 2021, the Scottish Government declared drug related deaths a public health crisis with early guidance for all local partners issued, followed by a formal drug related death strategy published the next year. The Scottish Government provided an additional £13.5 million to all ADPs to fulfil these priorities with the specific aim to reduce harm and drug related death.

These priorities are

- Residential rehabilitation to include specific groups and improve detox pathways.
- Rapid and appropriate access for treatment including assertive outreach
- Whole Family Support and Family Inclusive Practice for all members of the family
- Medication Assisted Treatment Implementation Programme
- Near-Fatal Overdose Pathways
- Lived and Living Experience Panels

Fife ADP Strategy

The previous and current ADP Strategy 2024 – 2027 based on national policy and an NHS Fife Public Health led local needs synthesis prioritises the reduction of drug related deaths across all five themes: The themes are linked to the HSCP Strategy 2023 - 2026

- **WELLBEING** - Prevention and early intervention
- **LOCAL** - Risk is reduced for people who take harmful substances.
- **INTEGRATION** - Treatment and recovery services are easily accessible and high quality.
- **OUTCOME** - Quality of life is improved to address multiple disadvantages.
- **SUSTAINABLE** - Children, Families and Communities affected by substance use are supported.

A number of new initiatives and commissioned services have been planned and established to reduce drug related deaths, improve the system of care, intervene early and support families and children. Quality and improvement work within the MAT Standards Framework has recently been evaluated with Fife ADP and partners achieving the highest possible assessment from PHS for their implementation. These are outlined in ADP annual performance reports and are supported by the ADP structure including its subgroups and governance arrangements. Whilst this has had many successes at an individual, service and system level, a significant and sustained impact on reducing drug related deaths in the three years since the Drug Mission was introduced has not been achieved. This is both applicable to the national and local position.

Regular reviews of drug related deaths undertaken by an ADP subgroup and by NHS Addictions indicates a number of gaps in care that cannot be addressed by a single agency or service approach and require a coordination of care, treatment and support that reflect the complexity and multiple needs of people at risk of drug related deaths. Hence it is clear that a corporate risk approach should be used to support initiatives that can improve the response across the Health Board.

Fife ADP Drug Related Death Annual Report 2023 and MAT standards

This report (a copy is attached as Appendix 2) and an update on progress against the MAT standards will be the subject of a separate paper prepared for the Public Health and Wellbeing Committee on 13th January 2025. It provides full analysis of the circumstances of people who sadly lost their lives in Fife as a result of a drug related death in 2023. The information makes key comparisons to national data and other areas in Fife and presents trends and patterns in the Fife position. The main findings are listed below:

- Poly-drug use has contributed to significant increases in the drug related deaths with 34 of the 73 people indicating crack cocaine and/or cocaine use contributing was implicated in or contributed to the cause of death and stimulants being present in 45 deaths. For comparison, in 2022 cocaine was implicated in 23 deaths (stimulants overall 28 times) and 2021 it was 24 deaths (stimulants overall indicated 32 times). Of the 34 deaths last year, 6 died with cocaine being the only drug implicated in, or potentially contributing to the cause of death. There is significant instability in the local drug market which are difficult to respond to by harm reduction and treatment services.
- There are increases in high-risk pain medicines (opiates, benzodiazepines and gabapentinoids) contributing to recent deaths from previous years.
- It has also been identified that synthetic opioids use has slowly started to appear more regularly towards the end of 2023.
- Increases in the number of deaths in the age range 15 to 24 from previous years.
- There have been decreases in some localities (Glenrothes and Levenmouth) from 2022 and some significant increases rated against population size. In particular Cowdenbeath locality has more than doubled in numbers from less than 10 in 2022 to 16 in 2023 with most of these deaths occurring in the towns of Cowdenbeath and Kelty.
- Although drug related deaths for men is still higher there has been an increase for women from 2022 to 2023 with men's deaths increasing by 4 and women's by 10, not reflected in the prevalence of drug use.

There is work underway to respond to these trends and this is detailed in the ADP Delivery Plan and ADP Annual Drug Related Death Report 2023 and its action plan. NHS Fife has an essential role within all of this work.

NHS Fife has convened a High-Risk Pain Medicines (HRPM) Safety Group that has responsibility to provide assurance to NHS Fife via the Medicines Safety and Policy Group (MSPG) that HRPM use in Fife is safe and effective and provides high quality patient care. The group will provide oversight of the outcomes from the HRPM patient safety programme to ensure learning and actions are embedded across NHS Fife.

2.3 Assessment

In October to November 2024, led by the NHS Board Corporate Risk team and including representation from NHS Fife Public Health and ADP Support Team, a deep dive was conducted.

This summarised all work completed by the ADP where the NHS Board is represented as an operational and strategic partner. Drug related deaths in Fife, in risk

management terms are an issue meaning they are persistent and recurring and the risk for the Board is not fully recognising their role and responsibilities in prevention of the deaths. Thus, the focus of the deep dive was on the Board's responsibility to take comprehensive steps that will lower the likelihood of a continued escalation of drug related deaths and to prevent future deaths from occurring. The development of the risk in this way recognises the role of the ADP and does not seek to replace their strategic role but rather strengthen and complement this work by increasing the Board's accountability across all its provision.

Further work has to be completed with key services such as Mental Health and Addiction Service to ascertain what further is required to enable the Board to identify what it needs to support to reduce the risk of drugs death. A number of Boards were contacted to ascertain if the Board held a corporate risk regarding drugs deaths. Of those who responded, one other Health Board (NHS Tayside) has included drug related deaths within their corporate risk register, and another (NHS Greater Glasgow and Clyde) has included drug related deaths as a strategic priority.

A recommendation is made that the following risk should be considered for inclusion in the NHS Board's Corporate Risk Register:

Title: Substance Related Morbidity and Mortality

Descriptor: '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'.

The actions to mitigate this risk identified by the deep dive are:

1. Drug Mission Priorities Implementation
2. Implementation of MAT Standards
3. ADP Strategy 2024 – 2027 including its delivery plans, quality improvement projects and risk register
4. ADP Structure and Governance
5. Development of the New Drug Alert Process and Protocol & Communication Strategy 2024
6. Place and locality-based access provision in Hospital, Custody, Prison, ED and in the community including one stop shops
7. Improvement from prison/police custody to NHS Addictions Services inclusive of other community-based supports
8. Primary Care Services
9. Testing and Referral Pathways SH&BBV
10. Mental Health Services
11. NHS Inequalities Policy – NHS Equalities and Outcomes Mainstreaming Plan 2021 – 2025
12. Reducing Drug Deaths Innovation Project based in the Research, Innovation and Knowledge Department
13. High Risk Pain Medicines (HRPM) Safety Group
14. Multi-agency resilience response

Actions 1 to 7 are assured by the ADP Committee and the HSCP's governance structures.

The remaining actions are newly identified and pertain directly to service delivery and policy. Some of these reside with the Board (11 to 13) whilst others sit with Integrated Joint Board (8 to 10). Owners of these actions should be assigned, and the risk regularly assessed using existing templates (as shown in the table below) and reported for assurance or escalation purposes.

The table below is assessed for Actions 1 to 7. There are outstanding actions that have still to be fully risk assessed by the appropriate service and once complete they will be added to the risk descriptor. Further work is required before an assessment can be made.

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

2.3.1 Quality, Patient and Value-Based Health & Care

This has the potential to contribute to and improve the care that we deliver to people of Fife who experience drug dependency and prevent unnecessary deaths. Delivering the right care at the right time has huge potential to improve outcomes and support and sustain ongoing recovery and reduce the need for crisis care.

2.3.2 Workforce

It is anticipated that there will be the potential for a positive impact on staff as it will support their efforts to provide the best possible care to their patients. Equally, there is a downside in that there is the potential increase workload for staff members which will have a detrimental effect.

2.3.3 Financial

This links to the workforce section. At this point in time, it is not possible to state if additional staff resources are needed however each respective element of the Service that is providing care to individuals will have to assess the impact on their service and ascertain if there is a need for developments.

2.3.4 Risk Assessment / Management

There is a high risk of poor outcomes or even death if NHS Fife does not provide the systematic support required to prevent Drug Related Deaths. Drugs deaths reviews are routinely undertaken, and a review of this process has just been agreed. The aim is to develop a system wide approach to address the key themes that have arisen from the drugs deaths reviews.

A copy Deep Dive Review on Substance Related Morbidity and Mortality is attached as (Appendix 1) and this details the magnitude of the risk. This review gives an overview of the range of actions that NHS Fife is delivering to address substance misuse, It also highlights that work needs to be undertaken with key service providers such as Mental Health services to explore the risks and mitigations in more detail with the respective services.

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

People at risk of drug related death can often be at the very edges of society and this work will contribute to improving equality of outcomes and also the rights of the child affected by substance use within the family.

2.3.6 Climate Emergency & Sustainability Impact

There are no direct impacts related to the Climate Emergency for any of the actions related to this risk. However, contact with services will often require travel and the indirect impacts associated with this.

2.3.7 Communication, involvement, engagement and consultation

This work has been carried out in collaboration with Alcohol and Drugs Partnership (ADP) and contributes to the overall strategic objectives of the ADP. It is recognised further work is required with specific services to fully explore the risk.

2.3.8 Route to the Meeting

- A summary report on drugs deaths in Fife was presented at the Alcohol and Drugs Partnership (ADP) meeting on 4 October 2024.
- Fife Risks and Opportunities meeting held on 3 December 2024
- Public Health Assurance Committee on 18 December 2024
- EDG on 20 December 2024

2.4 Recommendation

In order to ensure that NHS Fife is doing all that it can to prevent drugs related deaths and to contribute fully to the ADP's strategic objective to prevent drug related deaths, the following recommendations are made:

- Following on from the EDG decision, PHWC accepts (with potential to amend) the risk into its corporate risk register as outlined in the Assessment section of this report:

Risk Title: Substance Related Morbidity and Mortality

Descriptor: ‘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.

- A mechanism for initial assessment and ongoing review for the new actions are established.
- There is an allocation of these actions to ensure there is an accountable officer able to provide the Board with an accurate risk assessment and there is collaboration with the ADP support team on reporting.
- A target risk score is to be agreed

Discussion – to examine the deep dive risk assessment on drug related deaths contained within Appendix 1 and the content of this SBAR.

Decision – to support and endorse the recommendations as outlined within the report and highlight amendments if amendments are to be made.

3 List of appendices

The following appendices are included with this report:

- Appendix 1 - Deep Dive Review on Substance Related Morbidity and Mortality (Final)
- Appendix 2 - Fife ADP Drug Related Death Annual Report 2023 and MAT standards

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Deep Dive Review on Substance Related Morbidity and Mortality

Corporate Risk Title	Substance Related Morbidity and Mortality		
Strategic Priority	 To improve health and wellbeing		
Risk Appetite	HUNGRY		
Risk Description	<p>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.</p>		
Root Cause (s)	<ul style="list-style-type: none"> • Inequalities • Poverty and deprivation in Fife Communities • Historic increased prevalence of drug use in Scotland • Childhood and adulthood adverse experiences causing trauma and poor mental health. • Physical and mental health needs of care group not met • Higher than Scottish average prescribed high risk pain medicines implicated in drug related deaths? <p>Management actions are scored on the basis of providing adequate and timely clinical care (not of drug deaths as an occurrence themselves).</p>		
Management Actions (current)			
Current Risk Rating ([LxC] & Level (e.g. High Moderate, Low)	Likelihood - 4	Consequence - 5	Level - 20
Target Risk Rating([LxC] & Level (e.g. High, Moderate, Low)	Likelihood - 3	Consequence - 5	Level - 15
Action	Status		Impact on Likelihood/Consequence
<p>National Strategy Drug Mission Priorities 2022-26 The drug mission priorities were announced in January 2021 focused entirely on preventing the drug related deaths in Scotland, these are focused on:</p> <ul style="list-style-type: none"> • Whole family support and development of family inclusive practice • Increase the capacity and access to Residential Rehabilitation for women, veterans, those with dual diagnosis and young people. • Fast and appropriate access to treatment in line with the Medication Assisted Treatment: <ol style="list-style-type: none"> 1. People at high risk are proactively identified and offered support. Effective pathways between justice and community services are established. 2. Effective near-fatal overdose pathways are established across Scotland. 3. People are supported to make informed decisions about treatment options. 4. People are supported to remain in treatment for as long as requested. 5. People have the option to start MAT from the same day of presentation. 	On Track		Reduced Likelihood

<p>6. People have access to high standard, evidence based, compassionate and quality assured treatment options.</p> <ul style="list-style-type: none"> • Assertive outreach and non-fatal overdose pathways • Lived Experience Panel 		
<p>Implementation of The National Strategy for Alcohol and Drug use “Rights, Respect, Recovery” November 2018. The strategy reaffirms that individuals’ families and communities have the right to: health and life free from the harms of alcohol and drugs be treated with dignity and respect be fully supported within communities to find their own type of recovery.</p> <p>It is mapped against five key themes followed by the ADP Committee in the development of the Fife ADP Strategy for 2020 to 2023.</p>	On Track	Reduced Likelihood
<p>Implementation of the Medication Assisted Treatment (MAT) Standards 2021</p> <p>The MAT Standards are:</p> <ol style="list-style-type: none"> 1 All people accessing services have the option to start MAT from the same day of presentation. 2. All people are supported to make an informed choice on what medication to use for MAT and the appropriate dose. 3. All people at high risk of drug-related harm are proactively identified and offered support to commence or continue MAT. 4. All people can access evidence-based harm reduction at the point of MAT delivery. 5. All people receive support to remain in treatment for as long as requested. 6. The system that provides MAT is psychologically informed (tier 1); routinely delivers evidence-based low intensity psychosocial interventions (tier 2); and supports individuals to grow social connections. 7.All people have the option of MAT shared with Primary Care. 8. All people have access to independent advocacy as well as support for housing, welfare, and income needs. 9. All people with co-occurring drug use and mental health difficulties can receive mental health care at the point of MAT delivery. 10. All people receive trauma informed care. 	On Track	Reduced Likelihood
<p>ADP Structure and Governance</p> <p>ADP report to the Integrated Joint Board and into the Public Health and Wellbeing Committee (PHWC). In turn the PHWC report to NHS Fife Board with an option to go via the Executive Directors’ Group.</p>	On Track	Reduced Likelihood
Management Actions (future)		
Action	Status	Impact on Likelihood/Consequence
<p>Implementation of the New Fife Alcohol and Drug Partnership Strategy 2024-2027</p>	On Track	Reduced Likelihood

<p>“To enable all the people of Fife affected by drug and alcohol use to have healthy, safe, satisfying lives free from stigma”. The strategic themes have been matched against the Health and Social Care Partnership themes and are detailed below:</p> <ul style="list-style-type: none"> • Wellbeing: Prevention and Early Intervention • Local: Risk is reduced for people who take harmful substances. • Integration: Treatment and recovery services are easily accessible and high quality. • Outcome: Quality of life is improved to address multiple disadvantages • Sustainable: Children, Families and Communities affected by substance use are supported. 		
<p>Development of the New Drug Alert Process and Protocol & Communication Strategy 2024</p>	<p>On Track</p>	<p>Reduced Likelihood</p>
<p>Hospital Navigator Service</p>	<p>On Track</p>	<p>Reduced Likelihood</p>
<p>Dedicated Addictions Worker</p>	<p>On Track</p>	<p>Reduced Likelihood</p>
<p>Primary Care Services</p> <p>Primary care services include GPs and their teams, pharmacists, dentists and opticians. GPs may be supported by wider multidisciplinary teams or networks. Primary care services should have a significant role in preventing and reducing harm experienced by people with problem alcohol and or drug use, via the development of a shared care model and between primary care and specialist secondary service (MAT 7).</p> <p>Recognising the vital role that primary care can deliver physical health and mental health services for those at risk of drug related deaths. Primary care needs the following support from the Health Board</p> <ul style="list-style-type: none"> • Non-stigmatising and trauma informed training available in statutory (e.g. primary care) and non-statutory settings (e.g. recovery communities) • Improved communication for shared patients • Prescribing of Opioid Substitution Therapy in settings that are accessible and non-stigmatising. • Prescribing of Opioid Substitution Therapy available where possible in primary, secondary and community settings. • Have awareness and consideration of potential use of drugs being used alongside alcohol or different drug usage when discussing prescribing options. • Addictions nurses fully embedded in primary care teams where drug use and prevalence of drug harm and death is highest. <p>Community Pharmacy and Pharmacy Services</p> <ul style="list-style-type: none"> • Provision of clinical support through pharmacist prescribers – currently aspirational and not yet discussed/ agreed. 	<p>On Track (PHS 2023/24 assessment indicated MAT 7 shared care model was provisional green)</p>	<p>Reduced Likelihood</p>

<ul style="list-style-type: none"> Continued communication between prescribers and pharmacists including where there are welfare concerns Adherence to 3-day notification for failure to pick up script Harm reduction support, advice and equipment Implementation of national community pharmacy service to provide emergency access to naloxone. Implementation of a Take Home Naloxone service offering naloxone to those at risk, friends and family members Continual workforce development provided to Community Pharmacy Network Signposting to relevant third sector services and community-based support 		
<p>Testing and Referral Pathways SH&BBV</p> <ul style="list-style-type: none"> Routine testing including: <ul style="list-style-type: none"> For blood borne viruses such as HIV, Hepatitis C and B. Where potential infections identified appropriate treatment, care and testing should be clearly explained and arranged with the person. <p>Where required, referral pathways to treatment/recovery where available and choice discussed and agreed with the person.</p>	On Track	Reduced Likelihood
<p>Mental Health Services</p> <ul style="list-style-type: none"> To be treated fairly when they have co-occurring mental health issues. To not be turned away for treatment for mental health because they are affected by alcohol and or drug use. People and their families ask for mental health support to be available in the same place they access their treatment and recovery for alcohol and or drug use. Treatment and recovery for co-occurring conditions available no matter which service users contact first and partnership or multi-disciplinary working and/or referrals made where agreed and required. Services for treatment and recovery and co-occurring mental health issues are co-located or have specialised staff members embedded at other services. 	On Track (PHS 2023/24 assessment indicated MAT 9 shared care model was provisional green)	Reduced Likelihood
<p>Prescribing of High-Risk Pain Medicines</p> <ul style="list-style-type: none"> Implementation of 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. 	Completed	Reduced likelihood
<p>Prescribing of High-Risk Pain Medicines</p> <ul style="list-style-type: none"> Embed HRPM programme into business-as-usual models and continue to implement quality improvement actions. 	Significant level of delivery challenge	Reduced likelihood
<p>NHS Inequalities Policy – NHS Equalities and Outcomes Mainstreaming Plan 2021 – 2025</p>		Reduced Likelihood

<ul style="list-style-type: none"> • Role of NHS Equalities and Human Rights Team in embedding National Collaborative Rights for People affected by Substance Use (published Dec 2024) • Those using substance recognised in EQIA for redesign of urgent care, covid vaccination programme. 	Significant level of delivery challenge	
<p>Improvement from prison/police custody to NHS Addictions Service pathways for patients liberated.</p> <ul style="list-style-type: none"> • Establishment of getting liberation right meetings • Pathway established to protect recovery and progress made in custody. 	On Track	Reduced Likelihood
<p>Multi-agency resilience response to the potential of mass casualties due to new potent illicit substances mixed into the drug supply.</p> <p>Multi-agency event was held in August 2024 and a recommendation made to SG and PHS to convene a national exercise.</p>	Significant level of delivery challenge	Reduced Likelihood

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



Fife Alcohol and Drug Partnership
Promoting Recovery. Reducing Harm.

DRUG RELATED DEATHS

This report is intended to provide an overview of drug-related deaths (DRDs) in Fife in 2023 by analysing trends and themes which could be used to influence strategy development, action planning and quality improvement work with services and with people with lived and living experience for the prevention of drug-related deaths. This report complements and provides additional detail to national or local partner organisation analysis.

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DEFINING DRUG RELATED DEATHS

03

In 2001, the National Records of Scotland introduced a baseline definition of a drug-related death to support reporting for the UK Drug Strategy. This report uses the same definition and reports on calendar year rather than financial. More information on the definition could be found below:

<https://www.nrscotland.gov.uk/files/statistics/drug-related-deaths/20/drug-related-deaths-20-annex-a.pdf>

The 'baseline' definition for the UK Drugs Strategy covers the following cause of death categories (the relevant codes from the International Statistical Classification of Diseases and Related Health Problems, Tenth Revision [ICD10], are given in brackets):

a) deaths where the underlying cause of death has been coded to the following sub-categories of 'mental and behavioural disorders due to psychoactive substance use':

- opioids (F11);
- cannabinoids (F12);
- sedatives or hypnotics (F13);
- cocaine (F14);
- other stimulants, including caffeine (F15);
- hallucinogens (F16); and
- multiple drug use and use of other psychoactive substances (F19).

b) deaths coded to the following categories and where a drug listed under the Misuse of Drugs Act (1971) was known to be present in the body at the time of death (even if the pathologist did not consider the drug to have had any direct contribution to the death):

- accidental poisoning by and exposure to drugs, medicaments and biological substances (X40 – X44);
- intentional self-poisoning by and exposure to drugs, medicaments and biological substances (X60 – X64);
- assault by drugs, medicaments and biological substances (X85); and
- poisoning by and exposure to drugs, medicaments and biological substances, undetermined intent (Y10 – Y14).



STATS

In 2023 we observed the following key points through our analysis of the data:

- Fife had a total of 73 drug-related deaths.
- In Fife, drug related deaths in males still remain higher than in women.
- The majority of drug-related deaths that happened in 2023 in Fife involved gabapentin and/or pregabalin.
- The lower total from 2022 has lowered the 5 year average and as such, this tracks below the 2023 figure.

KEY POINTS

- Unfortunately, Fife saw an increase of DRDs in 2023. They increased by 24% year on year from 59 in 2022 to 73 in 2023.
- In 2023 40% of deaths were in females compared to 60% in males with a ten-year average of 31% female and 69% male.
- There has been quite a sharp increase in the illicit use of gabapentin and pregabalin. These have increased in prevalence from 36% in 2022 to 51% in 2023.
- Fife has a higher rate per 100,000 population for the youngest (15-24) age group, 18.4 per 100,000 population compared to 10.8 for Scotland.
- 49% of all drug related deaths involved crack/cocaine use.

KEY POINTS

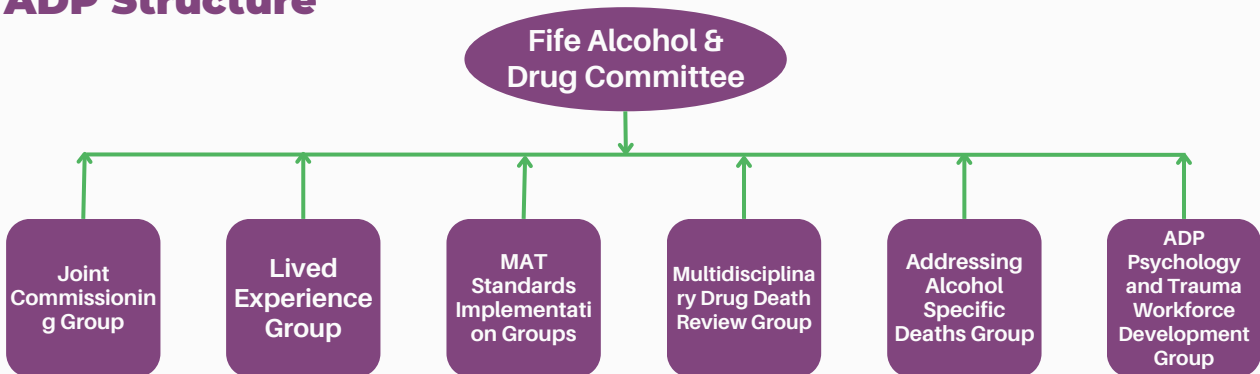
INTRODUCTION

05

Fife ADP has continued to address the national Drug Related Death crisis and has worked closely with the national Drug Death Taskforce and Scottish Government Drug Mission Policy Unit to align provision to the new evidence-based recommendations. This regualvanised the approach across Fife to focus on its strategic priorities through the lens of delivering interventions to focus on addressing the drug related deaths crisis. This is also evident in the new ADP Strategy 24 - 27, developed at the end of 2023 for implementation from 2024.



ADP Structure



The Work of the ADP

Working within the overarching themes of the 2024-2027 ADP strategy, the ADP continue to commission a suite of services to provide the people of Fife who are experiencing problematic drug and/or alcohol use with harm minimisation, prevention and recovery services. The new strategy reflects the themes of the Health & Social Care Partnership strategy 2023 - 2026 of Wellbeing, Local, Integration, Outcomes and Sustainable. There is a closer focus on prevention and early intervention and tackling a rise in the under 25 age group.

The Work of the ADP Cont.

06

As mentioned above, Fife ADP is undertaking a lot of work with our partners aimed at preventing drug related deaths in young people, including generating a targeted campaign for engaging with young people around the harms of drugs. Fife ADP is also continuing with the implementation of its new communication strategy to inform the people of Fife about all of the services that are available to them. Effective communication continues to arise as an issue within short life working groups and is being prioritised wherever possible to improve processes and platforms.

Fife ADP continue to take an active role in all of the MAT Standards working groups to ensure that they remain focused and forward thinking in order to provide an opportunity to improve the lives of those living in Fife.

We have also set up and supported numerous ADP sub-groups including:

- Joint Commissioning Group
- Lived Experience Group
- Addressing Alcohol Specific Deaths Group
- ADP Psychology and Trauma Workforce Development Group
- Drug Harm Assessment Group
- Children & Young People - Rapid Action Group

Multidisciplinary Drug Death Review Group (MDDRG)

Each individual case is reviewed thoroughly with a pack compiled on each case which includes the death report, toxicology, GP chronology and ME4. An ME4 is a Medical Examiners Form. This gives the group details of the drugs that were implicated in, or potentially contributed to, the cause of death and which drugs were present, but not considered to have had any direct contribution to the death. These are not issued for deaths relating to paracetamol only.

MDDRG MAIN THEMES

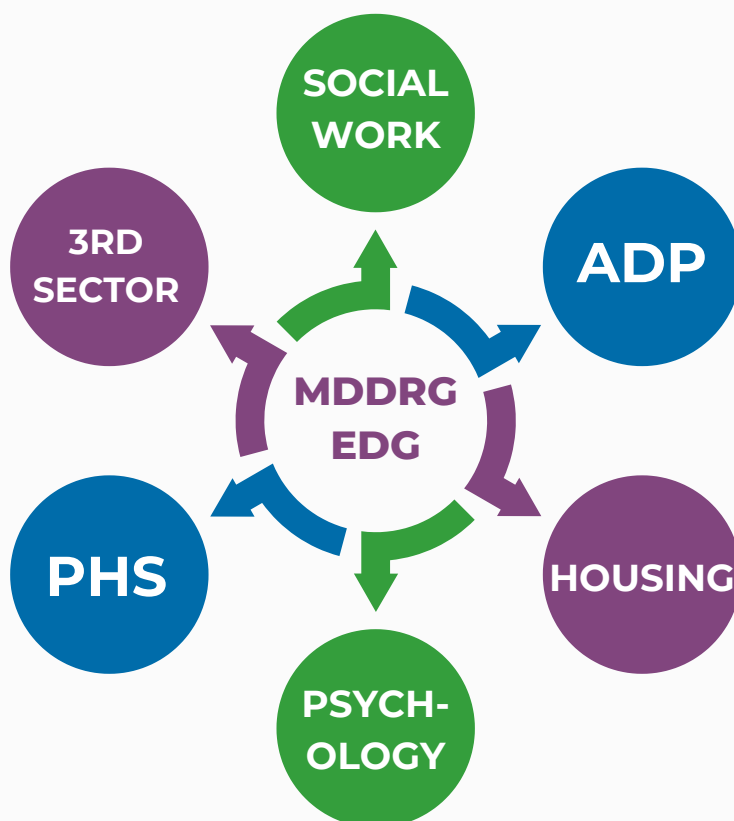
07

The MDDRG EDG Main Themes

Having utilised multi-disciplinary input, feedback and experience, the MDDRGs worked to review all drug related deaths. They worked to identify where systems/supports could have been improved and therefore where deaths had been preventable. These findings were collated and 6 main themes emerged which were:

- 💡 **Additional Proactive Support and Co-ordination of Care**
- 💡 **Communication**
- 💡 **Care of Vulnerable Adults**
- 💡 **Overdose Awareness**
- 💡 **COVID Affective Service Response/Engagement**
- 💡 **Access to services**

The MDDRG EDG was then established to review each of these themes and create a joint action plan for services across Fife to implement and improve outcomes for those using drugs. It encompasses the following services as a minimum:



MDDRG CONTINUED...

08

While the core MDDRG group remains in place, In 2023, the MDDRG Expert Development Group was established by Fife ADP. The purpose of the group is to make recommendations for improvements to the systems of care and support accessed by people at risk of drug related harm and premature mortality. This might include changes to processes, the flow of information, the workforce and to services. The recommendations were reported to the ADP committee, implementations were considered to develop quality improvement processes across systems and directorates. Key representation from this group includes; NHS addiction services, Scottish Drugs Forum, NHS Pharmacy Services, Public Health, Nursing, Third Sector Representation and Social Work. There was however, a lack of buy in from services to take forward the recommendations despite the majority being work that was already being done within the ADP and some external agencies.



Following a review of the cases, six overarching learning and improvement categories were identified:

- 1. Communication- This includes instances where there were deficiencies in communication and information sharing across multiple agencies, spanning primary care, secondary care, A&E, mental health, addictions services (including third sector), housing, police, security providers, social work and out of area services.**
- 2. Access to services-** This includes access to addiction services and non-addiction services. Nondrug treatment services where access could have been improved or facilitated included mental health, housing, health, social work, psychology, family support and bereavement support. Needs to ensure 'no wrong door' of access to addiction services and to support awareness and access to non-stigmatising addiction services to all members of the community was identified. The need for pathways between addiction services and mental health was a strong theme.
- 3. Additional proactive support and coordination of care- This includes the need for a coordinated case management approach as well as assertive outreach for people not engaging with services, proactive action to maintain service engagement (retention), and provision of additional support during high-risk times.**
- 4. Adult protection-** This includes providing vulnerable adults with support including referral to adult protection; services being able to engage in adult protection processes; and support for people who did not meet the adult protection criteria. The need to consistently follow up people following presentation to Accident and Emergency in crisis was also identified.
- 5. Lack of overdose awareness - This includes cases where overdose signs were not recognised by those present, including the observation that cases were snoring, indicating scope for further education and training for recognising and reacting to overdose signs.**
- 6. COVID effective service response/ engagement-** This includes cases where people were unable to meet face to face due to COVID-19 restrictions or shielding, where this may have supported better engagement. In particular there were several cases where home visits would have provided a better understanding of living conditions.

MULTIDISCIPLINARY DRUG DEATH REVIEW GROUP

10

The MDDRG - Going Forward

The work and efficacy of the MDDRG was reviewed in 2023, with a refined process being established and a few changes being made. Firstly, it was agreed unless the death was of a young person, the MDDRG would not review any cases pertaining to the Addictions Service as they reviewed them as matter of course. Secondly, a decision was made to archive cases over 6 months old and focus on any current learning that could be gained from recent cases.

This process continued to highlight the same 6 themes as defined on the previous page of this report. There were supplementary themes also but they pertained to individual cases and would be more prudent to deal with on an individual basis rather than in a group forum.

Further Review

Due to the consistency of themes, even within the refined process, Fife ADP are proposing to review and streamline the process of assessing deaths to this report and to immediate public health led reviews of deaths that occur as a cluster as defined by recent PHS guidance. The emphasis will be the design and implementation of the MDDRG Expert Development Group (EDG) action plan. The action plan sets out specific actions under each theme in order to create systemic change and improve outcomes.

The proposal is to replace the MDDRG meetings with the MDDRG EDG meetings to create a task focused group that can meet and action progress for each of the action points. This would give an emphasis on direct action with the opportunity to measure successes as an ongoing process.

DRUG RELATED DEATHS IN FIFE

11

Drug-related deaths (deaths due to drug misuse)¹ in Fife rose to 73 in 2023 compared to 59 in 2022 and a high of 81 in 2019 (Figure 1). Data for all of the numbers and charts in the report is taken from the NRS drug-related deaths datasets². Five-year averages show that these deaths have been increasing overall since 2012-2016 (Figure 1).

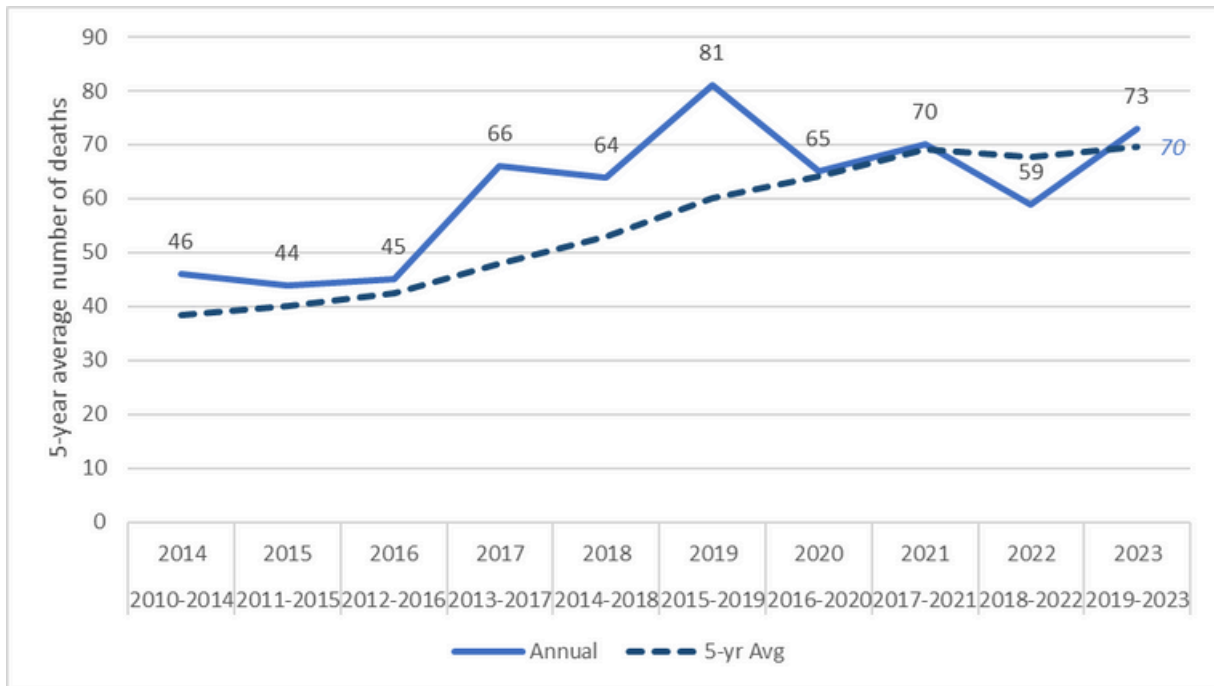


Figure 1: Drug-related deaths in Fife 2023, annual and five-year rolling average (Source: NRS)

Comparing Fife to Scotland as a whole using five-year averages of age standardised rates per 100,000 population Fife has had a lower rate than Scotland since 2014-2018 and the gap has increased in more recent years (Figure 2).

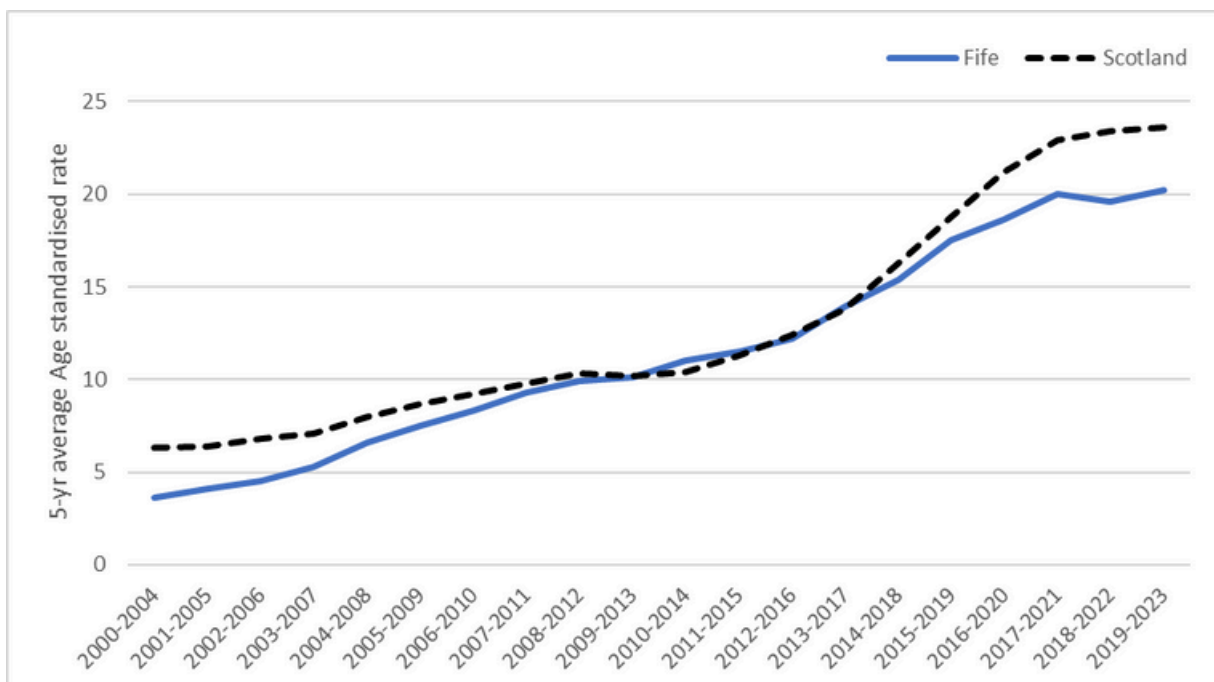


Figure 2: Drug-related deaths, five-year rolling average age-standardised rates per 100,000 population, Fife and Scotland (Source: NRS)

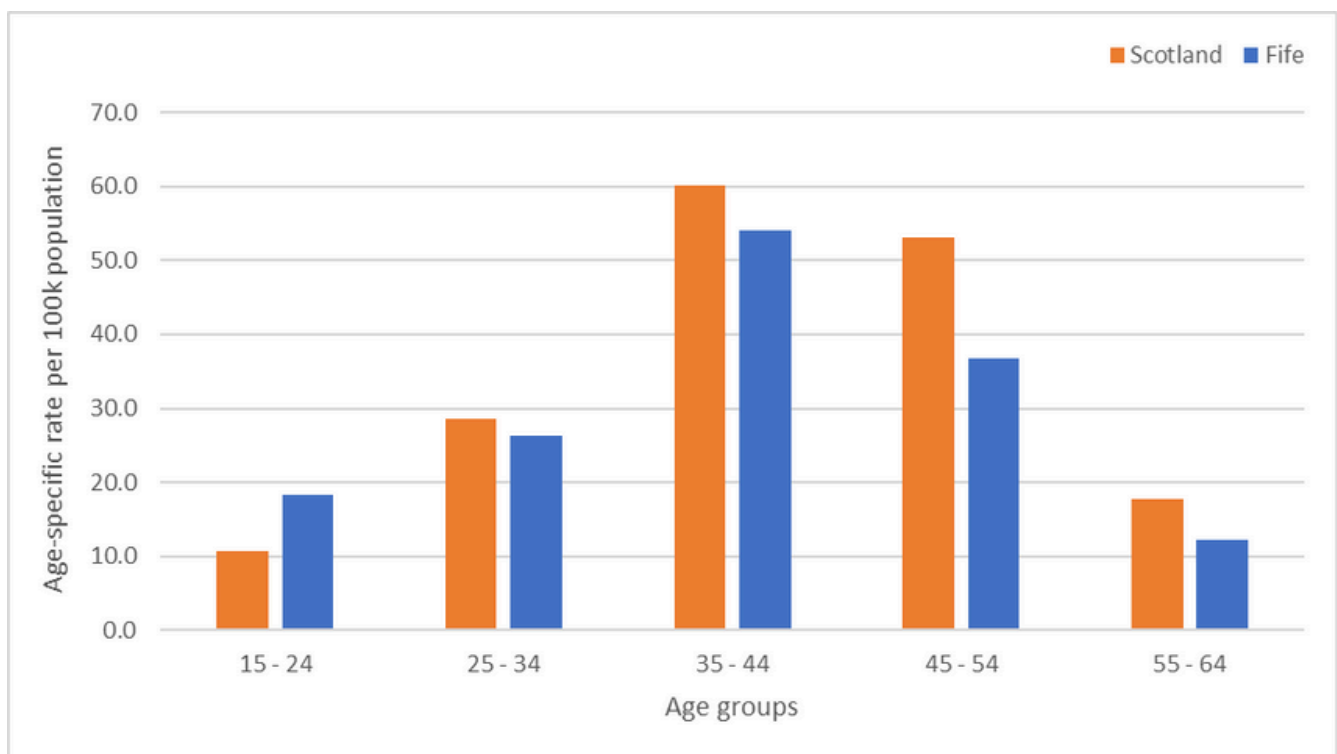
DRUG RELATED DEATHS BY AGE GROUP

12

Looking at age groups in more detail, five-year average age-specific rates for 2019-2023 show that Fife has a higher rate per 100,000 population for the youngest (15-24) age group, 18.4 per 100,000 population compared to 10.8 for Scotland. Lower rates (per 100,000 population) are seen in Fife for the following age groups:

- 36.8 (45-54) vs. 53 for Scotland
- 12.3 (55-64) vs. 17.8 for Scotland

The highest rates are seen in the 35-44 age groups for both Fife (54) and Scotland (60.2). This pattern has been similar from the 2016-2020 five-year average onwards, however, Fife has an increasing trend in the 18-25 age group and a decreasing one for the 25-34 age group whereas Scotland's trend much less marked for both these ages.



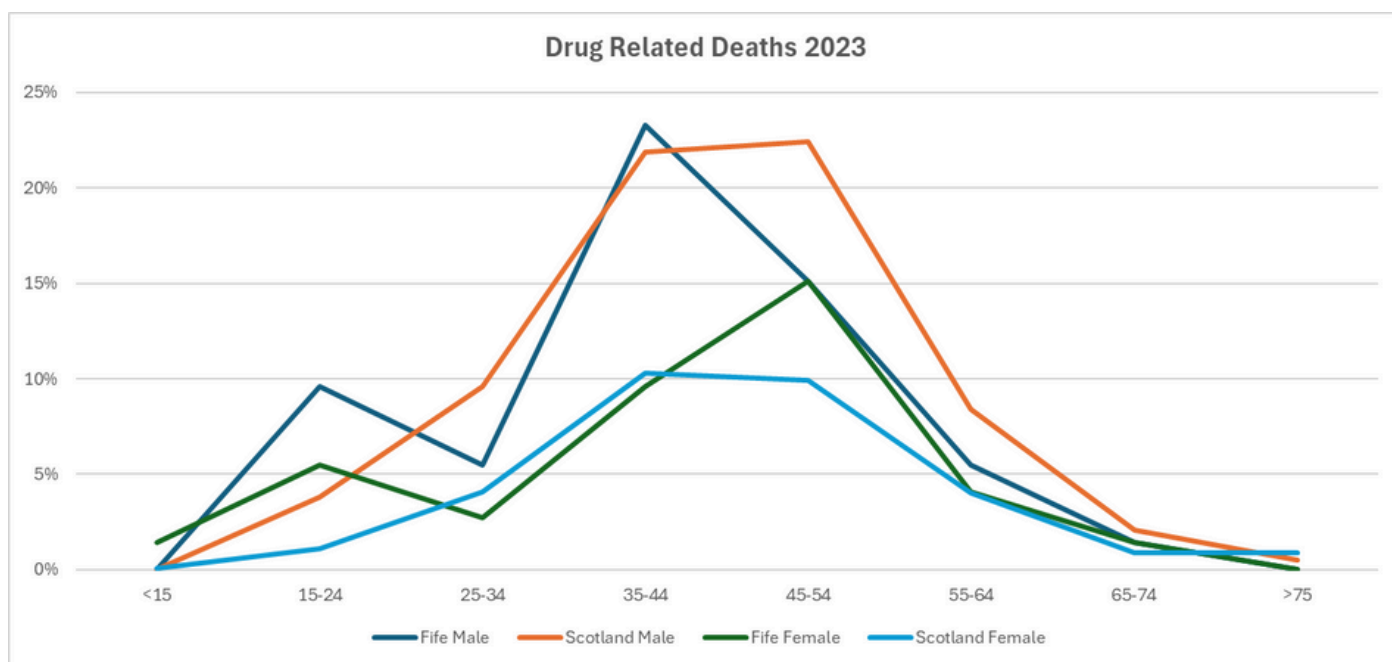
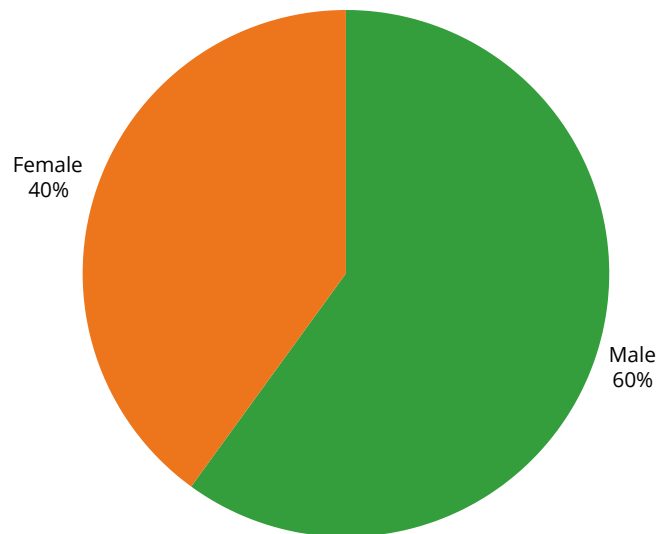
Drug use deaths 2023, age-specific rates per 100,000 population, Fife and Scotland
(Source: NRS)

At the end of 2023, meetings were held to identify the needs of those in the 18-25 age group in order to reduce the harm being caused within this group. From this a Children and Young People Rapid Action Group (CYPRAG) was formed. The group have formed an action plan which has continued into 2024 and ranges from forming working groups to developing media campaigns aimed at young people and utilising the input of young people to create messaging that will reach the targeted group.

DRUG RELATED DEATHS BY SEX

13

A higher proportion of drug-related deaths are seen in males compared to females in both Fife and Scotland. In 2023 40% of deaths were in females compared to 60% in males with a ten-year average of 31% female and 69% male; female drug-related deaths in Fife have ranged from 18% in 2020 to 40% in 2023, 39% in 2017. Scotland has a similar ten-year average (30%F/70%M) but less variation is seen between years, most probably due to larger numbers.



Annual comparison of deaths by gender and age group in Fife and in Scotland for 2023.

As mentioned previously, there is a clear anomaly within Fife around the severity of risk faced by young people. The graph above plots a breakdown for the deceased's gender, age group and locally versus nationally. It shows Fife has unfortunately seen a higher level than in Scotland for deaths up until the age of 24, the deaths amongst both males and females occur at a greater rate than in Scotland as a whole.

HEALTH CONDITIONS

14

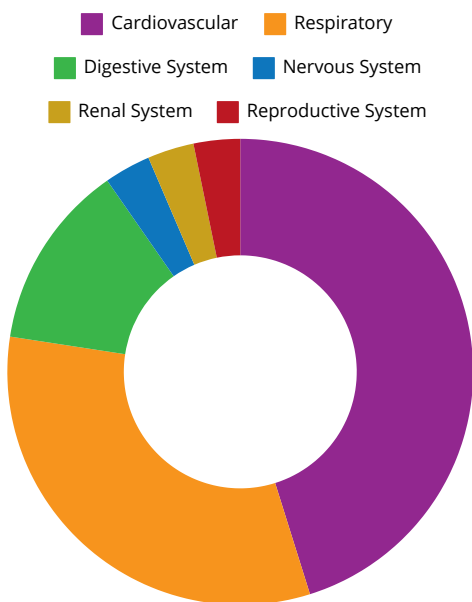
Health conditions were reported on the ME4s of 28 people who died of drug related death (38%), as a contributory factor in the death. These included conditions directly associated with substance toxicity or underlying health conditions. A further 3 cases were labelled as unknown, leaving 42 cases as being attributed to drug toxicity only.

Most commonly, Bronchopneumonia or pneumonia was included in the cause of death for 9 people and Cardiomegaly was included as a cause of death for 4 people. When looking through the cases, a different split emerges when the health conditions are grouped. This is what the groupings of the medical conditions look like:

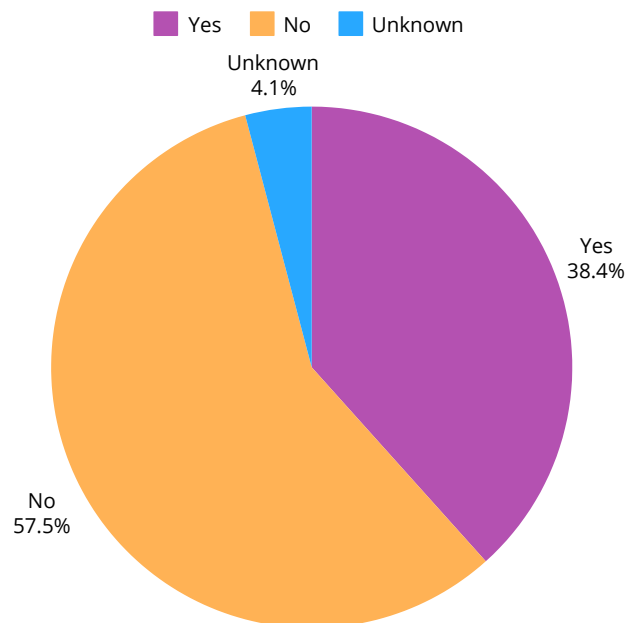
- 1. Cardiovascular in nature = 14
- 2. Respiratory in nature = 10
- 3. Digestive system = <5
- 4. Nervous system = <5
- 5. Renal system = <5
- 6. Reproductive system = <5

With a large proportion of deaths involving multiple substances, it is difficult to understand the full impact of the drug use on the specific health conditions. Different substances interact with each in different ways which can make them volatile and/or unpredictable which in turn can have unexpected effects within the body. This makes harm reduction advice difficult compared to single drug use and less synthetic substances.

Additional Health Conditions by Grouping



Percentage of Deaths with Additional Health Conditions Involved

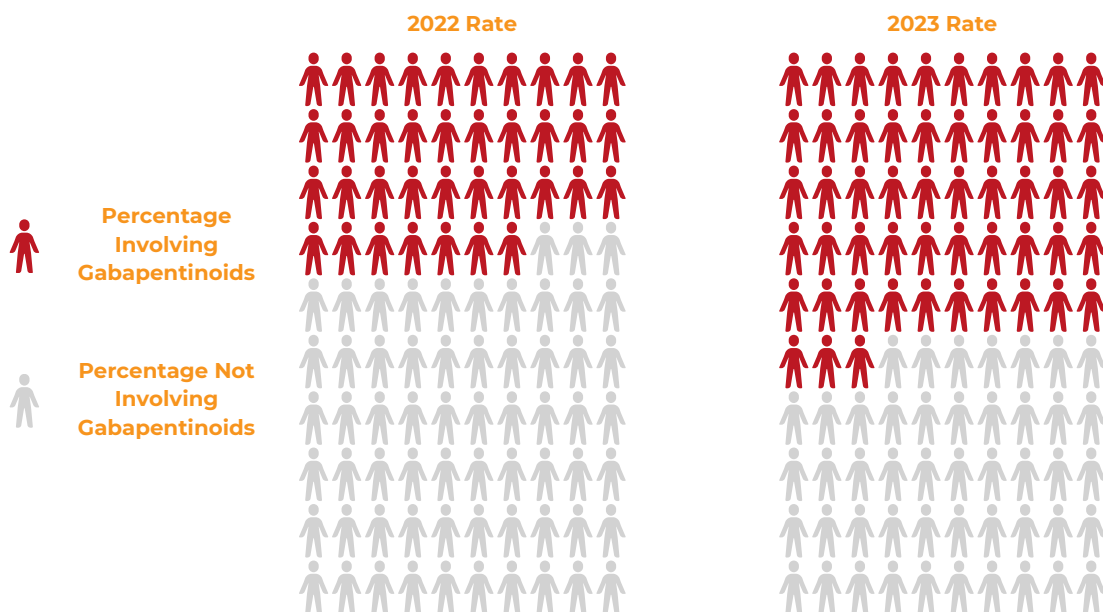


HIGH RISK PAIN MEDICATIONS

The High Risk Pain Medicines (HRPM) Patient Safety Programme led by NHS Fife and contributed to by the ADP Support team, seeks to understand how pain is currently managed across Fife for the whole population. The involvement of prescribable high risk pain medicines (HRPM) in drug related deaths was identified by the programme as a risk associated with prescribing in Fife, and a short life working group was established to understand the harms associated with prescribed HRPM, and to consider the needs of people who are using substances, in relation to this programme.

Through work prior to the HRPM programme it had been identified some HRPM, notably opioids, Gabapentinoids and benzodiazepines, were indicated in fatal and non-fatal overdoses in people who use substances. It had also been noted that Fife had a higher involvement of Gabapentinoids in drug related deaths. A short life working group (SLWG) was therefore established, led by a Consultant in Public Health, with key stakeholders from Fife Alcohol & Drugs Partnership, NHS Fife Addiction Services and 3rd sector agencies with a focus on understanding more about the involvement of HRPMs in drug related deaths in Fife. That group has since concluded and a report capturing the learning of the SLWG was submitted to Fife Alcohol and Drugs Partnership Committee in summer 2023 and shared with the HRPM Programme Board to help inform some of the tests of change and guidance refresh undertaken in year 2.

In 2023, drug related deaths in Fife which involved Gabapentinoids (gabapentin or pregabalin) present in toxicology reports accounted for 53% of the overall deaths. This is an increase compared to 2022 where they accounted for 37% of all deaths in Fife.



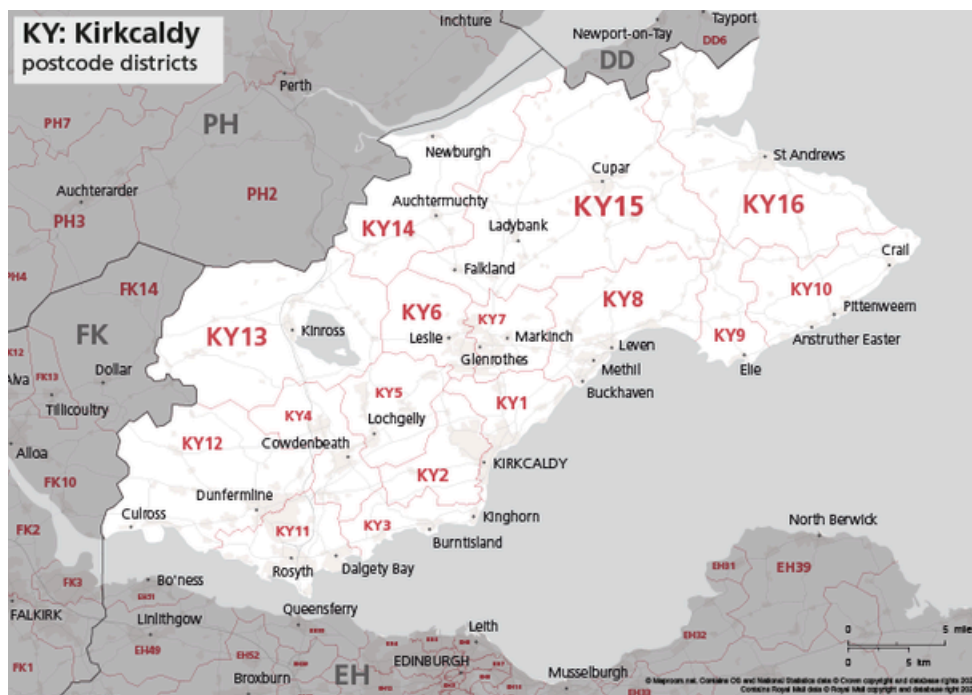
ANALYSIS - BY LOCALITY

16

The 6 most prevalent postcode areas in 2023 where people resided at the time of death were:

- KY2 (10) Kirkcaldy South
- KY4 (9) Cowdenbeath
- KY8 (9) Levenmouth
- KY11 (8) Dunfermline South
- KY5 (7) Lochgelly
- KY12 (7) Dunfermline North

This does not represent a more equitable spread than the previous year but with a wide geographical area and relatively lower numbers, it is hard to gather if this is a trend or just a fluctuation.



it is always worth analysing the locus of death as this is not always the same as the deceased's last known address. For example, 4 deaths occurred out of area (DD2, DD6, FK8 and PH16) but all 4 service users lived in Fife according to their last known addresses. The 5 most prevalent locus' postcode areas where deaths occurred were the same as for the residences, but the distribution was different.

- KY2 (18) Kirkcaldy South
- KY8 (10) Levenmouth
- KY12 (8) Dunfermline North
- KY4 (7) Cowdenbeath
- KY5 (5) Lochgelly

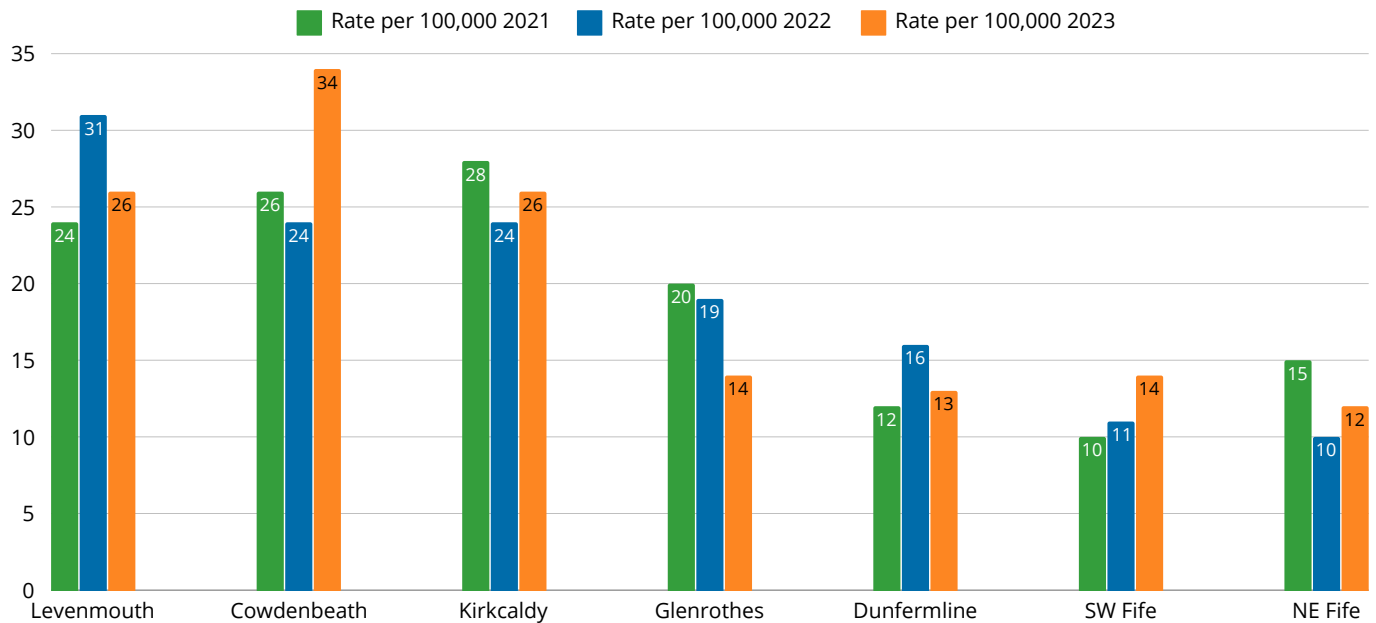
This indicates that these are important areas to ensure services and outreach are available as well as harm reduction and prevention activities are focused.

DRUG RELATED DEATHS BY LOCALITY

17

The below graph demonstrates the mean rate per 100,000 in 23 in Fife per locality area. Cowdenbeath has overtaken Levenmouth as having the highest rate of drug related deaths with Kirkcaldy sitting on the same figure as Levenmouth (source: Fife ADP drug related death analysis). The average rate for Fife is 20 with the aforementioned localities as the only ones that are higher than average.

All other localities are very close in death rates and are much lower below average as can be seen in the graph below which looks at the 3 most recent periods:



Consideration was given to the last known home address of individuals although it is worth highlighting that home addresses were not always the same as the location of deaths. Further, there was a large proportion of data that was not known.

DRUG HARM ASSESSMENT GROUP

18

Overview

The drug harm assessment group provides a multi-disciplinary whole system perspective to reviewing, risk assessing and predicting the harm/potential harm of specific drugs, cases or events in Fife.

To review, risk assess and or predict any significant (or potential for) harm due to:

- Changes in drug trends and the current harm or potential harm this may cause to those using substances in Fife.
- Reported case(s) involving substances of particular concern, i.e. Nitazenes.
- Rapid increase in drug related deaths,
- Analysing intelligence from out with the area in order to prepare harm reduction processes in the event of it entering Fife.

Learning and recommendations will be shared with the group members, ADP committee and a summary of themes in the Fife ADP Drug Related Death Annual Report.

- Specific areas for particular consideration in reviews will include:
- Drug death review includes assessments of all opioid-related deaths with regards to whether naloxone could potentially have been available as an intervention.
- Develop understanding in relation to learning themes previously identified.
- Drug related deaths which have occurred where a patient is open to NHS addiction services will be completed in conjunction with the NHS addictions clinical review.
- The group members will carry out agreed immediate actions.
- Progress will be monitored by the Chair and escalated where appropriate.

A representative from Police Scotland will be attending the newly established Drug Harm Assessment Group. This may help with analysing the data from the next reporting period in drawing links between areas and specific activity and/or clusters of vulnerable people that highlight a need for support in that area. There will be a wide range of participation including PHS, NHS, commissioned services and the Scottish Prison Service to name a few.

The ADP strategic aims are in line with having a preventative, early intervention approach and as such, will utilise this type of data to target campaigns, alerts and other preventative measures that are required.

DRUG RELATED DEATHS BY CATEGORY

19

Due to the small numbers, the number and proportion of deaths associated with individual substances fluctuates year on year. In 2023 the most prevalent groups of substances present in drug related deaths were as follows:

Opioids

75%

The proportion of deaths with any opiate or opioid implicated in 2023 in Fife (75%) was similar to but tracking below the Scottish average (80%). The proportion of deaths with any opiate or opioid implicated in 2022 was 6% higher with 81% of all cases involving at least one opioid. For the whole of Scotland the rate has remained consistent year on year at 80% again in 2023.

Stimulants

64%

There was a 64% proportion of Fife drug related deaths that have included cocaine. This is higher in 2023 than in both previous years. However, when this is also compared to the figure in Scotland where levels had remained fairly similar over the previous period (29% in 2019; 35% in 2022) the percentage for Scotland has increased at a far steeper rate to 84% for 2023. It continues to be important to understand the drivers for this apparent and steep increase involving cocaine in drug related deaths. The cost of cocaine has decreased, has this made it more accessible.

Benzodiazepines

53%

The number and proportion of deaths associated with benzodiazepines use was lower in 2023 compared to the 4 prior years in Fife (53%) and in Scotland (58%). The majority of drug related deaths with benzodiazepines implicated, are associated with street benzodiazepines (40%) in 2023 (particularly bromazolam), however, the number of prescribed benzodiazepines implicated have risen to 34%. It will be important to continue to monitor the longer-term trend in relation to benzodiazepine deaths.

Gabapentin/Pregabalin

51%

51% of drug related deaths in Fife, have seen gabapentin or pregabalin implicated in them. That's over half of all drug related deaths in Fife in 2023. This has increased significantly and will continue to be monitored for targeted work into 2024. There has also been an increase in Scotland but not to such a steep degree. Both in Fife and in Scotland 2021 had higher rates than in 2022 but this would appear to have been an anomaly with rates on the rise once more.

DRUG RELATED DEATHS BY CATEGORY CONT...

20

Opiates and opioids were the most commonly reported drugs, found in 75% (55) of drug-related deaths in Fife in 2023. Methadone was mentioned in around half of deaths (34) with heroin/morphine mentioned in 26. Benzodiazepines were mentioned in 39 deaths and street benzodiazepines in 29. Cocaine was mentioned in 36 deaths (24 mentions in 2022) and Gabapentin/ Pregabalin (prescription antiepileptic and nerve pain drugs) in 37 (21 mentions in 2022). Other drugs such as Ecstasy and Amphetamines were less commonly reported with just 5 and 6 mentions respectively and alcohol was mentioned 7 times. Nitazenes (synthetic opioid) were not present in any death in 2023 in Fife. Note that multiple drugs can be mentioned on the death certificate so any numbers quoted will not add up to the total. Table 1 shows a comparison of drug types recorded in drug misuse deaths between Fife and Scotland in 2023.

Drug misuse deaths 2023, drug type recorded on death certificates, Fife and Scotland
(Source: NRS)

2023	Scotland%	Fife%
All drug use deaths		
Any opiate or opioid	80%	75%
Heroin / morphine*	33%	36%
Methadone	44%	47%
Buprenorphine	6%	5%
Codeine or a codeine-containing compound	5%	12%
Dihydrocodeine or a d.h.c-containing compound	10%	7%
Nitazenes	2%	0%
Any benzodiazepine	58%	53%
Any Prescribable benzodiazepine	19%	34%
Diazepam	13%	29%
Any Street benzodiazepine***	49%	40%
Etizolam	15%	11%
Bromazolam-	36%	22%
Gabapentin and/or Pregabalin	38%	51%
Cocaine	41%	49%
Ecstasy type	3%	8%
Amphetamines	3%	7%
Alcohol	10%	10%

Please see next page for supplementary notes

DRUG RELATED DEATHS SUPPLEMENTARY NOTES

21

** “There is a combined figure for 'heroin/morphine' because it is believed that, in the overwhelming majority of cases where morphine has been identified in post-mortem toxicological tests, its presence is the result of heroin use”.*

<https://www.nrscotland.gov.uk/files//statistics/drug-related-deaths/23/drug-related-deaths-23-data.xlsx>

” Definition of prescribable versus street benzodiazepines available here: Drug Related Deaths 2021, Annex H ([nrscotland.gov.uk](https://www.nrscotland.gov.uk))

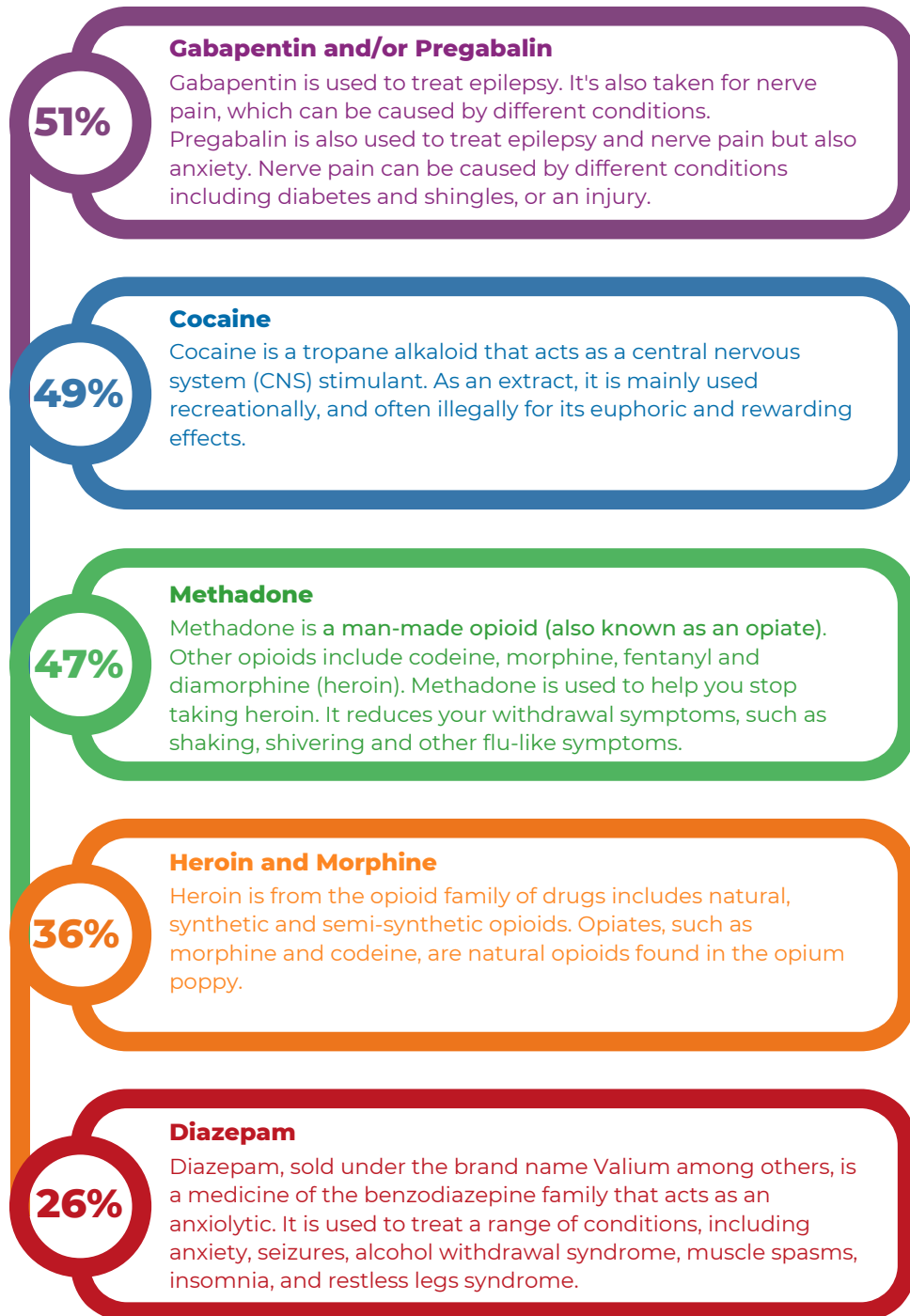
- “There was limited testing of both bromazolam and nitazenes in post mortems carried out prior to 2023. Caution is advised when making comparisons with the number of deaths involving these drugs prior to 2023 ”.

<https://www.nrscotland.gov.uk/files//statistics/drug-related-deaths/23/drug-related-deaths-23-data.xlsx>

DRUG RELATED DEATHS BY SUBSTANCE

22

In 2023 the most prevalent selected substances (prescribed and non-prescribed) present in drug related deaths were as follows:



The information above shows quite a sharp increase for gabapentin and pregabalin. These have increased in prevalence from 36% in 2022 to 51% in 2023. Conversely, heroin and morphine have decreased from 44% in 2022 to 36% in 2023.

DRUG RELATED DEATHS BY SUBSTANCE CONT...

23

2023 has seen a significant change in the five most prevalent drugs indicated in drug related deaths. It is important to evaluate these changes and update resources to support knowledge on the issues surrounding each of these.

Looking at the five most prevalent substances in further detail we can try to establish what factors may have impacted upon the changes:

Gabapentin and/or Pregabalin

Gabapentinoids can be co-ingested with opioids, which can increase the risk of death but enhances the effect of the drugs used. People may also use these substances to self-medicate for psychological and social problems.

Cocaine

The street price of cocaine has fallen leading to an increase of cocaine use and local dealers now offering cocaine more readily to a new market of users since the price barrier has been removed. There is also less of a stereotype for cocaine now unlike other drugs, cocaine by comparison is now relatively normalised.

Methadone

The use of methadone has remained quite consistent as it retains the same percentage of drug related deaths as last year. It is unclear from the figures as to whether this was illicit or prescribed methadone and indeed a combination of both so no further conclusions can be made.

Heroin and Morphine

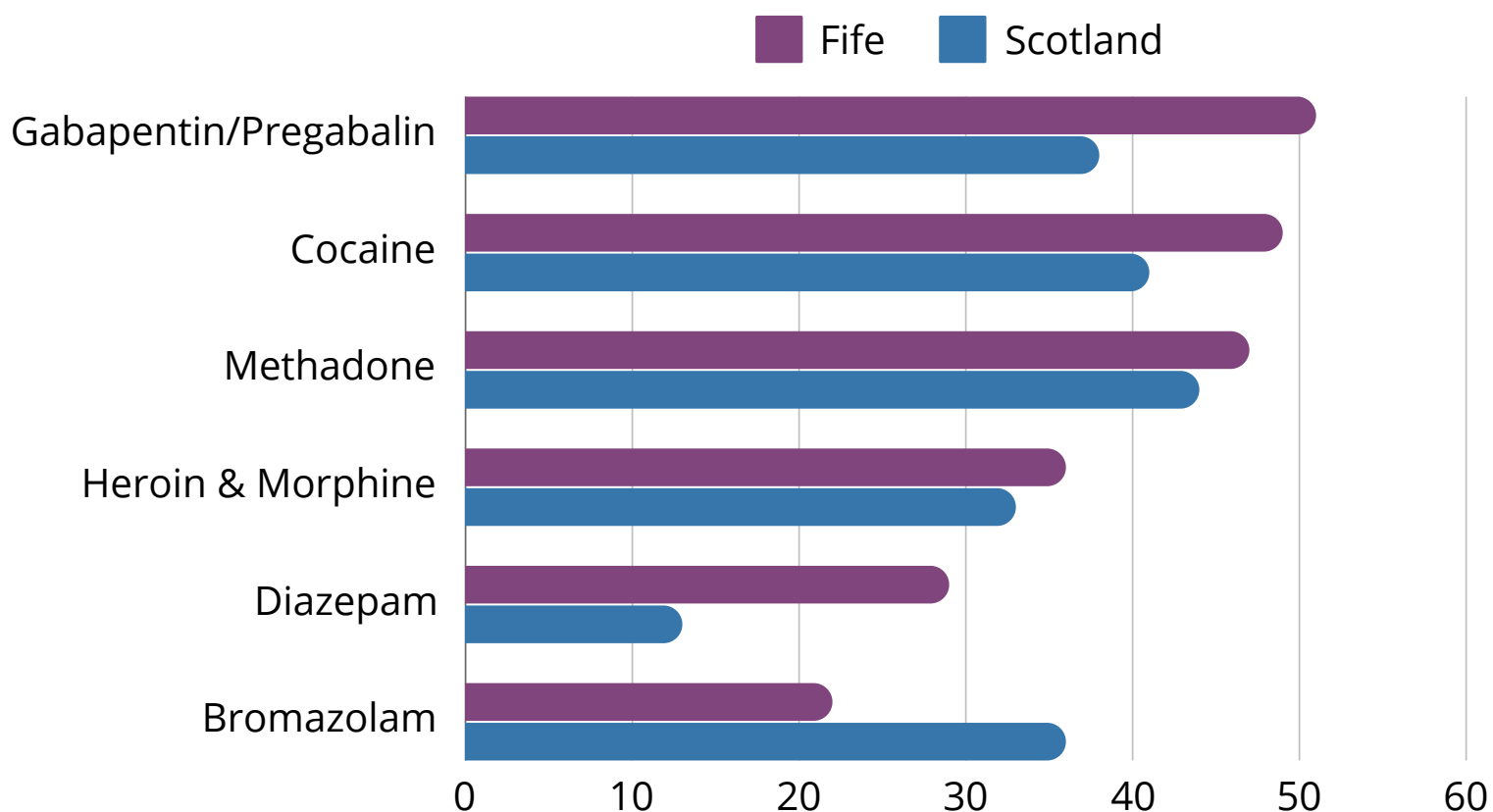
The supply changes and routes of supply have changes and as such has very much limited the supply being trafficked into the UK. This has seen a move towards synthetic alternatives like nitazenes and xylazine.

Diazepam

2022 saw Etizolam as the most prevalent benzodiazepine however 2023 saw the increase of diazepam use. Services have observed large volumes of illegally manufactured fake benzodiazepines in Fife communities and throughout in Scotland.

DRUG RELATED DEATHS BY SUBSTANCE - NATIONAL COMPARISON

24



Above shows the 2023 comparison of the 6 main implicated substances in drug related deaths as a comparison between Fife and the wider population of Scotland.

Fife ADP liaise with Public Health Scotland RADAR team regularly in order to obtain early notification and identification of new harmful substances or contaminants or changes in strength in the drug supply and specific areas within Fife where reports of specific drugs used create an increased level of concern. Continued collaborative work with PHS RADAR team will also help to identify dangerous substances at an earlier point.

As can be seen above with reflection on 2022 figures, the landscape of drug use in Fife is ever changing and this highlights how responsive we need to be to ever changing trends in Fife.

POLYPHARMACY

25

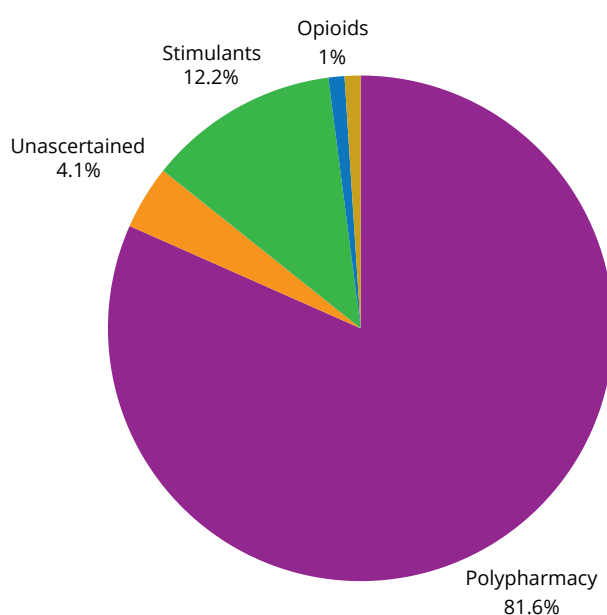
Polypharmacy is a term to describe the simultaneous use of multiple medicines by a patient for their conditions. This has since widened to include non-prescribed drug use also which in turn is classed as *problematic polypharmacy*'. The Royal Pharmaceutical Society states that:

'Polypharmacy is often linked to the taking of multiple medicines in older people. Yet, it can also affect a wider group including children and young adults, those from deprived backgrounds, people with mental health problems and those with learning difficulties.'

Upon analysis of the Medical Examiner Form 4s, it can be seen that 59 of the 73 drug death cases in Fife, involve solely or in part, multi-drug toxicity. That means that just under 80% of all cases involve polypharmacy as cause of death. The average (mean) number of substances implicated in each death has increased from last years' figure of over 3 to just under 5 substances involved in a multi-drug toxicity death. The increase causes significant concern around harm and overdose due to the unpredictability caused by such a large number of different substances being used at once.

Only 16% of cases could be attributed to the use of a single substance with a further 4% classed as unascertained (3 cases). Polypharmacy is clearly a considerable risk to those using substances and further investigation will be required to understand why that is and how the trend might be broken. With polydrug use established as the norm, harm reduction messaging needs to consider combination of substances. Conversely, looking at the top of the list for cause of death by one substance only is cocaine. The list looks like this:

- **cocaine (6)**
- **ecstasy (2)**
- **amphetamine (1)**
- **morphine (1)**
- **zopiclone (1)**



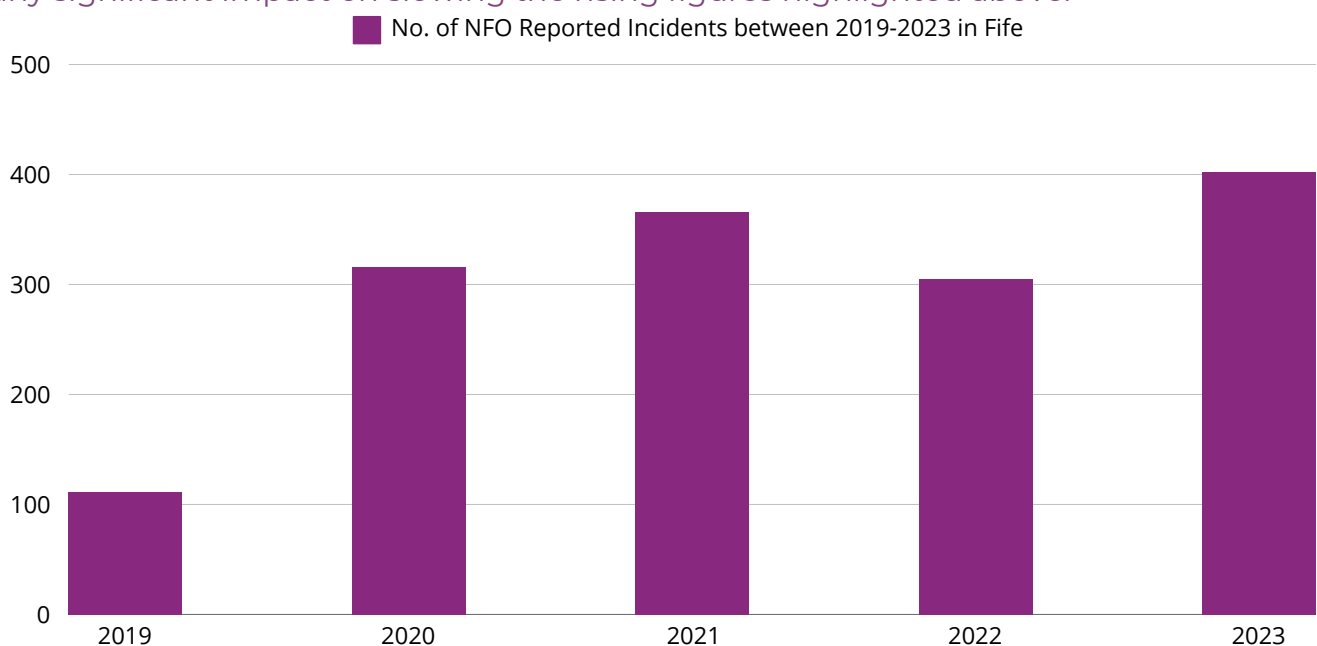
NEAR FATAL OVERDOSE

26

The near-fatal overdose service is a MAT 3 service and was commissioned by Fife ADP and continues its partnership with the Scottish Ambulance Service (SAS) and ADAPT, which is a third sector ADP commissioned service in Fife. Following the attendance of SAS at an NFO anywhere in Fife, a referral is made to ADAPT for follow up, individuals must opt out if they do not require the service. Support is offered to individuals who have had an NFO such as harm reduction advice, support into treatment and psychological support. The NFO project is a MAT 3 service

During 2023, 402 individual NFO incidents were reported to by ADAPT. This tracks as a 5-year high of known NFOs in Fife. The closest to this as a comparison was in 2021 when 366 NFOs were reported. It is clear that further emphasis is required on monitoring NFOs as a preventative measure. A weekly NFO monitoring group has been set up in the early part of 2024. This focuses on cyclical presentations, drug trends and identifying any geographical areas of particular concern.

It will be essential to analyse the data obtained throughout 2024 to see if this has had any significant impact on slowing the rising figures highlighted above.




The above graph demonstrates the number of reported NFO incidents where a member of SAS had attended in Fife between 2019-2022. Of the 402 cases reported, 270 of those were males and 130 females, with 2 not known. The most prevalent age bracket for both female and male NFOs combined in Fife in 2023 was 35-44 which is mirrored as the largest proportion reported in males and females. The second most prevalent age bracket was 45-54 for combined and male only but for females though, we saw a younger demographic for NFOs sitting in the 25-34 age bracket.

OVERDOSE AWARENESS AND TAKE-HOME NALOXONE

27

The table below highlights distribution performance so far:

Indicator	Target	2021 - 2022	2022 - 2023	2023-2024	2023-2024 (Q1 +Q2 thus far)	Performance Indicator
Take Home Naloxone (THN)	1400	585	1098	1674	374	

In the year 23/24 a total of 1,674 naloxone kits were distributed across Fife. This was 17% above the ADP target and an increase of 42% from the previous year when there were 1,097 naloxone kits distributed. The majority of naloxone kits that were distributed in 23/24 were provided to a person at risk (61%). Naloxone provided to service workers made up 26% of the years distribution and 13% went to other, this includes families and members of the public.

In 2023, work continued with We Are With You to increase overdose awareness training to staff groups across Fife as well as the general public, to reduce stigma within communities. In 2023 a total of 1,900 people received training in harm reduction and overdose awareness across Fife. Services included Stratheden Hospital, Oor Space, Women's Aid, Home care workers, Foodbanks, Community Pharmacy and many others.

	No. of Kits Issued	Naloxone is provided to Person at Risk	Naloxone is provided to Service Worker	Others
Q1 2023-2024	561	426	83	52
Q2 2023-2024	547	305	120	122
Q3 2023-2024	337	187	132	18
Q4 2023-2024 (thus far)	229	107	94	28
TOTAL	1674	1025 (61%)	429 (26%)	220 (13%)

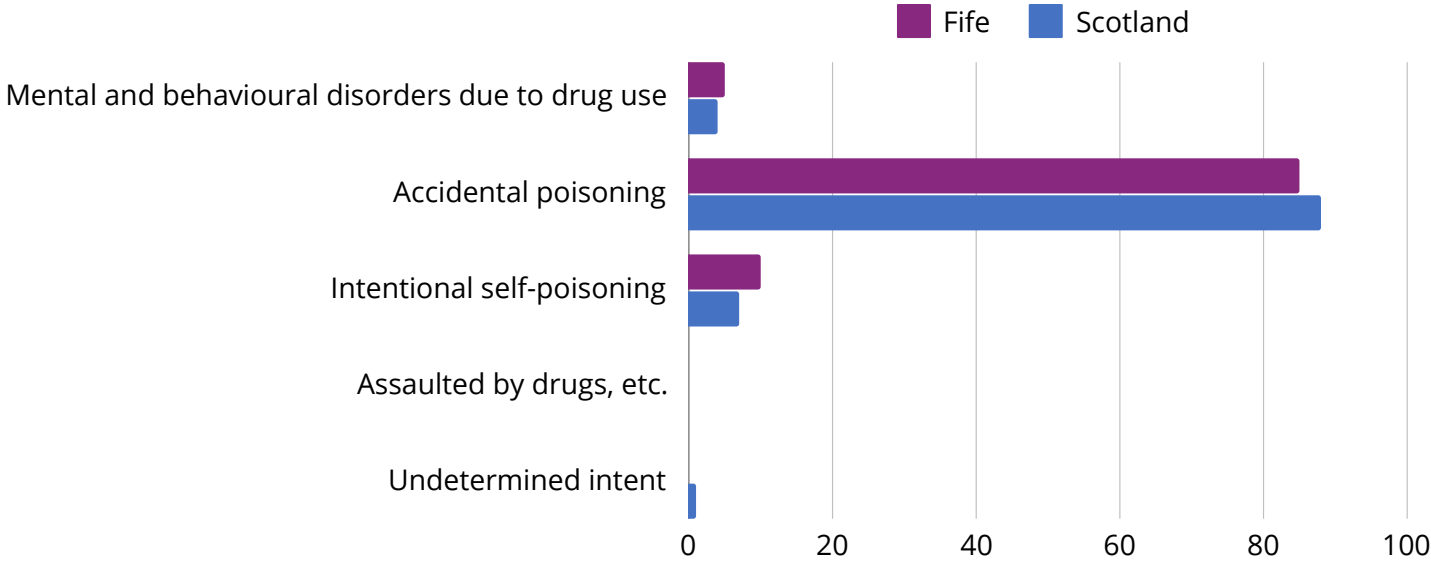
ACCIDENTAL VS. NON-ACCIDENTAL DRUG DEATHS

28

Accidental poisoning was the most common cause of death in 2023 for both Fife and Scotland (Figure 4), 85% of deaths in Fife and 88% in Scotland, similar to the previous year (2022) of 83% for Fife and 89% for Scotland. Intentional self-poisonings in Fife dropped to 9.6% in 2023 from 11.9% in 2022 which was an increase from 7.1% in 2021. Fife has had a higher percentage of intentional self-poisonings than Scotland as a whole for the last three years (Scotland 7.4% in 2023, 6.9% in 2022, 5.1% in 2021) but Scotland may also be on an upward trend,

Intentional self-poisonings/suicide showed a higher number in Fife (10% - a decrease of 1.9% compared to the previous year where the total was 11.9%) than the Scottish average of 7%. Scotland as a whole though, has increased at a slow rate for the last three years (Scotland: 7% in 2023, 6.9% in 2022 and 5.1% in 2021). This however, is a different story in which saw a decrease of 1.9% as already mentioned. It is always worth noting that the total numbers for Fife are not large (73 in 2023) so variation between years would be expected.

Drug Use Deaths 2023



Drug misuse deaths by underlying cause of death 2023 in Scotland and Fife (percentage of overall cases)

DRUG RELATED DEATHS IN CRIMINAL JUSTICE

29

In 2023, of the 73 drug-related deaths, 37 were closed to Criminal Justice Social Work service, 28 were not known and 8 were open at the time of their death. As well as this, 12 people were in Police custody within a 6-month period prior to their death.

In July 2019, the Scottish Prison Service announced plans to temporarily suspend its Throughcare service due rising prison population numbers. Unfortunately, this important transitional support has not been reinstated and despite attempts to bring in service provision with an in reach/outreach function (provided by ADP third sector) a coordinated and collaborate support is still needed to settle and support individuals leaving custody and prevent and support reductions of desistance from further offending.

Within the previous and current strategy, Fife ADP recognises the additional adversity those leaving prison face in not just accessing treatment and support but also meeting basic needs such as housing, access to primary care and income maximisation. The prison NHS team and the community NHS team coordinate ORT care for those transferring from prison but this does not offer the full range of support needed. Those leaving prison are a high-risk group for non-fatal and fatal overdose and a specialised approach is needed to ensure there is equity in service provision once they return to their communities in Fife.

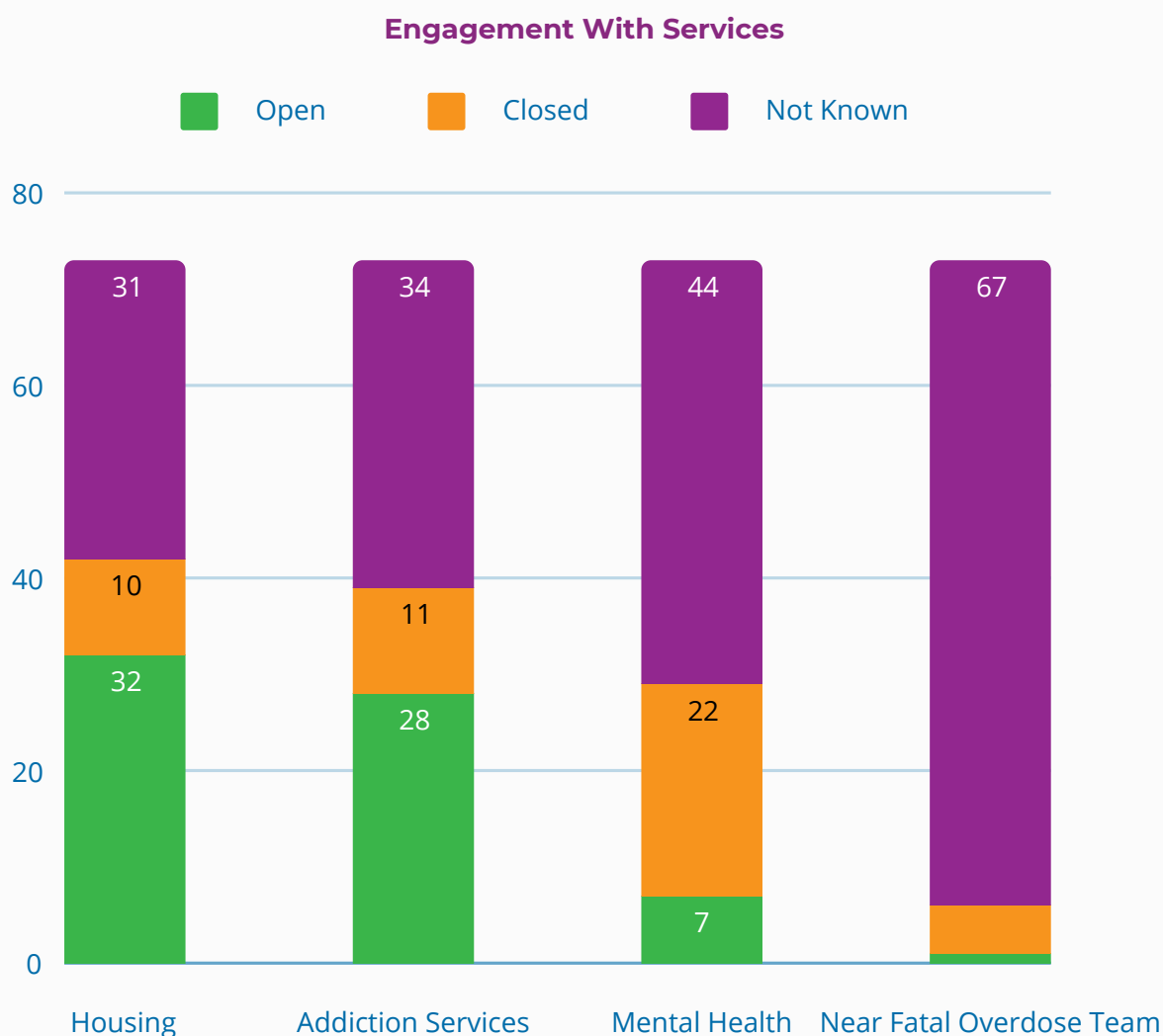
Moving forward in 2024, The Getting Liberation Right Group Meetings are to be established as an ADP subgroup to coordinate relevant service provision to meet the needs of those returning to Fife on a short term or remand sentence with a purpose to co-ordinate as much support for the individual prior to them being liberated.

CONTACT WITH SERVICES

30

The graph below shows the number of people who were open, closed or not known to the four of the main services in Fife. These include Housing (mainstream), NHS addictions, NHS mental health and the Near Fatal Overdose Team (NFO). In 2023, 41% of people were still actively open to housing which is 8% lower than the previous year however, with a large proportion of cases unknown, it is hard to draw conclusions from this. 38% were open to NHS addiction services at time of death which is only a 1% decrease but again, a large proportion of cases are recorded as unknown.

Further analysis of cases classed as 'unknown' will be required in order to get a clearer picture, especially when it is unknown if 92% of cases were known to the NFO team. Overall, the data is very similar to that produced in 2022.



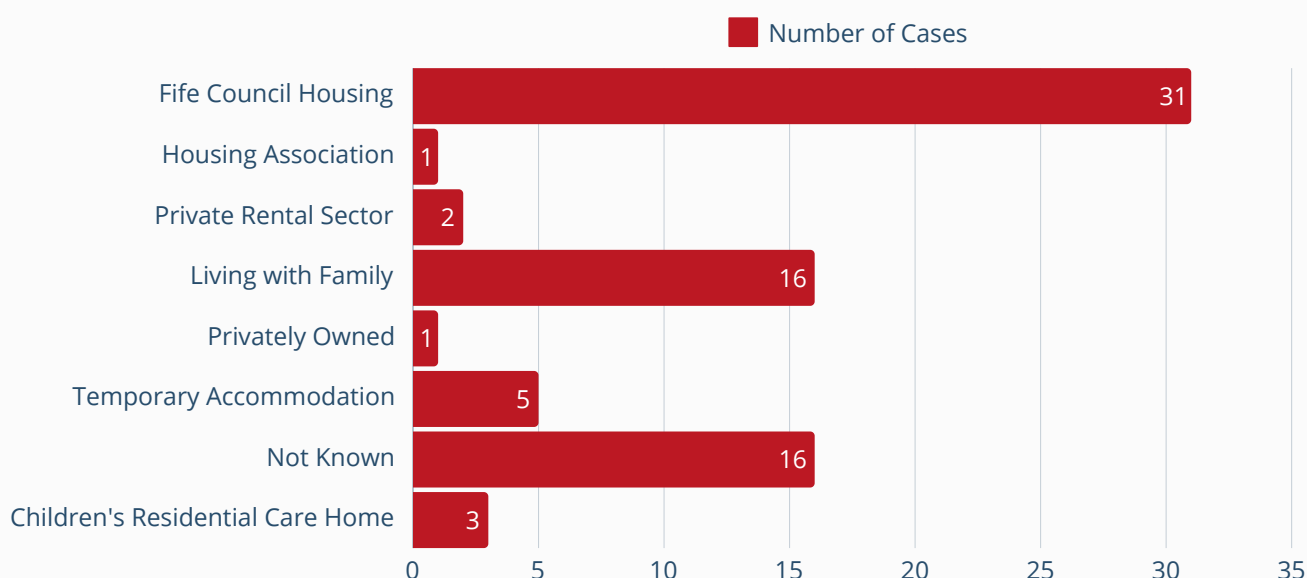
CONTACT WITH HOUSING

31

As mentioned in the previous section, the service people were most likely to be 'open' to at time of death was Housing (41% of all cases) albeit closely followed by Addiction Services. This really highlights the important role of housing in contact with people who use substances and how the ADP can work more closely with Housing on their no wrong door approach, ending homelessness together and rapid rehousing plan.

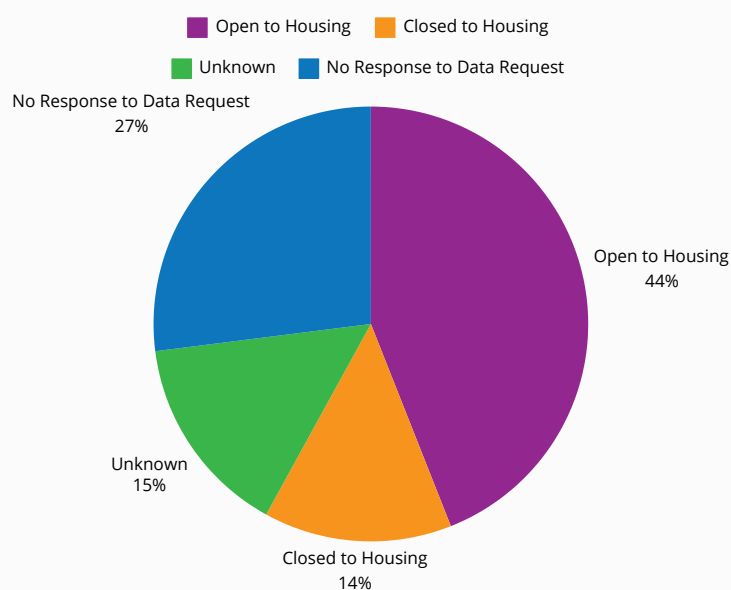
This work has begun already in relation to young people affected by substance use and the collaborative test of change projects highlighted on the next page. The following chart indicates the housing category of those deceased due to drug related deaths within Fife:

Last Known Housing Category of Deceased



There are gaps in the data available with so many unknowns present however, we expect that to decrease as we continue working more closely with housing. Over a third of cases were described as unknown or no response received in relation to their status with the housing department. We do know that 44% of those that died, were open to housing and had a Housing Officer (or equivalent). This allows some opportunity for someone to intervene and support these individuals. This is why the Dedicated Addictions Workers test of change project is so important in upskilling housing staff to signpost and support around the use of drugs and alcohol.

Housing Situation



HOUSING - TEST OF CHANGE

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As can be identified in the previous section and indeed, previous reports, it is seen as crucial for Fife ADP to engage further and in a more meaningful manner with Fife Council Housing Department colleagues. This was achieved late in 2023 when Fife ADP were awarded funding from the Ending Homelessness Together Fund as decided by colleagues from the Housing Department. This has allowed us to implement two 1-year test of change projects that focus jointly on the links between problematic substance use and the negative impact that can have on someone's housing status. In this regard, they have both tapped into areas where there was a level of unmet need. These projects are:

1. ASIST (ADAPT, Specialised, Intervention, Support Team)

Funding has been utilised to provide a complimentary service to existing services within hospitals in Fife already. This would provide support for those struggling with problematic substance use which has been a contributing factor to their homelessness or the threat of homelessness and particularly for those leaving hospital after lengthier stays. It will also target those who continually present to A&E in distress to support them to find the appropriate support from the service(s) that they actually need and reduce inappropriate contacts to A&E.

ASIST works alongside existing services to find long term positive outcomes for those that have struggled to maintain settled accommodation. It provides housing support, community reintegration and addiction services to reflect a whole system approach to individual needs. Signposting will no longer be verbal but will in fact see workers supporting individuals to the right services for them.

2. Dedicated Addictions Worker

Funding has been utilised to provide integrated addiction services within a current housing support service. This provides support for those struggling with problematic substance use which has been a contributing factor to their homelessness or the threat of homelessness and particularly for those leaving prison.

This has also created a specialist core of services by adding a trained addictions worker as part of the person centred approach. This would provide housing support, community reintegration and addiction services to reflect a whole system approach to individual need. DAW workers will also deliver bespoke training to housing support staff to enable them to effectively intervene when drugs and/or alcohol have become problematic and created crisis for the person.

2023 saw the successful continuation and operation of the KY8 Community One Stop Shop that launched in March 2022, so much so that it had been identified that other localities could utilise this model within their locality. ADAPT are the main deliverer but it remains a community partnership approach. Learning from the analysis, strategic planning and engagement with people with lived and living experience in 2022, locality groups and Fife Alcohol and Drug Partnership agreed a new set of locality based strategic priorities. These new community one stop shops would be located within KY2 and KY5 (Kirkcaldy and Cowdenbeath).

The new KY clubs launched in August 2023, with KY2 in Kirkcaldy starting off relatively rapidly, doing more triages and same day prescriptions than in KY8. All have been and continue to be successful however, KY5 has moved from Lochgelly to Cowdenbeath to reflect a need to respond to increases in DRDs within that locality's towns. Here is just some of what they have to offer their local communities:



These two areas had higher drug and alcohol related death and non-fatal overdoses than others. A short life working group was set up and under the locality boards Worked with all partners in a 5 month period including people with lived experience from the start. An evaluation will be held in 2024 and a move around or out of the locality will be taken forward if needed however, both new areas have started well.

MAT STANDARDS FOR THOSE MOST AT RISK

34

The MAT Standards are:

1

All people accessing services have the option to start MAT from the same day of presentation.

2

All people are supported to make an informed choice on what medication to use for MAT and the appropriate dose.

3

All people at high risk of drug-related harm are proactively identified and offered support to commence or continue MAT.

4

All people can access evidence-based harm reduction at the point of MAT delivery.

5

All people receive support to remain in treatment for as long as requested.

6

The system that provides MAT is psychologically informed (tier 1); routinely delivers evidence-based low intensity psychosocial interventions (tier 2); and supports individuals to grow social connections.

7

All people have the option of MAT shared with Primary Care.

8

All people have access to independent advocacy as well as support for housing, welfare, and income needs.

9

All people with co-occurring drug use and mental health difficulties can receive mental health care at the point of MAT delivery.

10

All people receive trauma informed care.

MAT STANDARDS IMPLEMENTATION

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The table below provide an overview of Public Health Scotland's external validation over the three years of the MAT programme and demonstrates Fife ADP's progress:

MAT Standard	RAGB Status 2021/22	RAGB Status 2022/23	RAGB Status 2023/24
1 Same Day Access and Prescribing	Amber	Provisional Green	Green
2 Medication Choice throughout	Amber	Provisional Green	Green
3 Anticipatory Care & Assertive Outreach	Amber	Amber	Green
4 Harm Reduction in Services	Amber	Amber	Green
5 Retention	Amber	Amber	Green
6 Psychological Interventions	Not scored this year	Amber	Provisional Green
7 Primary Care	Not scored this year	Amber	Provisional Green
8 Advocacy, Housing, Welfare	Not scored this year	Amber	Provisional Green
9 Mental Health	Not scored this year	Red	Provisional Green
10 Trauma Informed System of Care	Not scored this year	Provisional Amber	Provisional Green

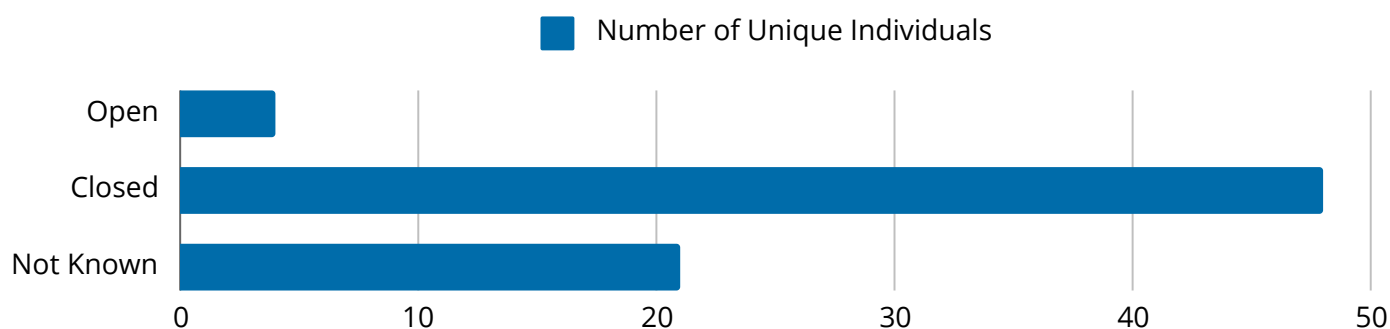
CHILDREN AND FAMILIES

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Fife ADP continue to support and contribute to the Whole Family Support and Family Inclusive Practice Framework (2021). It explored the impact of drug related deaths on children in Fife from a child protection perspective, but also as part of understanding the correlation of adverse childhood events and care experience for future risk of drug related death. For those who died in Fife in 2023, information was gathered on:

- Number of adults who had been Care Experienced.
- Number of adults who had been parents.
- Number of adults who were actively parenting at time of death.
- Number of adults who were known to Criminal Justice services.

A search undertaken in AIS, the Social Work service recording system, identified the following level of engagement with them:



- 4% (vs. 7% in 2022) of men were recorded as having been care experienced
- 40% (vs. 35% in 2022) of the people known to Social Work were female, of which;
- 27% (vs. 56% in 2022) were parents
- 10% (vs. 70% in 2022) had children who had become care experienced
- 7% (vs. 10% in 2022) of women were actively parenting at time of death
- 4% of men were actively parenting at time of death
- 22% (vs. 42% in 2022) of women had been known, or were currently known, to Criminal Justice services
- 45% (vs. 75% in 2022) of men had been known, or were currently known, to Criminal Justice services

The examination of the available data currently evidences that the majority of adults, who were parents and who died as a consequence of drugs, were not actively parenting at time of death. Given the relatively low numbers of children who were 'Looked After', it is likely that these children were looked after by another parent or other family members. It is worth noting that 71% of the adults, whose death was reported, were known to the Social Work service.

CONCLUSION

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This report has presented an overview of current trends in drug-related deaths in Fife during 2023. In 2022, Scotland overall had the lowest number of drug-related deaths since 2017. In Fife the number of deaths were also the lowest since 2016. However, it should be noted that figures fluctuate on an annual basis.

Fife ADP will continue to address the national Drug Related Death crisis and will keep working closely with the national Drug Death Taskforce and Scottish Government Drug Mission Policy Unit to align provision to the new evidence-based recommendations.

In doing so, the ADP will continue working with partners as well as establishing new and innovative approaches to tackling drug-related deaths in Fife such as the test of change projects. Fife ADP will also progress the action plan from the MDDGR EDG (Appendix 1) in place of the MDDRG meetings in order to utilise the valuable learnings gained from the MDDRG process. This will see the implementation of positive, measurable changes with the ultimate goal to continue to reduce drug related deaths in Fife.

Findings and outcomes from this report and the wider scope of drug and alcohol use data in Fife in 2023 will be reflected in the Fife ADP delivery plan and aligned to the key themes of the current strategy. The Communication Strategy will be revisited in order to embark on the work highlighted as priority, making services throughout Fife more visible and placing them within easy reach for those in crisis and struggling with addiction

There may be financial challenges but Fife ADP will ensure that it can deliver on all of its commitments to support the reduction of drug related harms and/or deaths. Services will be aligned to current priorities with the diversity to adapt and flex to the needs of anyone facing issues with addiction residing in Fife.



CONCLUSION SUMMARY

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Key Stats:

- **73 people in Fife lost their lives to a drug related death in 2023.**
- Drug related deaths were 25% higher in 2023 compared to 2022, when there were 59 drug related deaths.
- **Most deaths involved multiple substances, usually more than 4 substances were implicated in the death.**

Key Areas to Highlight:

- Opioids were implicated in the vast majority of deaths (75%).
- **Methadone (either prescribed or illicit) remained the most commonly implicated Opioid in drug related death (47%).**
- Benzodiazepines were implicated in over half of deaths in Fife (53%) but was 3% lower than 2022.
- **Most notably gabapentin/pregabalin presence in drug related deaths has increased from 36% in 2022 to 51% (an increase of 15%) in 2023.**
- Conversely, the presence of heroin/morphine has decreased from 44% in 2022 to 36% in 2023 highlighting the impact of decreased production.
- **Cocaine was implicated in a greater proportion of deaths in Fife (49% an 8% increase on 2022) compared to Scotland (41%) and cocaine related deaths in Fife were higher in 2023 compared to previous years.**
- Drug related deaths are more common in men, whilst drug related deaths in women in Fife have remained the same year on year.
- **Fife has a higher rate of drug related deaths in the 15-24 year-old age bracket than the national average and is the highest of all NHS Boards in Scotland.**
- Health conditions also contribute to drug related deaths, most commonly it continues to be respiratory or heart conditions.
- **There are huge inequalities in drug related deaths – the drug related death rates in the most deprived areas were 22 times greater than the rates in the least deprived areas (2017-2021) and these inequalities continue to widen in Fife.**

Key Omissions:

- Section on inequalities removed due to the data not being updated since 2021 and therefore considered out of date in terms of analysis.
- **Five-year average age-sex standardised rates per 100,000 population of drug-related deaths by Fife SIMD Quintiles 2008-12 to 2019-2023 not available as data source has not provided it yet.**

GLOSSARY OF TERMS

39

Alcohol &
Drug
Partnership

ADP

Medication
Assisted
Treatment

MAT

Drug Death
Taskforce

DDTF

Take Home
Naloxone

THN

Drug
Related
Death

DRD

Blood Borne
Virus

BBV

Multidisciplin
ary Drug
Death Review
Group

MDDRG

Near Fatal
Overdose

NFO

The Scottish
Index of
Multiple
Deprivation

SIMD

APPENDIX 1

MDDRG EDG Action Plan:

MDDRG - EXPERT DELIVERY GROUP Action Plan Recommendations

- R • Needs Task Owner
- R • Not Started
- R • In Progress

	ADDITIONAL PROACTIVE SUPPORT & COORDINATION OF CARE	More collaboration between services - utilise one main support contact approach.	Dedicated Navigator roles - getting people to the right place at the right time.	FORT/DAISy systems review to ensure systems support co-ordinated care.	Review COMPASS remit to ensure that they have capacity to reach high risk groups.	
	COMMUNICATION	Creation of multi-disciplinary safety hubs for joint working.	Look to other LAs for examples of processes such as MARS, MATAc, etc.	Dedicated Navigator roles - getting people to the right place at the right time.	Assess out of hours provision and how to communicate and make emergency contacts available.	Make comms processes and procedures visible to all to support access and referral pathways.
	CARE FOR VULNERABLE ADULTS	3rd sector organisations to deliver training on working with vulnerable adults.	ASPs and non-ASP vulnerable adults to receive the same level of support.	Requirement for services involved to attend multi-disciplinary group meetings.	Improve services in line with trauma informed practices to engage all service users.	Utilise a whole family approach and align to official ASP Protocol.
	OVERDOSE AWARENESS	Overdose awareness to be delivered as part of THN training.	All THN training to be co-ordinated to ensure consistency and all areas covered.	Health Promotion Lead to liaise with group to share learning and support around pools of trainers and training in general.	Get a commitment from HSCP in terms of undertaking THN training in relation to trauma informed practice.	Explore setting up a Working Group for test of change with Grampian Police MARS process in mind.
	COVID AFFECTING SERVICE RESPONSE/ ENGAGEMENT	Hybrid ways of offering appointments should be carried forward to benefit service users.	Emergency action plans should be created to minimise impact of any future significant event.	Work in assertive ways to engage when home visits are not possible.	Heightened alertness to how service user is appearing so that suitable safeguarding can be done.	Look at digital hubs for service delivery alongside digital exclusion and digital poverty.
	ACCESS TO SERVICES	Roll out of and access for all to Trauma Training.	Improved communication to targeted audiences.	Strengthen collaborative working and service to service referral pathways.	Develop whole Workforce Development Training Plans.	Develop directory of services including parameters of each service.

Meeting: Public Health and Wellbeing Committee
Meeting date: 13 January 2025
Title: Update on Health Inequalities Risk
Responsible Executive: Dr Joy Tomlinson, Executive lead
Report Author: Dr Rishma Maini, Consultant in Public Health

Executive Summary:

- The purpose of this report is to provide assurance on NHS Fife's work on tackling health inequalities.
- A number of workstreams within NHS Fife with a focus on reducing health inequalities are being progressed and include:
 - The Health and Social Care Partnership's Prevention and Early Intervention Strategy;
 - NHS Fife's work on Waiting Well;
 - NHS Fife's Anchors Strategic Plan;
 - The development of an Inclusion Health Network for Fife;
 - Continued funding to the Child Poverty Practice Accelerator; and
 - Informing fair financial decision-making under Reform, Transform, Perform;
- In addition, this will be complemented by the following national work:
 - A ten-year Population Health Framework; and
 - The development of a Care and Wellbeing Dashboard.
- We have assessed the overall level of assurance of work to reduce health inequalities as **moderate**.

1 Purpose

This report is presented for:

- Assurance

This report relates to:

- Annual Delivery Plan
- National Health & Wellbeing Outcomes / Care & Wellbeing Portfolio

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

This paper is brought to the Public Health and Wellbeing Committee to update on work being undertaken by NHS Fife to reduce health inequalities. Health inequalities is currently reflected as a risk on NHS Fife's corporate risk register.

The Committee is invited to consider and take assurance from the actions being taken by NHS Fife to mitigate health inequalities.

2.2 Background

Our communities and groups within them do not experience equal health outcomes. Lives are being cut short for people living in poverty. In deprived areas in Fife, life expectancy can be 7-10 years shorter than in more affluent areas. Healthy life expectancy is reduced even further, sometimes by up to 15 years. This stark disparity underscores the influence of the social determinants of health, including income, education, housing, and access to healthcare.

There is an extant risk that if NHS Fife does not develop and implement an effective strategic approach to contribute to reducing health inequalities and their causes, health and wellbeing outcomes will continue to be poorer, and lives cut short in the most deprived areas of Fife compared to the least deprived areas, representing huge disparities in health and wellbeing between Fife communities. This in turn will place greater pressures on an already overwhelmed health system.

2.3 Assessment

NHS Fife has an important role to play in terms of influencing policies which 'undo' the causes of health inequalities. This is recognised within its five-year Population Health and Wellbeing (PHW) Strategy, which has addressing health inequalities at the centre of its vision.

In addition, NHS Fife has a number of workstreams underway which aim to better identify and/or address health inequalities. Some of these also align to national work being progressed on health inequalities. Relevant work being progressed is described below.

Local Work

- **Health and Social Care Partnership's Prevention and Early Intervention Strategy.**

Fife's Health and Social Care Partnership has recently approved its first Prevention and Early Intervention Strategy. This strategy establishes a clear framework and rationale to supporting a shift to embedding prevention and early intervention within our health and social care services. Such a shift will promote a greater focus on addressing the root causes of ill health and on providing timely support to individuals and communities at increased risk of ill health. An update on the delivery plan for the strategy will be provided to the Public Health and Wellbeing Committee on 15th September 2025.

- **Waiting Well.**

Waiting well is a national workstream under the Scottish Government's Preventative and Proactive Care Programme. It aims to ensure that the health and wellbeing of patients does not deteriorate from preventative causes while they are waiting for a health and social care intervention. A national Waiting Well toolkit has been developed to support Health Boards in implementing a holistic waiting well offer. NHS Fife has started to take this work forward locally. The toolkit recognises the importance of identifying and mitigating health inequalities, by providing more intensive support to those who may be at higher risk of poorer health outcomes. This is in line with a proportionate universalism approach.

- **Anchors Strategic Plan:**

The Anchors Strategic plan links to addressing the determinants of health inequalities. Key achievements to date include:

- Real Living Wage accreditation achieved.
- 100% of newly awarded contracts of £50,000 and over are with Real Living Wage accredited businesses.
- Eight employability programmes in place and engaging with the Local Employability partnership.
- Baseline reporting now in place to track spend on local businesses within Fife.

- **Development of NHS Fife Health Inclusion Network.**

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

- **Child poverty.**

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 funding may be continued into 2025/26.

- **Reform, Transform, Perform**

Public Health has supported development of the 'Fair financial decision making' checklist to ensure that financial decisions under Reform Transform Perform explicitly consider impacts on protected characteristics and inequalities.

- **Development of NHS Fife anti-racism plan.**

To achieve health equity, there is a recognition that we must also tackle racism, discrimination and its consequences. For this reason, all NHS Boards have been asked to develop anti-racism plans. The national guidance proposes the framework underpinning Board plans has a twin focus on workforce and service delivery:

- Under workforce, culture & wellbeing, there are three specific areas of focus: diverse leadership (recruitment, progression and retention), incident reporting and involving staff with lived experience.
- Under equity-focused service delivery, there are three specific areas of focus: Type 2 Diabetes and Cardio-Vascular Disease prevention, perinatal care and mental health (specifically quality of care and treatment, and services that provide support to people in distress/crisis).

Work on drug-related deaths

An SBAR to include drug-related deaths on the corporate risk register is also being presented at this Public Health Assurance Committee. This SBAR and accompanying “deep dive” identifies aspects of strategy, policy and delivery within the Board where there is a relevance pertaining to the prevention of drug related deaths and recommends actions that reduce the likelihood and consequence of these.

National work:

- **Population Health Framework.**

A ten-year Population Health Framework is being developed. It will be a joint Scottish Government and Convention of Scottish Local Authorities (COSLA) publication and is being developed in collaboration with key system wide partners, including Public Health Scotland and Scotland’s Directors of Public Health. The purpose of the framework is to bring together and join up cross-government and cross-sector preventative action to deliver the whole system response necessary to reverse the decline in life expectancy and reduce health inequalities in Scotland. NHS Fife has been consulted on the framework which is expected to be published next year.

- **Care and Wellbeing Portfolio Dashboard.**

The Care and Wellbeing Dashboard has been developed by Public Health Scotland in partnership with Scottish Government and aims to support the ambitions of the Scottish Government’s Care & Wellbeing Portfolio (CWP) and provide access to the latest data on population health and the wider determinants. It is hoped the data will be disaggregated by Scottish Index of Multiple Deprivation (SIMD), as well as other protected characteristics, to better monitor and drive progress in population health and reducing inequalities. The Dashboard is also intended to be an enabler for the National Population Health Framework. It will likely be launched in the new year.

Addressing the wider determinants of health (social, economic and environmental factors which impact on people’s health) to improve the conditions into which people are born, live and work can have a positive impact on health and wellbeing but cannot be delivered by any organisation alone. Given the complexity of the challenge and requirement for multiagency effort across the whole system to make a difference to health inequalities, we have assessed the overall level of assurance as **moderate**.

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	There is sufficient assurance that	There is some assurance from the	No assurance can be taken from 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.	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.	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.	information that has been provided. There remains a significant amount of residual risk
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2.3.1 Quality, Patient and Value-Based Health & Care

Inequality continues to pervade and persist across health and social care. It is vital that everyone, inclusively, has good quality care, and equal access, experience and outcomes from health and social care services. It is also important that we focus on the quality of care for groups of people who face barriers in getting the care they need, and those most likely to have a poorer experience or outcomes. Not getting the care and treatment people need, in a way that meets their individual needs, is a breach of the Equality Act 2010 and puts people at risk of poorer health outcomes.

2.3.2 Workforce

It is anticipated that the work described above will support the workforce in delivering services that are sensitive to inequalities, for example by enabling them to respond to the social and economic circumstances affecting patients' health and treatment.

2.3.3 Financial

Taking effective action to reduce the risk of widening health inequalities now will potentially avert avoidable healthcare costs associated with health inequalities in the future.

2.3.4 Risk Assessment / Management

Health inequalities is a risk on our corporate risk register. In delivering against our strategic priority of improving the quality of our services, we need to understand how our service delivery impacts different groups and take action to mitigate where there are inequalities so that we do no harm.

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

This work directly considers approaches to reduce health inequalities affecting the health of the population of Fife overall. It therefore contributes towards NHS Fife's duty to the Public Sector Equality Duty, Fairer Scotland Duty, and the Board's Equalities Outcomes.

2.3.6 Climate Emergency & Sustainability Impact

The actions being taken to mitigate the risk of widening health inequalities include action to support NHS Fife in becoming an Anchor Institution. This is likely to have an impact on the Board's likelihood of meeting the aims and targets outlined by the NHS Scotland Climate Emergency and Sustainability Strategy.

2.3.7 Communication, involvement, engagement and consultation

This paper has been compiled in consultation with those involved in the work described as contributing to reducing health inequalities.

2.3.8 Route to the Meeting

This paper was reviewed by the Public Health Assurance Committee on 18th December 2024. The SBAR on including drug-related deaths on the corporate risk register and referred to in this paper is also being presented to the Public Health and Wellbeing Committee and some of the mitigating actions will impact on both risks.

2.4 Recommendation

This paper is provided to members for:

- **Assurance** – This report provides a “**Moderate**” Level of Assurance

Report Contact

Rishma Maini

Consultant in Public Health

Email rishma.maini@nhs.scot

Meeting: Public Health and Wellbeing Committee
Meeting date: 13 January 2025
Title: Internal Control Evaluation Report 2024/25
Report Author: Jocelyn Lyall – Chief Internal Auditor

Executive Summary:

- This Internal Control Evaluation (ICE) aims to provide early warning of any significant issues that may affect the Governance Statement.
- The report highlights the exceptionally challenging circumstances NHS Fife is facing and highlights areas of good practice. Key to the future performance of the Board is Reform, Transform and Perform (RTP), which will require a continuing focus and pace of change to achieve its objectives for 2024/25.
- The ICE was issued to the Director of Finance and Strategy on the 4 December 2024 and members of the Executive Directors Group (EDG) confirmed factual accuracy and provided final Management Responses on 3 December 2025. The Final Report has been issued to Audit and Risk Committee members and will be presented to the March 2025 Audit and Risk Committee for formal approval.
- In addition, our audit B16/25 on Population Health will review the governance arrangements for population health and wellbeing, including implementation of Strategy.
- This report is for the Public Health and Wellbeing Committee to consider and specifically note the narrative under both Corporate and Clinical Governance.

1 Purpose

This report is presented for:

- Assurance
- Discussion

This report relates to a:

- Local policy

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation and Background

As Accountable Officers, Chief Executives are responsible for maintaining a sound system of internal control to manage and control all the available resources used in the organisation. The work of Internal Audit and the assurances provided by the Chief Internal Auditor in relation to internal control are key assurance sources taken into account when the Chief Executive undertakes the annual review of internal controls, and form part of the consideration of the Audit and Risk Committee and the Board prior to finalising the Governance Statement which is included and published in the Board's Annual Accounts.

2.3 Assessment

Key Themes

Over the last four years Internal Audit has reported that long term risks can only be mitigated through strategic change. The Audit Scotland 'NHS in Scotland 2024 Finance and Performance' report highlighted the need to focus more on longer term reform and that difficult decisions about what the NHS should potentially stop doing will be necessary. Stakeholders must be consulted on change and their views must be considered in decision making, to ensure quality of care and best value from available resources.

We reiterate our previous commentary that there must be an impetus to 'do things differently' and to prioritise in line with a clearly communicated, realistic and coherent integrated, Fife-wide strategic direction for transformation, within the available financial and staffing envelope.

Collaborative clarity of vision will be essential to enable Fife to develop an integrated transformation plan and to build on the first year of RTP to effectively and efficiently deliver good quality healthcare services whilst making required recurring savings.

The current significant financial and service challenge across health and social care will require NHS Fife, Fife Council, the IJB and the wider partnership to work together effectively.

The Audit Scotland NHS in Scotland 2024 Finance and Performance report noted that Scotland's NHS is still struggling to deliver care in a timely way; most waiting times standards are not being met and overall performance has not changed markedly at a national level in the last year.

In June 2024 the Cabinet Secretary for NHS Recovery, Health and Social Care, described the overarching vision as 'a Scotland where people live longer, healthy and fulfilling lives', supported by four key areas of work: improving population health; a focus on prevention and early intervention; providing quality services; maximising access, with all of these underpinned by putting people at the heart of those services.

It is important that the impact of the overall Public Health and Wellbeing Strategy on the health and wellbeing of the population of Fife is monitored, and that performance reporting enables measurement against realistic, challenging, achievable trajectories within available resources.

The Public Health and Wellbeing Committee (PHWC) has an extensive and well managed agenda and will have an increasingly important role as the national Population Health Framework develops.

Financial sustainability remains a significant and enduring risk for all Health Boards and for NHS Fife. The financial deficit before savings for 2024/25 was £53.507m with £25m of savings to be achieved, leaving a £28.507m overspend.

Reporting on RTP, which aims to achieve the required 3% (£25m of savings), has been transparent and continues to evolve. The RTP Framework is now well embedded, but the agenda is extremely challenging and will become more so in the future. Reporting must be transparent, overt, and realistic in terms of the achievability of savings, with barriers to achievement clearly reported. Looking ahead to 2025/26, plans must be based on realistic and validated data, with lessons learned from year 1 applied.

The November 2024 Board was informed that there is a reasonable level of confidence that £23.6m of the 3% efficiency target will be achieved and a further push is now on to bridge the £1.4m gap in projected delivery in quarter three. However, achievement of the £25m savings for 2024/25 and the remaining five months of the financial year may not be possible with winter pressures now impacting. NHS Fife cannot rely on non-recurring savings as this will adversely impact on future years financial gaps.

There remains a strong risk that the Board will not meet or improve on the original £30m forecast deficit reported in the financial plan in March 2024.

Pressures on capital funding may impact on the Board’s ability to address the pressures it is currently facing, as well as investing in longer-term reform such as innovation and technology.

Workforce risks remain very high across NHSScotland and our previous ICE and Annual Reports highlighted the well-known workforce risks and the potential impact on service delivery. Capacity, including the impact of vacancies and sickness absence remains a significant risk, with supplementary staffing costs a continuing, if improving, financial pressure.

This report provides the following Level of Assurance:

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

2.3.1 Quality, Patient and Value-Based Health & Care

The Institute of Healthcare Improvement Triple Aim (Better Population Health, Better Quality of Patient Care, Financially Sustainable Services) is a framework that describes an approach to optimising health system performance and is a core consideration in planning all internal audit reviews.

2.3.2 Workforce

Management responsibilities, skill sets and structures are a core consideration in planning all internal audit reviews.

2.3.3 Financial

Financial Governance is a key pillar of the Annual Internal Audit Plan and value for money is a core consideration in planning all internal audit reviews.

2.3.4 Risk Assessment / Management

The process to produce the Annual Internal Audit Plan considers inherent and control risk for all aspects of the Internal Audit Universe. Individual internal audit assignments identify the key risks at the planning stage and our work is designed to evaluate whether appropriate systems are in place and operating effectively to mitigate the risks identified. Legislative requirements are a core consideration in planning all internal audit reviews.

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

All internal audit reviews which involve review of policies and procedures examine the way in which equality and diversity is incorporated in Board documentation.

2.3.6 Climate Emergency & Sustainability Impact

N/A

2.3.7 Communication, involvement, engagement and consultation

All papers have been produced by Internal Audit and shared with the Director of Finance and Strategy. The ICE report has been shared with Directors to confirm the factual accuracy of each section.

2.3.8 Route to the Meeting

This paper has been produced by the Regional Audit Manager and reviewed by the Chief Internal Auditor, then presented to the Audit and Risk Committee for initial discussion. The Final ICE Report has been issued to Audit and Risk Committee members. The report is presented to the Public Health and Wellbeing Committee for consideration.

2.4 Recommendation

This paper is provided to members for:

- **Assurance** – This report provides a “Moderate” Level of Assurance.
- **Discussion** – Discuss and take assurance from the ICE

3 List of appendices

- Appendix No. 1, Internal Control Evaluation 2024/25 Final Report

Report Contact

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FTF Internal Audit Service

Internal Control Evaluation 2024/25 Report No. B07/25

Issued To: C Potter, Chief Executive
M McGurk, Director of Finance and Strategy and Deputy Chief Executive

G MacIntosh, Head of Corporate Governance/Board Secretary
Executive Directors Group
H Thomson, Board Committee Support Officer

Audit Follow-Up Co-ordinator

Audit and Risk Committee
External Audit

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Target Audit and Risk Committee without Management Responses	12 December 2024
Draft Report Issued	4 December 2024
Management Responses Received	3 January 2025
Target Audit & Risk Committee with Management Responses	13 March 2025
Final Report Issued	08 January 2025

EXECUTIVE SUMMARY

1. As Accountable Officers, Chief Executives are responsible for maintaining a sound system of internal control and to manage and control all the available resources used in the organisation. This review aims to provide early warning of any significant issues that may affect the Governance Statement.

OBJECTIVE

2. Together, the mid-year Internal Control Evaluation report (ICE) and the Annual Report provide assurance on the overall systems of internal control, incorporating the findings of any full reviews undertaken during the year and providing an overview of areas which have not been subject to a full audit. These reviews do not, and cannot, provide the same level of assurance as a full review but do allow an insight into the systems which have not been audited in full. The ICE review provides early warning of potential year-end assurance issues and allows a holistic overview of governance within NHS Fife.
3. The Annual Delivery Plan (ADP) 2024/2025 was signed off by the Scottish Government on 28 May 2024. The three-year Medium Term Financial Plan 2024/25 to 2026/27 (MTFP) was approved by Board on 26 March 2024. The Scottish Government acknowledged the Financial Plan for 2024/25 but did not approve it. As reported to Fife NHS Board on 25 September 2024, it remains unapproved, and dialogue is ongoing.
4. The ICE report will be presented to the 12 December 2024 Audit and Risk Committee meeting, providing a detailed assessment of the adequacy and effectiveness of internal control, which should allow remedial actions to be taken before year-end, allowing the year-end process to be focused on year-end assurances and confirmation that the required actions have been implemented. The ICE will also provide a detailed assessment of action taken to address previous internal audit recommendations from the 2023/24 ICE and Annual Report.
5. This review will be a key component of the opinion we provide in our Annual Report and will inform the 2025/26 Internal Audit planning process.
6. Our audit specifically considered whether:
 - Governance arrangements are sufficient, either in design or in execution, to control and direct the organisation to ensure delivery of sound strategic objectives.

AUDIT OPINION

7. Ongoing and required developments and recommended actions are included at Section 2.
8. Our Annual Report was issued on 14 June 2024 and was informed by detailed review of formal evidence sources including Board, Standing Committee, Executive Directors Group (EDG), and other papers.
9. As well as identifying key themes, our Annual Report made three specific recommendations in the following areas:
 - Within the Clinical Governance Oversight Group (CGOG) Annual Report, references to External Assurance reporting will be included in future iterations.
 - Reporting to Clinical Governance Committee (CGC) should include clear scheduling of the revision process for the Digital & Information (D&I) Strategy including presentation to D&I Board, CGC and ultimately to Fife NHS Board for approval.

- Assurance regarding the review status of D&I policies not included in the Information Governance & Security (IG&S) Accountability and Assurance Framework report should be regularly provided to the D&I Board.
10. Outstanding actions from our previous ICE and Annual Report recommendations are shown in Table 1. The two actions relating to Digital & Information have been completed since the issue of our Annual Report and the planned completion of the recommendation about external assurance reporting to CGOG will be validated at year end.
 11. Overall, there has been good progress on actions to address recommendations from the 2023/24 ICE and Annual Report. Where action is still to be concluded, the Board has been informed of the planned approach and timescales, as well as associated improvement plans.
 12. In this report we have provided an update on progress to date and, where appropriate, built on and consolidated previous recommendations to allow refreshed action and completion dates to be agreed.
 13. We recommend that this report is presented to each Standing Committee so that key themes can be discussed and progress against the recommendations can be monitored.

KEY THEMES

14. Detailed findings are shown later in the report, and for context, relevant Corporate Risks against each strand of Corporate Governance are included. Key themes emerging from this review and other audit work during the year are detailed in the following paragraphs.
15. Since 2021/22, Internal Audit has reported that long term risks can only be mitigated through strategic change. The Audit Scotland NHS in Scotland 2024 report highlighted the need to focus more on longer term reform and highlighted that difficult decisions about what the NHS should potentially stop doing will be necessary. Stakeholders must be consulted on change and their views must be considered in the decision making to ensure quality of care and best value from available resources.
16. We reiterate our previous commentary that there must be an impetus to 'do things differently' and to prioritise in line with a clearly communicated, realistic and coherent integrated, Fife wide strategic direction for transformation, within the available financial and staffing envelope.
17. The NHS in Scotland 2024 report emphasised that effective leadership and collaboration are essential and that senior leaders must have a clear vision and strategic direction for reform. Collaborative clarity of vision will be essential to enable Fife to develop an integrated transformation plan and to build on the first year of Reform, Transform and Perform (RTP) to effectively and efficiently deliver good quality healthcare services whilst making required recurring savings.
18. The current significant financial and service challenge across health and social care will require NHS Fife, Fife Council, the IJB and the wider partnership to work together effectively. Collaborative governance requires a clear understanding of responsibilities, trust and willingness from all parties to work together, with the right culture in place to support all partners.
19. The Audit Scotland NHS in Scotland 2024 Finance and Performance report noted that Scotland's NHS is still struggling to deliver care in a timely way; most waiting times standards are not being met. Only two out of nine national standards reviewed by Audit Scotland were being met for the quarter ending June 2024. Performance against five of the standards improved in the year to June 2024, but overall performance has not changed markedly at a national level in the last year.
20. The Population Health and Wellbeing Strategy (PHWS) was approved by NHS Fife Board in March 2023 and covers the period to 2028. It is important that the impact of the overall Strategy on the health and wellbeing of the population of Fife is monitored, and that performance reporting on

progress of the strategy is presented through the annual reporting mechanism. The PHWS Annual Report provides assurance on progress and includes qualitative case studies. The Integrated Performance and Quality Report (IPQR) provides an additional supportive mechanism which enables measurement against realistic, challenging, achievable trajectories within available resources.

21. In June 2024 the Cabinet Secretary for NHS Recovery, Health and Social Care described the overarching vision as ‘a Scotland where people live longer, healthy and fulfilling lives’, supported by four key areas of work: improving population health; a focus on prevention and early intervention; providing quality services; maximising access, with all of these underpinned by putting people at the heart of those services. The PHWC has an extensive and well managed agenda and will have an increasingly important role as the national Population Health Framework develops.
22. Financial sustainability remains a significant and enduring risk for all Health Boards and for NHS Fife. The financial deficit before savings for 2024/25 was £54.750m with £25m of savings to be achieved, leaving a £29.750m overspend.
23. Reporting on RTP, which aims to achieve the required 3% (£25m of savings) has been transparent and has evolved during the year to date. The RTP Framework is now well embedded, but the agenda is extremely challenging and will become more so in the future. Reporting must be overt, and realistic in terms of the achievability of savings, with barriers to achievement clearly reported. Looking ahead to 2025/26, plans must be based on realistic and validated data, with lessons learned from year 1 applied.
24. Where RTP workstreams are underperforming there has been additional reporting to quantify actions to bridge the financial gap. Achievement of the £25m savings for 2024/25 in the remaining five months of the financial year may not be possible with winter pressures now impacting. In the recent Quarter 2 review Scottish Government highlighted that *“It is vital the Board continues to work towards the savings target set of at least 3% recurring savings against baseline budget, as well as progressing further non recurrent measures and assessment of difficult choices to bring the position back towards financial breakeven which remains the statutory responsibility of the Accountable Officer to achieve.”*
25. At the end of October 2024, £11.968m of savings was anticipated across the 13 RTP schemes with £9.349m confirmed as delivered, a shortfall on plan of £2.618m. The November 2024 Board was informed that that there is a reasonable level of confidence that £23.6m of the 3% efficiency target will be achieved and a further push is now on to bridge the £1.4m gap in projected delivery in quarter three. NHS Fife cannot rely on non-recurring savings as this will adversely impact on future years financial gaps and the split between recurring and non-recurring savings should be clearly identified and reported.
26. Whilst we concluded that financial reporting through governance structures is transparent with a focus on known areas of overspend, for example the IJB Recovery Plan for 2024/25, there remains a strong risk that the Board will not meet or improve on the original £30m forecast deficit reported in the financial plan in March 2024. The achievement of financial balance in year corporate risk has a current risk rating of 25, with moderate target risk level of 16 by 31 March 2025, which with the known circumstances, appears to be unachievable. Oversight of this risk is the responsibility of the Finance, Performance and Resources Committee, which considers corporate risks aligned to it at each meeting.
27. The known reductions in capital funding and the resultant risk will be a key consideration for the Board and will require careful management to mitigate the impact on the revenue budget and transformation. A reduction in capital funding may impact on the Board’s ability to address the pressures it is currently facing, as well as investing in longer-term reform such as innovation and technology.

28. Governance arrangements remain robust, and we commend the reporting of assurance levels to focus reporting and facilitate scrutiny and challenge from members.
29. We were pleased to note that the corporate risks are being actively reviewed and we have made recommendations to ensure risk scores and targets are realistic in terms of the internal and external environment, and that risks are reviewed in the context of the whole risk register with interconnections between risk explored. The programme of deep dives for the extant corporate risk register has been completed and we would encourage the reinstatement of this when the revised risks are agreed. Agreement of risk appetite will inform the corporate risk register review.
30. Workforce risks remain very high across NHSScotland and the NHS Fife workforce planning and delivery risk is scheduled for review in March 2025, following issue of anticipated Scottish Government guidance. Our previous ICE and Annual Reports highlighted well known workforce risks and the potential impact on service delivery. Capacity, including the impact of vacancies and sickness absence remains a significant risk, with supplementary staffing costs a continuing, if improving, financial pressure.
31. The Clinical Governance Strategic Framework outlines the governance and assurance reporting routes for clinical governance throughout the full span of NHS Fife responsibilities. An improvement plan is in place to address known issues with adverse events management, and further work is required to improve complaints management performance.
32. This report contains several recommendations that reflect the changes to the risk environment in which the Board operates. Our recommendations are aimed at ensuring coherence between Governance Structures, Performance Management, Risk Management and Assurance.

KEY DEVELOPMENTS SINCE THE ISSUE OF THE ANNUAL REPORT INCLUDED:

- Approval of Board Corporate Objectives 2024/25.
- Population Health and Wellbeing Strategy 2024/25 Midyear Report to Board.
- Agreement of allocation of the additional £7.2m of National Resource Allocation Formula (NRAC) funding in 2024/25.
- Updates provided to the NHS Fife Board and Finance, Performance and Resources Committee (FPRC) on the NHS Support and Intervention Framework (currently Level 2).
- Board consideration of a Blueprint for Good Governance Improvement Plan update on progress.
- Board and PHWC consideration of a Sustainability and Greenspace Progress Report and achievements relating to the NHS Fife 2030 Greenspace Strategy.
- Procurement Strategy approved by the FPRC in September 2024.
- Ongoing work by external consultants on a system wide Bed modelling exercise indicating Clinical and Financial options for future planning.
- Development of a Crisis Communications Strategy in Response to Cyber Attack or Major Systems Outage in NHS Fife.
- Board approval of a revised Board Risk Appetite Statement.
- Ongoing work to agree staffing establishment, with a focus on data quality, to inform the new Workforce Plan for effective delivery of services.
- Establishment of the RTP People and Change Board to deliver safe, sustainable workforce improvement whilst contributing to the delivery of sustainable financial savings.
- Continuous improvement in Staff Governance Committee governance and reporting processes.
- Revision of the PHWC Terms of Reference to reflect changes in membership and oversight of delegated services where the committee is responsible for performance i.e. Mental Health and Primary Care.

- Mid-year progress reporting on the Clinical Governance Strategic Framework Delivery Plan.
- Imminent refresh of the Clinical Governance Strategic Framework.
- Introduction of a refreshed approach for the Organisational Learning Leadership Group.
- Enhancement of the IPQR to further improve presentation and to include additional Public Health measures.
- Initial assessment of the Scottish Government Budget Announcement for 2025/26, with the first draft of the Financial Plan for 2025/26 to be presented to EDG in January 2025.
- IJB Lessons Learnt report for 2023/24 was presented to the NHS Fife Board (Private Session) in November 2024.
- IJB Financial Recovery Plan for 2024/25 was presented to the NHS Fife Board (Private Session) in November 2024.




ACTION



33. The action plan has been agreed with management to address the identified weaknesses. A follow-up of implementation of the agreed actions will be undertaken in accordance with the audit reporting protocol.


ACKNOWLEDGEMENT

34. We would like to thank all members of staff for the help and co-operation received during the course of the audit.

Jocelyn Lyall, BAcc CPFA
Chief Internal Auditor

TABLE 1		
Annual Report 2023/24 (B06/25) - Update of Progress Against Actions		
Agreed Management Actions with Dates	Progress with agreed Management Actions	Assurance Against Progress
1. Clinical Governance Oversight Group's (CGOG) Annual Statement of Assurance		
<p>The CGOG Annual Assurance Statement for 2024/25 to include reference to the assurance it receives on inspections by external bodies such as Healthcare Improvement Scotland and the Mental Welfare Commission and on action being taken to address recommendations made in these reports.</p> <p>Action Owner: Medical Director</p> <p>Original target implementation date 31 March 2025.</p>	<p>As this action relates to an annual statement of assurance it will be actioned at year-end.</p>	 <p>On Track</p>
2. Digital and Information Framework Development and Approval Timescales		
<p>The update report to on the D&I Strategy scheduled to be presented to Clinical Governance Committee (CGC) in July 2024 to include clear scheduling of the revision process including presentation to D&I Board, CGC and ultimately to Fife NHS Board for approval.</p> <p>Action Owner: Director Digital & Information</p> <p>Original target implementation date 31 July 2024.</p>	<p>CGC was updated regarding the change to a shorter-term D&I Framework and the reasons for this at their meeting on 6 September 2024 and was further updated regarding the timeline for its development and approval at its meeting on 1 November 2024.</p>	 <p>Completed</p>
3. Digital & Information (D&I) Policies Status Assurance Reporting		
<p>Update to D&I Board regarding status of D&I Policies not included in the IG&S A&A Framework report presented to IG&SSG.</p> <p>Action Owner: Director Digital & Information</p> <p>Original target implementation date 30 September 2024.</p>	<p>The status of the 23 D&I Policies is now included in the D&I Performance paper presented to each D&I Board meeting.</p>	 <p>Completed</p>
ICE Report 2023/24 (B08/24) - Update of Progress Against Actions		
Agreed Management Actions with Dates	Progress with agreed Management Actions	Assurance Against Progress
3. Scottish Government (SG) Annual Monitoring Return		
<p>Update to Staff Governance Committee (SGC) on the SG Annual Monitoring Return including an update on action taken to address Scottish Government feedback from previous years.</p> <p>Action Owner: Director of Workforce</p> <p>Original target implementation date 31 March 2024.</p>	<p>See Staff Governance section of this report for detail.</p>	<p>No Longer Relevant</p>

4. Assurance Reporting to IG&SSG		
<p>a. All sections of IGS Accountability and Assurance Framework Report (IGSA&AR) to include performance measures and risk summary information.</p> <p>b. Monitoring of timing of distribution of IG&SSG and D&I Board Papers to comply with 5 days ahead of meeting date stipulation included in their Terms of Reference.</p> <p>Action Owner: Associate Director of Digital and Information</p> <p>Original target implementation date 30 April 2024.</p>	<p>a. The paper presented to IG&SSG on 22 October 2024 provided an update on the establishment of KPIs, the reason for the absence of KPIs for some categories (no mechanism for consistent reporting) and that the availability of data in support of KPIs is under constant review. (Complete)</p> <p>b. Monitoring of the timing of issue of papers to of IG&SSG and D&I Board members was not undertaken in 2023/23. A revised target implementation date of 30 April 2025 has been agreed to allow this to be monitored in 2024/25 and reported on in the IG&SSG and D&I Board Annual Assurance Statements for 2024/25.</p>	 <p>Minor slippage on agreed timelines</p>
Annual Report 2022/23 (B06/24) - Update of Progress Against Actions		
Agreed Management Actions with Dates	Progress with agreed Management Actions	Assurance Against Progress
1. Development of Risk Management		
<p>a. Greater use of risk appetite including greater detail in risk reports presented to standing committees on how the risk appetite will affect strategy, decision-making prioritisation, budget setting and organisational focus.</p> <p>b. Deep Dive Reports to include:</p> <ul style="list-style-type: none"> • Further assessment as to which key management actions will impact on the target score with success criteria stated. • A focus on key controls only, providing overt assurance and an overt conclusion on the effectiveness of implemented controls. • An assessment of the proportionality of proposed actions and whether they should be sufficient to achieve the target score. <p>c. Revised Risk Management KPIs presented to the Audit and Risk Committee (ARC) that take account of previous internal audit recommendations and allow ARC members to assess the overall effectiveness of the system of Risk Management.</p> <p>d. Revised Risk Management Framework approved by the ARC providing a detailed description of joint Risk Management arrangements with the IJB including responsibility for operational risks, responsibility for sharing of information and responsibility for</p>	<p>a. Corporate Risks papers presented to each standing committee state if risks are within or outwith risk appetite.</p> <p>Revised risk Appetite Statement approved at the November 2024 Board meeting.</p> <p>Risk reports to standing committees do not yet include greater detail on how the risk appetite will affect strategy, decision making prioritisation, budget setting and organisational focus and the minutes of their meetings do not record discussion on these topics referring to risk appetite.</p> <p>Target implementation date further extended to 31 March 2025.</p> <p>b. The target implementation date was extended to 30 September 2024 but no deep dives on corporate risks addressing the issues raised have been presented to standing committees in 2024/25 to date. The target implementation date has been further extended to 31 March 2025.</p> <p>c. Revised KPIs which allow the ARC to oversee performance management of</p>	 <p>Significant Slippage</p>

<p>provision of assurance consistent with the IJB Risk Management Strategy.</p> <p>Action Owner: Director of Finance & Strategy</p> <p>Original target implementation date 31 March 2024.</p>	<p>the risk management framework were presented to ARC on 16 May 2024 and ARC were advised that these will continue to evolve (Complete).</p> <p>The revised NHS Fife Risk Management Framework, including a description of RM arrangements with the IJB that satisfies our recommendation, was approved by Fife NHS Board on 26 September 2023 (Complete). This has been reviewed and an updated version will go to the NHS Fife Board for approval in January 2025 following Audit & Risk Committee scrutiny in December 2024.</p>	
<p>6. Digital & Information Strategy</p>		
<p>a. Clinical Governance Committee (CGC) to be updated regarding the impact on strategic ambitions & new D&I Strategy of elements from previous strategy not yet delivered.</p> <p>b. The new D&I Strategy to include a resource & financial assessment supporting the likelihood of the revised D&I Strategy being delivered within the stated timescale.</p> <p>Action Owner: Associate Director of Digital & Information</p> <p>Original target implementation date 31 July 2024.</p>	<p>a. The D&I Strategy update to CGC on 3 November 2023 included analysis of the delivery of items from the 2020-24 D&I Strategy and clearly shows items partially or not delivered. The update also identifies themes to be taken forward to the next iteration of the strategy (Complete).</p> <p>b. The timescales for the development of the D&I Framework, and supporting financial plan, were outlined in a briefing paper to CGC on 1 November 2024. Target implementation date extended to 31 March 2025.</p>	 <p>Minor slippage on agreed timelines</p>

CORPORATE GOVERNANCE

Corporate Risks:

Risk 1 – Population Health and Wellbeing Strategy – Moderate (12); Target (12) Moderate by March 2025 - Below Risk Appetite (aligned to Public Health and Wellbeing Committee)

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.

Risk 4 - Policy Obligations in Relation to Environmental Management and Climate Change Moderate (12); Target Moderate (10) by 1 April 2025

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.'

Leadership and Culture

The Audit Scotland NHS in Scotland 2024 report emphasised that effective leadership and collaboration are essential to enable the more radical decisions required around service reform, and the need for a clear vision and strategic direction for reform from senior leaders. Some changes to the executive team in 2024/25 include the appointment of a new Director of Health and Social Care (Integration Joint Board Chief Officer) from November 2024. The current Director of Finance & Strategy announced her intention to retire at the end of this financial year and recruitment is underway to fill this post. The Chief Executive has amended the existing Director of Finance & Strategy role, to de-couple any broader non-financial aspects, to ensure a relentless focus on financial governance, leadership and stewardship at Board level i.e. the core functions of the Board's most senior financial expert and professional adviser. In addition and with the evolution of RTP, and the necessity for enhanced planning across NHS Fife the Chief Executive has established a substantive role of Director of Planning & Transformation, as an evolution of the current interim Director of Reform & Transformation role and reflecting experiences of our RTP approach during 2024. Appointments to both these roles should be known by the end of this calendar year.

While these appointments should further strengthen the senior leadership capacity, the accompanying changes in responsibilities will require to be carefully managed during the transition period. The existing momentum must continue to deliver healthcare services effectively and efficiently through RTP and to navigate the financial challenge, while maintaining focus on quality of care and the pace of delivery against strategic and RTP priorities.

Reform, Transform and Perform (RTP)

RTP is NHS Fife's strategic approach to improving services and supporting and facilitating the actions required to address the unprecedented financial challenge all of which are rooted in the ambitions laid out in the Population Health and Wellbeing Strategy. Regular organisation wide communications continue, including RTP and Me briefings, and three Board Development sessions have taken place this year.

The October 2024 Annual Review letter stated that '*It was ... pleasing to note the progress the Board is making via its Re-form, Transform and Perform programme*'. The letter also noted '*Clearly, the scale of the challenge faced in effectively planning and delivering healthcare services to meet ever-increasing need is very significant.*'

RTP progress reports have been presented to every Board and Standing Committee meeting in 2024/25, either in open or private session. Reporting has matured over the course of the year with reports becoming more standardised. However, greater clarity in reporting is recommended and

suggested developments are at action point 1. The RTP agenda is extremely challenging, and reporting must be transparent, overt, and realistic in terms of the achievability of savings.

The November 2024 Board update on the 13 RTP schemes stated that *'five deliverables have significant assurance, five have moderate assurance, and three have limited assurance'*. Savings delivered to end of September totalled £8.103m (84%) of the planned September total of £9.650m; 32% of the original saving target of £25.000m; and 35% of the re-forecasted 2024/25 saving total of £23.261m.

Our assessment of the reported position six months into 2024/25 is that there is some optimism bias around the level of anticipated savings that will be delivered by the end of 2024/25, and the assurance level assessment for some RTP schemes i.e. Business Transformation, Supplementary Staffing, Service Level Agreements and Balance Sheet. The updates on these schemes do not fully reflect the magnitude of the undelivered savings and the organisational efforts to deliver them. Whilst progress can be evidenced, significant work remains to deliver RTP. As RTP continues to mature and the year 1 outcomes are evidenced, Management should ensure that 2025/26 plans are predicated on realistic and validated data, with lessons learned from year 1 identified and applied.

Of particular concern is the under achievement within Scheme *'10 - Business Transformation'*, where £77,000 (3.2%) has been delivered against the original target of £2.400m (target now revised to £1.402m). Recognising the current level of performance and the more realistic revised savings target, a paper presented to the November 2024 Board (private session) reported progress and quantified bridging actions agreed with RTP Executive Group. Limited Assurance on financial targets and Moderate Assurance on progress was provided.

Scheme 14 – Balance Sheet has a forecast saving of £1.500m but no target saving or quantified saving to date. No assurance level or risk assessment is provided for this scheme. We have received assurances that this will be reported in the next RTP update.

Given the complexity and scale of the RTP landscape, there is a risk that if *'target savings'* are set at levels beyond what is deliverable / achievable it could undermine the success of initiatives from the outset, as key officers and staff perceive they are being asked to deliver against an unachievable target.

The Internal Audit Plan for 2024/25 includes a review of RTP governance arrangements and framework, including workstreams, grip and control in B15/25 Operational Planning. In addition, RTP workstreams will form part of the planned audits in 2024/25.

Strategy Development and Implementation

At their 11 November 2024 meeting the PHWC considered the Population Health and Wellbeing Strategy 2024-25 Midyear Report (April – September 2024). The Midyear report included two case studies of work underway in Fife, an overview of RTP and a summary of the work undertaken and provided *'Significant'* assurance.

When the report was presented to Board on 26 November 2024 the level of assurance provided was Moderate and an additional appendix *'Assessing our impact'* was included, setting out the key metrics to measure the health and wellbeing of the population. An update on these metrics will be provided in the PHWS annual report in Spring 2025 but the position at midyear was not provided as the information is nationally produced on an annual basis. This means that the Board did not have the opportunity to assess the impact of the overall Strategy on the health and wellbeing of the population of Fife. It is important to recognise however that improving the health and wellbeing of the population will take more than one year and sustained improvements will only be possible over a much longer timeframe.

One *'Merits Attention'* recommendation from internal audit report B14/23 Strategic Plan Development remains outstanding and has been extended. We recommended that the risk for the

PHWS and Health Inequalities corporate risks should be reviewed together to ensure consistency and revised if appropriate. We would reiterate this recommendation which remains relevant.

The July 2024 Board considered the Director General for Health & Social Care, 5 June 2024 letter on 'Reforming Services and the way we work'. The minute noted that *'The Chair highlighted the need for NHS Fife to have planning at the front and centre of all discussions and decisions. She highlighted the importance of being able to model what will happen to local population demographics, its potential impact on future performance, and the need to consider what services may or may not be able to be provided going forward. The need to be pro-active was emphasised.'* The minute also noted need for further discussion around planning and agreed that this be a standing item on the Board agenda. The September 2024 Board Action List stated this action had been noted on the Board's workplan and would be added as a standard agenda item from November 2024. The November 2024 Action List update noted that there was nothing to add to the agenda for November and the Board is awaiting receipt of guidance, a Directors Letter (DL) from the SGHSCD. We will continue to monitor progress in this area.

Operational Planning

The Board continues to receive quarterly updates on the Annual Delivery Plan 2024/25, which flows from and links to the four strategic priorities identified in the PHWS.

The Quarter 2 update on the Annual Delivery Plan 2024/25 was considered by the Board in November 2024, the covering paper offering a useful summary of the 205 'deliverables' within the Plan. The update showed that 3% of deliverables were complete, 68% of deliverables were on track, 24% of deliverables were 'at risk', 4% were unlikely to complete on time' and one had been superseded / cancelled. There has been a slight deterioration in the position between Quarter 1 and Quarter 2.

Of the nine deliverables that are unlikely to complete on time, six are aligned to the 'Deliver Value and Sustainability' strategic priority, reflecting the challenges in business transformation and redesign.

Governance Arrangements

A number of Board and Committee papers have been considered in private session during the year to date. Whilst there may be justifiable reasons for this, we recommend that the nature of items considered in private is reviewed to ensure appropriateness and that the reason for considering an item in private is clearly stated in the SBAR, with the full agenda noting which items will be considered in 'private'.

Several key reports of the same nature e.g. Annual Delivery Plan, Corporate Objectives, are presented to Board and to Standing Committees and we encourage review to ensure there is no duplication in reporting. Report authors should provide clarity on the purpose of the paper presented to each committee, tailored to their remit.

In May 2024 the Board agreed levels of assurance to be included in reports to Board and Committees. This aids members in assessing the Level of Assurance that can be taken and support the focus of their scrutiny on key aspects. Board minutes do not always record the level of assurance agreed, but instead note *'The Board took assurance from the ...'*. We recommend that the level of assurance agreed by the Board or Committee is noted on all occasions.

Blueprint for Good Governance

In September 2024 the Board considered a Blueprint for Good Governance Improvement Plan update and took moderate assurance on progress. Five of eight actions were closed and the remaining actions related to agreement of risk appetite, improving the diversity of the Board, and introducing locally assurance mapping work. The November 2024 Board meeting subsequently approved a revised Board Risk Appetite Statement. The assurance mapping recommendation remains open pending the outcome of the Once for Scotland approach being developed by the national Board Secretaries

network. Improving diversity will be progressed on completion of Public Appointments recruitment process.

In the spring of 2025, Audit Scotland will be publishing a NHS spotlight publication focusing on governance, to assess how well leadership, scrutiny and governance are operating to support financial management, service performance and longer-term reforms. The report findings should support the Board with its ongoing government assessment processes.

Mental Health Services

The September 2024 Board (private session) was advised that Fife Child and Adolescent Mental Health Service (CAMHS) and Fife Psychology Therapy (PT) would be moving to stage 2 - Enhanced Support, of the Support and Intervention Framework in relation to the National Referral to Treatment Target (90% of patients seen within 18 weeks of referral).

The Board minute noted that Enhanced Support reinforced the need for the health and care system to work together in partnership, and that while CAMHS and PT are fully delegated to the IJB for strategic planning and delivered through the Health and Social Care Partnership (HSCP), the Fife NHS Board has been escalated on performance grounds. The Board agreed that a fuller plan will be prepared for CAMHS and PT, to include modelling and a new way of delivering services and to provide assurance on progress. The intention is to bring a workplan to the January 2025 Board private session.

The October 2024 Annual Review letter stated that *'local mental health services continue to experience high levels of demand and increased levels of acuity, combined with challenges in recruiting across all key professional groups including nursing, psychiatry, AHPs and psychology.'* The letter also commented on the extremely challenging national capital funding position and its impact on mental health services, and that the Board is carefully considering how to best invest and improve its mental health estate, with plans to invest £3 million over the next 3 years. The letter also notes the Scottish Government *'recognise that whilst this will not fully deliver all the benefits a new centralised facility could offer, it will bring essential improvements within the current financial circumstances.'*

The November 2024 Board IQPR report highlighted that Quality & Care mental health measures have deteriorated compared to the September 2024 Board position. Taking the current, medium, and longer-term pressures affecting the delivery of mental health services, we recommend that a mental health risk is considered for inclusion in the corporate risk register.

Integration

The current significant financial and service challenge across health and social care will require NHS Fife, Fife Council, the IJB and wider partnership to work together effectively. Collaborative governance is a key feature of the Blueprint for Good Governance and requires a clear understanding of responsibilities, trust, and willingness from all parties to work together, with the right culture in place to support all partners. When health and social care systems come under pressure, there is a risk that collaborative governance is not achieved.

Partners need to work together to ensure that they deliver on the integration agenda in line with the Integration Scheme, and that they fulfil their roles accordingly in the true spirit of integration. This includes ensuring there is cohesion across the health and care system to help inform and shape transformation plans.

The challenges and pressures evident in the whole system are regularly considered by NHS Fife Board. Reflecting on this, the Chief Executive proposed at the September 2024 Board meeting that consideration would be given to the ways of working between the different organisations and how this is brought together as a collective. While this has not been reported to Board and is not included on the Board action list a Board Development Session planned for 17 December 2024 will cover the requirement for an integrated transformation plan. This requirement has already been agreed by the

NHS Fife Chief Executive, Fife Council Chief Executive and Fife IJB Chief Officer (Director of Health and Social Care).

We recommend that the Chief Executive's review considers the overall integration risk environment to determine whether there are sufficient and effective controls in place to support the delivery of integration objectives. The outcome of this assessment should be evaluated to determine if further governance oversight is required.

Performance

The Board and Standing Committees receive regular IRPQ reports and other performance reports covering a range of key national and local measures.

In common with all NHSScotland, performance against national targets continues to prove challenging. At November 2024, particular areas of challenge were: Treatment Time Guarantee; Delayed Discharge for Mental Health/Learning Disabilities; New Outpatient Appointments; Cancer waits for the 31 Day Referral to Treatment (RTT) and 62 Day RTT.

The PHWS midyear report to the November 2024 Board stated that the Integrated Unscheduled Care and Planned Care programmes remain on track for 2024/25 deliverables.

Efforts should continue around the setting and reporting of realistic but challenging and achievable trajectories within available resources, in the context of statutory requirements and national targets and the PHWS, to allow members to conclude on overall Board performance with the right analysis to enable conclusions and informed decision making, including being able to consider preventative and or corrective actions.

Whilst there is a broad range of information provided in the Board IPQR, the report does not provide an overarching conclusion on whether performance is improving or deteriorating. The way in which benchmarking information is used to improve performance by learning lessons from Boards with similarities to Fife in terms of size and delivery model could be reported.

Complaints – Quality and Care

The Board IPQR reporting at September 2024 and November 2024 shows a general performance trend against the two complaints targets to be significantly and consistently below the expected target.

	Sept Board - previous	Sept Board - current	Nov Board - previous	Nov Board - current
Stage 1 Complaints Closed in month on time (target 80%)	68.9%	59.5%	50.0%	48.7%
Stage 2 Complaints Closed in month on time (target 60%)	21.4%	20.5%	16.7%	25.9%

The challenging position was referenced in the October 2024 Annual Review Ministerial letter which noted *'the need to ensure that communications with patients take place in a way which is appropriate to their needs; the importance of embracing new technologies and ways of working to ensure the NHS is sustainable; alongside the need for an effective, accessible and responsive NHS complaints procedure'*. Given a key focus of responding to complaints is to implement identified learning needs, consideration of how NHS Fife can better support improved performance against this quality and care metric may be required.

Risk Management

The Annual Risk Management Report 2023/24 referenced several planned developments including review and update of the risk appetite statement and review of the Board Strategic Risk Profile. A delivery plan to support the Risk Management Framework has been developed and will be reported to the Audit & Risk Committee.

Following discussion at Board Development sessions, the November Board 2024 subsequently approved a revised Board Risk Appetite Statement. Planned risk management developments for 2024/25 also included implementation of risk management key performance indicators, continued enhancement of the content and presentation of risk reports and further development of a risk management training programme.

Whilst we can evidence elements of good practice, we note that:

- It can take a significant number of months to develop and reframe risks, for example the proposed risk on drug-related deaths, the new Pandemic risk and the reframing of Risk 5 – Optimal Clinical Outcomes. We note also typically timeframes are not agreed.
- For some corporate risks the current score may not fully reflect the wider environment, with unrealistic target scores and timeframes. We have recommended that related corporate risks are reviewed together.
- At the September 2024 Board Risk 6 – Whole system capacity – Score 20 - High was discussed. The Director of Acute Services advised that this risk is to be discussed at EDG, where consideration will be given as to whether it remains a risk or has materialised into an issue, noting the Board will be advised on the outcome. There is no evidence of an update to the November 2024 Board per the Action List or any other paper.

Environmental Management

NHS Fife continues to make progress towards Scottish Government targets and the objectives set out in the National Sustainability Strategy. In January 2024, the NHS Fife 2022/23 Climate Emergency & Sustainability Board Report was published and highlighted sustainability progress and ambitions for the next year.

A Sustainability and Greenspace Progress Report presented to the November 2024 Board and Public Health and Wellbeing Committee included a follow-up to the January 2024 report. The report also outlined achievements relating to the NHS Fife 2030 Greenspace Strategy.

Challenges were highlighted in the report around full implementation of the Environmental Management System (EMS) and funding for decarbonisation and greenspace development in future capital planning.

Internal Audit B17/25 Environmental Management will be reported to the March 2025 Audit and Risk Committee.

Policies

The last General Policies and Procedures update was provided to the 7 May 2024 meeting of the FPRC when 18% of policies were out of date. To accommodate the work associated with RTP it has been agreed an annual report will be produced, instead of twice yearly reporting, with the next report due in May 2025.

Corporate Objectives

Corporate objectives for 2024/25 aligned to the PHWS and RTP were considered by Standing Committees in advance of being approved by the Board on 30 July 2024.

Anchor Programme

An Anchor Institution Progress update was provided to the PHWC in November 2024, focussing on the development of the Anchor programme of work, progression from baseline activities and future ambitions.

Public Participation and Community Engagement Strategy 2024-28

The Public Participation and Community Engagement Strategy 2024-28 was discussed at the Board Development Session on 30 April 2024 and presented to PHWC on 13 May 2024, where the ambitions of the Strategy were approved in principle. The Board requested that the Strategy be brought back to a future meeting once it has been updated to reflect their feedback to include an operational plan on how the principles will be used in a programme of consultation and engagement, particularly related to RTP workstreams. An overview of the Community Engagement and Public Participation Operating Model for 2024-2026 was presented to the July 2024 Board in private session. Members commented on the improved document and which was more focussed around Fife and what work will be undertaken locally.

Action Point Reference 1 – Reform, Transform and Perform (RTP)**Finding:**

Our assessment of the reported position six months in to 2024/25 is that there is some optimism bias around the level of anticipated savings that will be delivered by the end of 2024/25, and the assurance level assessment for some RTP schemes i.e. Business Transformation, Supplementary Staffing, Service Level Agreements and Balance Sheet. The updates on these schemes do not fully reflect the magnitude of the undelivered savings and the organisational effort required to deliver them.

There is a risk that if ‘target savings’ are set at levels beyond what is deliverable / achievable it could undermine the success of initiatives from the outset, as key officers and staff perceive they are being asked to deliver against an unachievable target.

Reporting has matured over the course of the year with reports becoming more standardised. However, greater clarity in reporting is recommended.

Audit Recommendation:

As RTP continues to mature and the year 1 outcomes are evidenced, management should ensure that 2025/26 plans are predicated on realistic and validated data, with lessons learned from year 1 identified and applied to support NHS Fife to make the right decisions at the right time, based on appropriate data.

Savings trajectories should be used to highlight and provide early warning of barriers to achievement including reporting the balance between recurring and non-recurring savings and plans, as recommended in the financial governance section of this report.

The RTP reporting format should be reviewed, to ensure proportionate / brief narrative is included for all aspects of the programme. Reporting must be transparent, overt and realistic in terms of the achievability of savings, reflecting the extremely challenging environment and clearly identifying any barriers to achievement. Where targets are not going to be achieved this should be reported as early as possible, and the workstreams should be reviewed to confirm their continued relevance for carry forward to 2025/26.

Assessment of Risk:

Significant



Weaknesses in design or implementation of key controls i.e. those which individually reduce the risk scores.

Requires action to avoid exposure to significant risks to achieving the objectives for area under review.

Management Response/Action:

Financial reporting against RTP targets has been continuously reviewed to ensure appropriate and realistic forecasts against the target levels for each workstream. The summary table is also supported by detailed monthly trajectories. The savings levels for the highest risk workstreams have been reduced in line with anticipated delivery levels confirmed in Q3.

We will continue to develop reporting in this area and take on board the inclusion of a brief narrative, however the Financial Position Report (which is prepared monthly) includes narrative on each workstream.

Action by:	Date of expected completion:
Director of Finance & Strategy	31 March 2025

Action Point Reference 2 – Board and Standing Committee Reporting**Finding:**

The following governance findings are noted:

- a. A sizeable proportion of Board and Committee papers have been considered in private session during the year to date. Whilst there may be justifiable reasons for doing so, if the correct balance between open and private session is not achieved, there is a risk the Board does not make decisions in an open and transparent manner. The open agenda does not detail items to be considered in private session.
- b. Several similar or near identical key reports are presented to Board and Standing Committees. This creates a risk of duplication, with the potential to adversely affect the pace of decision making.
- c. Board minutes do not always record the level of assurance agreed following consideration of discrete agenda items. This could reduce the Boards ability to track areas of concern and focus.
- d. The Action List does not always capture all areas identified by the Board during meetings.

Audit Recommendation:

- a. The nature of items considered in private session should be reviewed to ensure appropriateness and the reason for considering an item in private should be clearly stated in reports, with the open business agenda noting which items require to be considered in private session.
- b. We encourage a review of reporting where similarities are evident to ensure there is no duplication in reporting and where appropriate report authors should provide clarity on the purpose of the paper presented to each committee, tailored to their remit.
- c. The level of assurance agreed by the Board or Committee should be noted on all occasions.
- d. The Action List process should be reviewed to ensure all identified areas are captured in subsequent lists.

Assessment of Risk:

Moderate



Weaknesses in design or implementation of controls which contribute to risk mitigation.

Requires action to avoid exposure to moderate risks to achieving the objectives for area under review.

Management Response/Action:

The recommendations are accepted, and we will review current practice to ensure each of the points above are addressed.

Action by:**Date of expected completion:**

Head of Governance & Board Secretary

31 March 2025

Action Point Reference 3 – Mental Health Services

Finding:

There are significant pressures around the delivery of mental health services in the current, medium, and longer term which need to be adequately and appropriately captured, mitigated, and monitored.

Audit Recommendation:

Establishment of a mental health risk should be considered. The risk should capture the challenges in the overall mental health risk environment and the current and planned controls to support the delivery and development of mental health service objectives on a whole system basis.

The requirement for enhanced governance oversight should form part of this analysis.

Assessment of Risk:

Significant



Weaknesses in design or implementation of key controls i.e. those which individually reduce the risk scores.

Requires action to avoid exposure to significant risks to achieving the objectives for area under review.

Management Response/Action:

The HSCP set up a Mental Health Oversight Group (MHOG), chaired by the HSCP Director and the NHS Executive Medical Director, in October 2024. The Mental Health risks logged via the Datix risk system were tabled and discussed at the MHOG meeting in November 2024 with an action for the Mental Health SLT (Heads of Service, Senior Manager, Associate Medical Director and Associate Nurse Director) to review these in their entirety and update, amend, close as necessary. The Mental Health SLT have had an initial meeting to review these risks and work is ongoing to update the Mental Health risk register to ensure it is contemporary. This work will be completed by 31 January 2025. The MHOG will continue to have oversight of all Mental Health risks on an ongoing basis.

Action by:

Date of expected completion:

Head of Service, Complex and Critical Care Services

31 January 2025

Action Point Reference 4 – Performance Reporting

Finding:

The following performance reporting findings were noted:

- The Population Health and Wellbeing Strategy (PHWS) 2024-25 Midyear Report stated that an update on metrics will be provided in the annual report in Spring 2025, but the position at midyear was not reported.
- IPQR performance reporting does not include planned trajectories for all measures.
- The current presentation of IPQR benchmarking information does not identify comparison Health Boards.

Audit Recommendation:

- To enable the Board to assess the impact of the overall PHWS on the health and wellbeing of the population of Fife, performance metrics should be regularly reported.
- Consideration should be given to refining Board performance reports to include planned trajectories. This would enable measurement against realistic, challenging, achievable trajectories within available resources in the context of statutory requirements and national targets, within the context of Strategic Framework, to ensure Members are able to conclude on the overall Board performance to enable conclusions and informed decision making, including being able to consider preventative and or corrective actions.
- The way in which IPQR benchmarking information is presented could be enhanced by identifying the comparison Boards. This would allow more meaningful comparisons to Boards with similarities to Fife in terms of size and delivery model. How lessons learned from these comparable Boards is used to improve performance should be reported in the IPQR.

Assessment of Risk:

Moderate



Weaknesses in design or implementation of controls which contribute to risk mitigation.

Requires action to avoid exposure to moderate risks to achieving the objectives for area under review.

Management Response/Action:

Population Health and Wellbeing measures are published once a year, at most, so the reporting of Public Health & Wellbeing measures in the annual report 2023/24 (agreed by the Board in May 2024) will not be able to be updated until the next annual report 2024/25 is produced. These metrics are longer term measures and improvements will become evident over years rather than months or quarters. There has been a request to not produce a mid year report for this reason and to focus on the annual report.

Action by:

Date of expected completion:

Associate Director of Planning & Performance

Not Applicable

Action Point Reference 5 – Risk Management

Finding:

Acknowledging that corporate risks are due to be reviewed, from our review of the current corporate risk register we noted that:

- a. It can take a significant number of months to develop and reframe risks, for example the proposed risk on drug-related deaths, the new Pandemic risk, and the reframing of Risk 5 - Optimal Clinical Outcomes. We note that typically timeframes are not agreed at Committee or Board meetings to support risk development work.
- b. For the corporate risks detailed below the current score may not fully reflect the wider environment and elements out with the control of NHS Fife, resulting in unrealistic target scores and timeframes. Alignment of risk scores has also been considered.
 - Risk 1 - Population Health and Wellbeing Strategy – Score 12, Moderate. Given the pressure in the health and social care system, that the 3-year MTFP was not approved by the Scottish Government and the maturity level of RTP, which is in year 1, the risk score may be too low and may not fully reflect the organisation’s ability to deliver strategy in the current environment. The risk score also does not fully align with Risk 2 - Health Inequalities, which is scored at 20, High.
 - Risk 4 - Policy obligations in relation to environmental management and climate change is scored as 12, Moderate and does not fully reflect the restrictions in capital funding and revenue financial constraints that will impact on the organisation’s ability to meet the requirements of legislation. The risk score does not fully align with Risk 13 - Delivery of a balanced in-year financial position and Risk 14 - Delivery of recurring financial balance over the medium-term, which are both scored as 25, High.
 - Risk 15 - Prioritisation & Management of Capital funding – Score 12, Moderate does not align with the new Risk 20 - Reduced Capital Funding which is scored at 20, High. Given the significant constraints in capital funding, Risk 15’s score may not reflect the seriousness of the impact of constraints in capital funding, including the associated impact on revenue budget, nor the longer-term impacts this will have on the NHS estate, e.g. backlog maintenance, inability to progress service modernisation, such as Mental Health redesign.
- c. The September 2024 Board was advised that Corporate Risk 6 - Whole system capacity – Score 20, High was to be discussed at EDG, to determine whether it remains a risk or has materialised into an issue. It was agreed the Board would be advised on the outcome. There is no evidence of an update to the November Board per the Action List or any other paper, therefore there is a risk that the Board loses the opportunity to make informed decisions and take corrective action.

Audit Recommendation:

We recommend that:

- a. Realistic timeframes are agreed to support risk development and review. Where indicative timeframes cannot be met, the Board or relevant Committee should be informed.
- b. When the overarching risk environment and risk scores are reviewed, account should be taken of the evolving wider environment. Whilst recognising that the focus of risks are not intended to be fully aligned, there may be benefit in Committees considering related risks and their scores at the same meeting.

c. When the Board is advised that a corporate risk is being reframed or may be transitioning from a risk to an issue, a timeline should be agreed to ensure that the Board is provided with an appropriate and timeous update.

Assessment of Risk:

Moderate



Weaknesses in design or implementation of controls which contribute to risk mitigation.

Requires action to avoid exposure to moderate risks to achieving the objectives for area under review.

Management Response/Action:

- a. As a new risk requires a significant amount of work the suggestion of an agreed timescale for each is useful. The new drug related deaths risk has been presented to EDG and is due at PHWC in January 2025 before presentation to the Board. Likewise, the reframing of the Optimal Clinical Outcomes has been to CGOG and EDG in December and is due at CGC in January 2025
- b. A review of the risk scoring as outlined under part b will be undertaken with each of the executive leads for the risks.
- c. Reporting to Board on a realistic timescale for risk updates would be useful. The Whole System Capacity Risk has been re-framed, as have the other Acute Services Corporate Risks, and these were presented to CGOG and EDG in December 2024, alongside the re-framing of the Optimal Clinical Outcomes risk.

Action by:

Date of expected completion:

Associate Director for Risk and Professional Standards

31 March 2025

CLINICAL GOVERNANCE

Corporate Risks aligned to Clinical Governance Committee:

Risk 5 - Optimal Clinical Outcomes. High Risk (15); Target (10) Moderate by 30 September 2024 – Within Risk Appetite (currently being reframed)

There is a risk that recovering from the legacy impact of the ongoing pandemic, combined with the impact of the cost-of-living crisis on citizens, will increase the level of challenge in meeting the health and care needs of the population both in the immediate and medium-term.

Risk 8 - Cancer Waiting Times — High Risk (15); Target (12) Moderate by 31 March 2025 – Above Risk Appetite – aligned to FPRC but also reported to CGC

There is a risk that due to increasing patient referrals and complex cancer pathways, NHS Fife will see further deterioration of Cancer Waiting Times 62-day performance, and 31-day performance, resulting in poor patient experience, impact on clinical outcomes and failure to achieve the Cancer Waiting Times Standards.

Risk 9 - Quality and Safety — Moderate Risk (12); Target (6) Low by 31 March 2025 – Within Risk Appetite

There is a risk that if our governance, arrangements are ineffective, we may be unable to recognise a risk to the quality of services provided, thereby being unable to provide adequate assurance and possible impact to the quality of care delivered to the population of Fife.

Corporate Risks aligned to Public Health and Wellbeing Committee:

Risk 1 - Population Health and Wellbeing Strategy - Moderate Risk (12); Target Moderate (12) by 31 March 2025 – Below Risk Appetite

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.

Risk 2 – Health Inequalities – High Risk (20); Target High (15) by 31 March 2025 – Within Appetite

There is a risk that if NHS Fife does not develop and implement an effective strategic approach to contribute to reducing health inequalities and their causes, health and wellbeing outcomes will continue to be poorer, and lives cut short in the most deprived areas of Fife compared to the least deprived areas, representing huge disparities in health and wellbeing between Fife communities.

Risk 10 – Primary Care Services - High Risk (16); Target Moderate (12) by 31 March 2025 – Above Appetite

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

Risk 21 – Pandemic Risk- High Risk (20); Target Moderate (20) by tbc – Within Appetite

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

Clinical Governance Framework

The Clinical Governance Strategic Framework Delivery Plan 2024/25 was presented to the 12 July 2024 meeting of the Clinical Governance Committee (CGC). The Committee took a “moderate” level of assurance from the paper. The delivery plan does not cover all aspects of the strategic framework but was instead devised to ensure it is achievable, with prioritised actions.

At the July 2024 CGC the Associate Director of Quality & Clinical Governance agreed to review the quality and improvement training aspects for the next iteration of the delivery plan.

A mid-year progress update on the Delivery Plan was presented to the CGC on 1 November 2024 and it was confirmed that work to refresh the Framework and Delivery Plan would commence shortly, having originally been planned for September 2024.

Seven of the 11 delivery plan workstreams have a due date of March 2025, one has a due date of December 2024 and one a due date of January 2025. The Safety and Just Culture Workstream had a June 2024 due date and the Medicines Safety Programme Workstream had an October 2024 due date. Where work remains ongoing, revised dates should be documented.

Internal Audit B17/25 Medicines Management will consider one review from the Medicines Assurance Audit Plan.

Action point 6 sets out enhancements to the delivery plan updates papers, to include a conclusion on the status of actions using a RAG status and a high-level summary of overall progress highlighting barriers to achievement, any impact on mitigation of corporate risks and the implication of non-achievement. Any workstreams not delivered in 2024/25 should be reviewed for inclusion in the 2025/26 delivery plan.

A Fife Health and Social Care Partnership Clinical & Care Governance Strategic Framework was scheduled to be presented to the IJB for approval by January 2024, but was delayed to the May 2024 IJB meeting. The completion date for this action was again extended to September 2024 to allow the content of the Framework to be reviewed by Internal Audit to confirm that it is consistent with recommendations from internal audit F06-22 Clinical and Care Governance. The NHS Fife Medical Director and the HSCP leadership team are still to resolve discussion on the content of the Framework. However, the NHS Fife Clinical Governance framework covers all aspects of clinical governance of delegated services.

Clinical Governance Committee

The CGC Terms of Reference are scheduled for review at the 7 March 2025 meeting, as set out in the CGC Annual workplan 2024/25. The 1 November 2024 CGC update on the workplan indicates that the Committee should receive all planned items for 2024/25.

The Clinical Governance Oversight Group (CGOG) reviewed their Terms of Reference at the 20 August 2024 meeting. Key changes covered membership, specifically Digital & Information representation. Amendments to the ‘Role & Remit’ increased focus on learning and the inclusion of acute services division and HSCP assurance reports. Areas for inclusion were delivering the aim of the Clinical Governance Strategic Framework and associated annual delivery plan and review of quality measures within the IPQR. The revised Terms of Reference were agreed at the 22 October 2024 meeting.

The business covered by the CGC and CGOG is extensive, particularly as the CGC has within its remit both clinical governance and eHealth / information governance. The remits and work plans of both committees would benefit from review in line with Committee Assurance principles to ensure there is no duplication of reporting and to ensure the committees are clear about their priorities and have focused agendas and workplans.

Clinical Risk Management

Corporate risks aligned to the CGC and to the PHWC are detailed at the start of this section. Both the CGC and PHWC received regular reports on the risks aligned to them and the current and target scores are reasonable.

Following the CGC deep dive into the Optimal Clinical Outcomes risk at the 1 March 2024 CGC, there was further discussion through the Risks and Opportunities Group (ROG) and CGOG, with a recommendation made to EDG on 5 September 2024 to close the risk, and work continues on the rewrite.

In common with other Standing Committees, the CGC has not considered risk deep dive reports in 2024/25. The cycle of review for deep dives was completed before the start of the year and it is anticipated that all clinical risks will be reviewed and refreshed.

The July 2024 CGC minutes reflected discussion on how the clinical risk consequences of corporate risks aligned to the FPRC are considered by the CGC, for example Risk 7 - Access to Outpatient, Diagnostic and Treatment Services. Members supported those risks being presented to the CGC on a yearly basis, for assurance on the clinical aspects.

Clinical Performance Reporting

The IPQR report cover paper presented to the 1 November 2024 CGC did not specifically highlight areas which had not reached target but did state that for all applicable metrics that utilise Statistical Process Control, the current position was within control limits.

15 metrics are reported via the IPQR relating to Quality and Care, of which seven (relating to Adverse Events/Significant Adverse Event Reviews, Hospital Standardised Mortality Rate (HSMR) & Mental Health Incidents) have no defined trajectory/target.

Performance for four metrics had deteriorated since the previous month and five metrics had deteriorated since the previous year. Detailed narrative explaining the data analysis and achievements and challenges was provided for Significant Adverse Event Reviews (SAERs), inpatient falls, pressure ulcers, mental health quality indicators, healthcare associated inspections, and complaints.

The governance of agreeing Quality and Care 'local targets' when there are national targets in place was discussed at the CGOG on 20 August 2024. The Medical Director and the Lead for Adverse Events presented a paper to the October 2024 CGOG documenting where local targets have come from and how and by whom they are approved. The report provided Moderate Assurance on the origin of the targets within the IPQR.

External Review

External Inspection Reports are included on an Activity Tracker routinely considered by the CGOG.

Learning

An Organisational Learning Update was presented to the 6 September 2024 CGC. The Organisational Learning Leadership Group oversees work to build on NHS Fife's capability as a learning organisation and has a delivery plan in place. The group will provide assurance to the CGOG and the EDG. While the focus of this work is on clinical governance organisational learning, the development of a framework may bring benefit to wider to non-clinical activities.

Recognising the complexity of achieving the remit of the group, guiding principles have been identified to progress a refreshed approach in 2024/25 including:

- Build on the organisational ability to triangulate learning to contribute to the understanding of the bigger picture – getting the full system overview and defining how this will be brought into practice.
- Development of an Organisational Learning Framework.

Significant Adverse Events

Internal Audit previously reported that the quality of data used to assess performance in progressing adverse events reviews was being reviewed. Performance continues to require improvement. The Adverse Events Improvement Plan Update presented to the CGC on 1 November 2024 provided Moderate Assurance and covered areas of improvement for 2024/25 including reporting, reviewing, learning, and improving support and engagement of patient/families and staff with the process.

The Improvement Plan is extensive and several actions due for completion between December 2024 and February 2025 are reported as on track.

The Adverse Events Policy (GP/I9) is available on Stafflink and is due for review in February 2025.

The CGOG has agreed implementation of the refreshed Adverse Events trigger list, aligned to the Healthcare Improvement Scotland (HIS) Reporting and Learning from Adverse Events – A National Framework. The December 2024 CGOG will finalise and agree the process changes ahead of the implementation date of 6 January 2025.

The development of the Adverse Events Staff Support Pathway provides structure to staff following an adverse event. The August 2024 CGOG agreed that pathway documents along with a questionnaire would be circulated to senior leaders across the organisation to identify barriers and enablers for the progression of this work. As reported to the October 2024 CGOG, additional bespoke training sessions are in progress.

The Integrated Performance and Quality Report presented to CGC on 1 November 2024 reported that SAER median days to close (July 2024) was 255 working days against the target of 90 working days of commissioned date. The supporting narrative explained that the delay is multi-factorial with some of these factors being un-modifiable i.e. patient complexity, delay in postmortem result, and that NHS Fife is not an outlier in this respect. The adverse events improvement plan identifies a number of process changes to improvement on timely and quality completion of reviews.

Adverse event KPIs are reported to every second meeting of the CGOG with the last report presented in August 2024. Reporting consists of adverse events summary KPIs, incidents flashcard, themes and trends and updates on staff support pathway.

As at July 2024 performance was reported as:

KPI	Performance
SBAR decision made for major and extreme adverse events (100%)	52%
Adverse Events with severity reported as 'No Harm' should be closed within 10 working days of reported date	58%
Adverse Events with severity reported as 'Minor' or 'Moderate' should be closed within 60 working days of reported date	85%
Adverse Events with severity reported as 'Major' or 'Extreme' should be closed within 90 working days of commissioned date (ALL)	56%
Adverse Events with severity reported as 'Major' or 'Extreme' should be closed within 90 working days of commissioned date (LAERs and SAERs only)	15%
Actions resulting from LAER and SAER reviews should be completed by target date	47%

Duty of Candour (DoC)

On 20 August 2024 the CGOG considered a proposed update to the DoC guidance to include the process for monitoring quality performance indicators and a streamlined approach to the identification of cases for review by the Medical Director, who determines if DoC is activated. An updated letter of apology and steps to ensure consistency of approach across NHS Fife were also proposed. The group was asked to reflect and feedback on the proposed changes with the finalised

process and procedural guidance anticipated to be presented back to group in October 2024 for endorsement, but this did not take place.

Resilience

Actions to address recommendations from Internal Audit Report B13/23 on Business Continuity Arrangements are progressing and are reported through the Audit Follow Up system. Fife IJB report F06-24 Resilience and Business Continuity was issued in April 2024 and two of three required actions are now complete. The third recommendation is in progress and relates to presentation of the internal audit report to the Assurance Resilience Group, and confirmation of completeness of Business Continuity Plans for services delegated by Fife Council.

Public Health and Wellbeing Committee (PHWC)

Internal Audit B16/25 – Population Health will review the governance arrangements for population health and wellbeing, including implementation of Strategy.

An update of the PHWC Terms of Reference was considered at the September 2024 meeting and approved at the November 2024 meeting of the Committee, with final approval at the November 2024 Board. The amended Terms of Reference reflect oversight of delegated services where the committee is responsible for performance i.e. Mental Health and Primary Care.

As discussed at the September 2024 meeting, a review of the PHWC workplan will be undertaken on a rolling basis as agendas for future meetings are set. We noted good practice in that the PHWC review of their workplan at each meeting clearly identified reports that were not required, additional reports for inclusion and issues for escalation.

At their 11 November 2024 meeting the PHWC considered the Population Health and Wellbeing Strategy (PHWS), 2024-25 Midyear Report (April – September 2024), which provided a ‘Significant’ level of assurance. When the report was presented to Board on 26 September 2024 the level of assurance provided was Moderate and additional appendix ‘Assessing our impact’ was included, setting out the key metrics to measure the health and wellbeing of the population. An update on these metrics will be provided in the PHWS annual report and we have recommended in year reporting of metrics in the corporate governance section of this report.

Risk Management

The PHWS risk is scored as Moderate (12) with the same target score, and it is below risk appetite. While the risk is at the target level the mitigation provides context in that ‘the management of this specific risk will span a number of financial years’. Internal Audit are content that risk remains on the corporate risks register on the basis that risks to successful implementation of this long term strategy may vary over the longer term. We have commented on the risk score in the corporate governance section of this report.

Development of an Acute Services Clinical Framework is underway and this will align to the PHWS and will outline the clinical plans and ambitions for clinical services.

The Health Inequalities corporate risk is rated as High (20) with a target risk score of High (15) by 31 March 2025 and is within Appetite. Internal Audit considers this scoring appropriate and we note key mitigations, including the Prevention and Early Intervention Strategy ratified by the IJB. Public Health has 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.

Corporate risk 21 – Pandemic risk is a new risk first reported to CGC in November 2024. The risk rating aligns with the UK National Risk Register 2023. The current and target risk rating are both 20, reflecting that the likelihood of a pandemic is not within local control and, although consequences may be mitigated through local preparation, consequences will remain extreme. An NHS Fife Pandemic Framework Group has been established to coordinate management of this risk, including consideration and implementation of measures to reduce the pressures and negative effects a pandemic would cause locally, and to act as a source of advice to the organisation and partners.

Work is underway to collate lessons from the COVID19 response and outputs of related inquiries and implement these locally. The September 2024 meeting of the PHWC took a Limited level of assurance from the addition of the pandemic risk onto the Corporate Risk Register.

Corporate risk 10 - Primary Care Services is scored as High (16) with a target of Moderate (12) by 31 March 2025 and is above risk Appetite. While this appears reasonable, we note that at September 2024, only 25 of 41 actions being managed through the Primary Care Governance & Strategy Oversight Group to mitigate the risk were complete, although the remainder were reported as on track.

The Cancer Waiting Times risk is aligned to the FPRC but is also reported to the CGC. There is an emerging risk on drug related risks, which is a whole system risk.

The Fife HSCP Prevention and Early Intervention Strategy was presented to and was supported by the September 2024 PHWC, to enable its continued progression to committees and IJB for decision. The Prevention and Early Intervention Strategy is a NHS Corporate Objective and is one of the nine transformational strategies of Fife Health and Social Care Partnership's Strategic Plan 2023-2026.

Public Health measures for screening and early years have been included in the IPQR, as reported to the September 2024 PHWC. The national Care and Wellbeing Dashboard is being developed to provide access to the latest data on population health outcomes, inequalities and the wider determinants of health and it will be launched alongside the national Population Health Framework in late 2024. Public Health indicators within the IPQR will be further expanded on publication of the national Population Health Framework.

During the year to date the PHWC has considered a variety of reports including:

- Anchor programme
- Update on Plan for Fife and Shared Ambitions
- Food4Fife Strategy and Action Plan 2024-2029
- Creating Hope for Fife: Fife's Suicide Prevention action plan
- Fife Child Protection annual report 2023/24
- Annual Immunisation Report and Immunisation Strategic Framework 2024-2027
- High Risk Pain Medicines – Patient Safety Programme
- Tackling poverty and preventing crisis action plan
- Alcohol and Drugs Partnership annual report
- Health Promoting Health Service annual report
- Primary Care Strategy Year 1 report
- Service updates
- Sustainability and Greenspace update
- Joint Health Protection Plan

Action Point Reference 6 – Clinical Governance Strategic Framework Delivery Plan

Finding:

A mid-year progress update on the Clinical Governance Strategic Framework Delivery Plan 2024/25 was presented to the CGC on 1 November 2024 and it was confirmed that work to refresh the Framework and Delivery Plan would commence shortly. Two of the 11 delivery plan workstreams had passed their due dates.

Audit Recommendation:

The refresh of the Clinical Governance Strategic Framework Delivery Plan should consider inclusion of:

- An SBAR that concludes on how many of the actions have been completed within target timescale, how many have not been implemented by their target timescale, whether actions are on track, barriers to achievement and if anticipated delivery timescales remain realistic. Any impact on mitigation of corporate risks and the implication of non-achievement should also be highlighted.
- A RAG status for actions.
- Inclusion of revised dates for workstreams that have exceeded their due dates.

Any workstreams not delivered in 2024/25 should be reviewed for inclusion in the 2025/26 delivery plan.

Assessment of Risk:

Moderate



Weaknesses in design or implementation of controls which contribute to risk mitigation.

Requires action to avoid exposure to moderate risks to achieving the objectives for area under review.

Management Response/Action:

The audit recommendations will be addressed in the refresh of the Clinical Governance Strategic Framework Delivery Plan for 2025/26.

Action by:

Date of expected completion:

Associate Director of Quality and Clinical Governance

31 May 2025

Action Point Reference 7 – Review of Committee Workplans

Finding:

The business covered by the CGC and CGOG is extensive and broad, particularly as the CGC has within its remit both clinical governance and eHealth / information governance.

To operate effectively and efficiently committees must be clear about their priorities and have focused agendas and workplans.

Audit Recommendation:

The remits and workplans of both Committees would benefit from review in line with Committee Assurance Principles. The following aspects should be considered:

- Duplication of reporting to other Committees.
- Focus on priorities and the risks delegated to the Committee.
- Inclusion of agenda items for the following reasons:
 - It is a decision delegated to that Committee.
 - It relates to and/or provides assurance upon strategic priorities and related corporate risks delegated to that Committee.
 - It is a statutory or regulatory requirement or required by Scottish Government guidance.
 - The Committee can add value to a decision or issue by providing a different perspective, setting boundaries, generating ideas etc.

Assessment of Risk:

Moderate



Weaknesses in design or implementation of controls which contribute to risk mitigation.

Requires action to avoid exposure to moderate risks to achieving the objectives for area under review.

Management Response/Action:

Each Board Committee is due to review its respective Terms of Reference in the March cycle of meetings, and, as part of that exercise, work will be undertaken with colleagues in Clinical Governance to ensure that the workplan of the Clinical Governance Oversight Group, a sub-group of Clinical Governance Committee, ensures appropriate delegation of responsibilities and non-duplication of agenda items is in place.

Action by:

Head of Governance & Board Secretary

Date of expected completion:

31 March 2025

STAFF GOVERNANCE

Corporate Risks aligned to Staff Governance Committee:

Risk 11 - Workforce Planning and Delivery – High Risk (16); Target (8) Moderate by March 2025 – Above Risk Appetite

There is a risk that the current supply of a trained workforce is insufficient to meet the anticipated Whole System capacity challenges, or the aspirations set out within the Population Health & Wellbeing Strategy, which may impact on service delivery.

Risk 12 - Staff Health and Wellbeing – High Risk (16); Target (8) Moderate by March 2025 – Above Risk Appetite

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.

Risk 19 – Implementation of Health and Care (Staffing) (Scotland) Act 2019 [HCSA] – Moderate (9); Target (9) Moderate – Within Risk Appetite

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.

Governance Arrangements

Updates on the progress of the 2024/25 Staff Governance Committee (SGC) workplan are reported to each meeting.

While the September 2024 SGC was not quorate there was only one item on the agenda for decision and members agreed that the meeting would proceed, and that the item for decision would be tabled offline.

Workforce Strategy/Planning

Internal Audit B17/23 Workforce Planning was issued on 8 May 2024 and provided Reasonable Assurance. Two actions will remain outstanding until ongoing work to develop the 2025-2026 Workforce Plan has been further progressed during December 2024 / January 2025. The Director of Workforce has provided Internal Audit with an update on this significant and important piece of work to determine the agreed staffing establishment, with a focus on data quality. This will enable NHS Fife to reshape the workforce over the period of the new Workforce Plan, and the next three years, and ensure the staffing establishment is appropriate to effectively deliver services. The RTP People and Change Board has been instrumental in managing this work which is scheduled to be completed during December 2024.

Fife IJB Internal Audit F05/23 Workforce Planning was issued in August 2024. Three of the four actions are now complete and the remaining action to complete a staff gap analysis is in progress and due for completion by the end of December 2024.

While the SGC workplan has a scheduled update on the Workforce Plan 2022-2025 at each meeting, the November 2024 update was deferred to January 2025 because the whole-time equivalent data was still to be agreed by the People and Change Board and reported to the RTP Executive meeting.

The September 2024 Workforce Planning Update provided assurance on the plans to develop the 2025-2026 Workforce Plan to Scottish Government by submission of the required SG template by 17

March 2025. Key dates and milestones to be achieved to meet this deadline have been identified and NHS Fife is aiming to complete the work ahead of schedule in January 2025. The new Workforce Plan is intended to align with the Delivery Plan and the financial plan for 2025/26.

Risk Management

The SGC has oversight of the Workforce Planning & Delivery and Staff Health & Wellbeing corporate risks, both of which have a high rating. The planned date to reduce the risk score from high to moderate for both risks is the end of March 2025. As previously report in internal audit B17/23 Workforce Planning, the achievability of these dates may need to be reconsidered as the target date approaches. The Director of Workforce has informed Internal Audit that the Workforce Planning & Delivery risk will be reviewed in line with development of the new Workforce Plan 2025/2026, with a shift in focus to the risk of the workforce not being adequate and appropriate to deliver services.

The SGC has regular oversight of the Implementation of Health & Care (Staffing) (Scotland) Act 2019 [HSCA] risk, which has a moderate rating and has reached its target score. The option to de-escalate this corporate risk has been discussed with the Director of Workforce. Internal Audit agree with the proposal that the risk will be reviewed in March 2025. While progress has been positive to date, the new calendar year will represent 'Business as Usual' and a March 2025 review will provide sufficient time and the opportunity to take stock of the arrangements put in place. The Act requires quarterly compliance reporting to the Board by individuals with lead clinical professional responsibility and the Director of Workforce has the delegated lead responsibility for Board compliance reporting.

The Quarter 1 update to the September 2024 SGC offered Moderate Assurance and confirmed that the Board has submitted the first High Cost Agency Return to the Scottish Government, as required by NHS Circular DL (2024) 06. This will give an opportunity for NHS Fife to benchmark with other Health Boards.

Staff Governance Standard

The Scottish Government has paused the requirement to complete a Staff Governance Monitoring return but Boards were required to complete an Assurance of Compliance return by 6 December 2024. The November 2024 SGC approved the draft Staff Governance Standard 2023/24 Assurance of Compliance, which provided a 'Significant' level of assurance. Feedback on the 2022/23 Staff Governance Monitoring Return was reported to the SGC on 14 May 2024 and the SGC was to be updated on progress to address the feedback at a future meeting. This did not take place and given that the 2023/24 Assurance of Compliance is now agreed, there would be little benefit in presenting this out-of-date information to the SGC. The Director of Workforce has provided Internal Audit with assurances that any future feedback will be reported to SGC in a timely manner.

A workforce policy update to the November 2024 SGC covered development and maintenance of local HR policies and Once for Scotland Workforce Policies. A soft launch of eight refreshed workforce policies is taking place between 15 October 2024 and 15 January 2025 to ensure the Board is ready for launch in early February 2025.

Our previous recommendation to consider a stand-alone report to SGC providing assurance that each strand of the Staff Governance Standard had received appropriate coverage throughout the year was considered. The SGC annual workplan does include planned reporting on each strand of the Staff Governance Standard and provides an at a glance conclusion on coverage, which is also confirmed in the 2023/24 Assurance of Compliance. In the interests of avoiding unnecessary reporting a standalone report will not be provided to the SGC.

Staff Health and Wellbeing / Health and Safety

The latest Health & Safety Sub-Committee Incident Report, covering the period June to August 2024, was reviewed by the SGC in November 2024. The report detailed the number of incidents during the period but does not have any comparative data except for a longer-term chart plotting the number of Violence & Aggression incidents, which is showing a rising trend. The SBAR states that Violence & Aggression training is being taken on across the Board following the move of a budget for a vacant post to the Health & Safety team.

The covering paper for the report would benefit from the inclusion of comparative performance information i.e. current and prior period(s).

A Staff Health and Wellbeing Update was considered by the September 2024 SGC, and the Occupational Health Service provided their Annual Report for 2023/24 to the November SGC.

Staff Experience

The Quarter 2 Annual Delivery Plan (ADP) 2024-25 update was presented to the November 2024 SGC meeting to enable monitoring of workforce aspects. There are 21 deliverables aligned to the 'Improve Staff Experience and Wellbeing' strategic priority. At the end of Quarter 2, 16 of these deliverables (72.6%) were 'on track' with five being 'at risk'.

The September 2024 SGC was informed that iMatter engagement for 2024 was 64%, a decrease of 2% on 2023 but, for the third year running, better than the national outcome of 58%.

Whistleblowing

Starting in April 2024 and in line with good practice from the Independent National Whistleblowing Officer, responsibility for governance and reporting of Whistleblowing began to transition from the Workforce Directorate to the Corporate Governance & Board Administration function. The first meeting of the quarterly Whistleblowing Oversight Group, chaired by the Chief Executive, took place in April 2024. Over time, the Whistleblowing Oversight Group will seek to illustrate trends and allow NHS Fife to evidence the necessary improvement and learning.

People and Change Board

The RTP People and Change Board aims to deliver a safe sustainable range of workforce changes and improvements whilst contributing towards the Boards obligation to deliver sustainable financial savings.

This includes projects to reduce spend in: Junior Doctor Rota compliance; Supplementary Staffing; Vacancy and Sickness Management; and Whole Time Equivalent Reduction. The group have oversight of implementation of the non-pay elements of the 2023/24 Agenda for Change pay deal; Reduction in Working Week; Protected Learning Time; and Band 5 Nursing Review.

Supplementary Staffing

Annual supplementary staffing costs have totalled circa £50 million across NHS Fife for the last two financial years. To reduce the reliance on supplementary staffing across the system a savings target of £5 million in the Board's Financial Plan for health board retained services, and a £3 million savings target was approved in the 2024/25 Financial Plan for the HSCP. Implementing the Scottish Government Supplementary Staffing Task and Finish Group's recommendations has resulted in supplementary staffing costs across retained services reducing from an average monthly cost of circa £2 million, to just over £1 million. Extremely challenging workforce issues in the HSCP have impacted on ability to reduce monthly spend at the same level as Board-retained services. However, initiatives are being taken forward which it is anticipated will lead to a reduction in the coming months.

Internal audit B19/25 on Supplementary Staffing will review controls over the employment of bank and agency staff and controls to monitor demand, acquisition and use of supplementary staffing, focusing on value for money.

Appraisal

The Remuneration Committee (RC) considered the Chief Executive's Personal Objectives for 2024/25 at their May 2024 meeting. An updated version, to include programmes of work in relation to key educational partnerships was approved at an Extraordinary Committee meeting in June 2024.

The RC considered the 2024/25 objectives for the Executive and Senior Management Cohort at its August 2024 meeting and requested a further review be conducted by the Chief Executive, supported by the Director of Workforce, to ensure that all objectives were SMART (Specific, Measurable, Achievable, Realistic and Time-bound). At their October 2024 meeting the Committee agreed the 2024/25 objectives for the Executive and Senior Manager Cohort. Work to ensure that all Executive Director objectives are SMART will continue and be reflected in mid-year appraisals.

The 2023/24 Annual Report on Medical Appraisals and Revalidation presented to the November 2024 SGC reported that 98% of eligible General Practitioners, 96% of Secondary Care consultants and 86% of Speciality and Specialist doctors had completed appraisal.

Medical Revalidation in NHS Fife was previously overseen by the Medical Appraisal and Revalidation Group which was decommissioned at the end of 2023/24. Revalidation will now be overseen by the newly convened Medical and Dental Professional Standards Oversight Group, chaired by NHS Fife's Medical Director / Responsible Officer. This group will report to both the Clinical and Staff Governance Committees. It is not clear why both Standing Committees receive assurance on this area and we would suggest that reporting through the SGC only is sufficient and would eliminate duplication.

Talent Management

The Director of Workforce is directing a Leadership Programme which is to be delivered by the end of 2024/25.

NHS Fife is progressing various strategies to optimise recruitment. The EMERGE programme commenced in August 2024, in partnership with Fife College, local secondary schools and National Education for Scotland, and aims to increase the talent pool and supply of workforce to meet NHS Fife workforce plans in the medium to long term.

NHS Fife offers modern Apprenticeships and engagement events are being planned with the Developing the Young Workforce Coordinators for September 2024, to support school pupils who are not predicted to meet the entry grades for Medicine degree courses, to explore other opportunities in healthcare. In addition, dates for bespoke health careers for secondary school pupils have been set for 2025 onwards.

Core Skills Training

Core training compliance at September 2024 was 60% (May 2024 – 53%, October 2023 - 63%) against the corporate target of 80%. The November 2024 SGC was advised of work to increase compliance to achieve the corporate target. The SGC previously noted that 'overall training attainment was disappointing and significant measures were needed to improve these metrics', and our 2023/24 ICE Report commented on the actions to increase compliance reported to the November 2023 SGC. Over the last year compliance has deteriorated and we recommend that the SGC explore the reasons for this, actively monitor the effectiveness of and the outcomes from these refreshed actions and consider if further controls and / or actions are required.

Personal Development and Planning Review completion rate at September 2024 was 42.9% against the national target of 80%. NHS Fife entered 2024/25 with a reframed local trajectory of 60%, which would be increased year on year by 5% until the national target of 80% was introduced locally. Given

performance concerns, a recovery plan has now been developed and will be considered at the January 2025SGC. In addition, the Learning & Development Manager is now engaging with members of the Acute Services and Corporate Services Division and Corporate Directorates Local Partnership Forum outlining the support that can be provided by the Learning & Development Team to increase core skills compliance levels in these Directorates.

Attendance Management

Detailed sickness absence information is now reported to the SGC on a regular basis through the Attendance Management updates, supplementing the summary data in the IPQR presented to each SGC.

The absence rate at September 2024 was 7.07%, against the national target of 4%. NHS Fife has a corporate target of 6.5% by the end of March 2025. Areas of recent improved attendance were analysed and work continues to benchmark with key Health Boards to identify actions that NHS Fife could utilise to improve attendance. The Attendance Management Group has been re-established to oversee a multi factorial review on absence issues, take forward lessons learned, identify priority actions, and seek assurance on actions being implemented. An action plan to support improvement activities had been developed.

Internal audit B20/25 will review management of sickness absence.

Action Point Reference 8 – Health & Safety Reporting

Finding:

The Health & Safety Sub-Committee Incident Report details the number of incidents during the period and provides useful data but the cover paper does not include:

- Comparative data with previous periods to highlight improvement or deterioration (except for a longer-term chart plotting Violence & Aggression incidents).
- Analysis of data and the reason for incidents and fluctuations.
- Improvement actions and lessons learned.
- Any link between incident reporting and Health & Safety risks.

Audit Recommendation:

The Health & Safety Sub-Committee Incident Report cover paper could be enhanced through the inclusion of analysis of data and identification of themes or trends. Any themes or trends should be considered when reviewing Health and Safety risks.

The cover paper could also report on learning from incidents, emerging concerns and areas for escalation and a summary of ongoing improvement actions.

Assessment of Risk:

Merits
attention



There are generally areas of good practice.

Action may be advised to enhance control or improve operational efficiency.

Management Response/Action:

The Health & Safety Sub-Committee Incident Report cover paper is in development and will be further enhanced through the inclusion of analysis of data and identification of themes or trends. This in turn can be considered when reviewing Health and Safety risks. Where appropriate the cover paper will also report on learning from incidents, emerging concerns and areas for escalation and a summary of ongoing improvement actions. This is frequently already covered in the minutes of the Health & Safety Sub Committee which are also submitted to SGC with any items for escalation.

Action by:

Date of expected completion:

Director of Property & Asset Management

31 March 2025

FINANCIAL GOVERNANCE

Corporate Risks aligned to the Finance, Performance and Resources Committee:

Risk 13 Delivery of a balanced in-year financial position: Current Score 25 (high) Target Score 16 (moderate) by 31 March 2025

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.

Risk 14 Delivery of recurring financial balance over the medium-term: Current Score 25 (high) Target Score 16 (moderate) 31 March 2027

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.

Risk 15 Prioritisation & Management of Capital funding: Current Score 12 (mod) Target Score 8 (moderate) 1 April 2026

There is a risk that lack of prioritisation and control around the utilisation of limited capital and staffing resources will affect our ability to deliver the PAMS and to support the developing Population Health and Wellbeing Strategy.

Risk 20 Reduced Capital funding: Current Score 20 (high) Target Score 12 (moderate) 30 March 2026

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.

Financial Planning 2024/25

The Financial Plan 2024/25 – 2027/28 recognises that the scale of the financial challenge over the next 3 years is unprecedented and delivering financial balance across the 5-year timeframe will be extremely challenging. The Scottish Government acknowledged the financial plan for 2024/25 however it remains unapproved by them and dialogue is ongoing. The first draft of the Financial Plan for 2025/26 will be presented to EDG in January 2025.

Financial Reporting

The financial position is reported to each meeting of the Board and the Finance, Performance and Resources Committee (FPRC). On 26 November 2024 the Board was presented with the latest financial report to the end of October 2024 in private session, prior to the report being considered by the FPRC. Internal Audit commend this approach which ensured Board members were informed of the latest financial position. The report provided Limited Assurance.

Financial reporting to the FPRC and Board has remained consistent, and the position and challenges were clearly presented.

The Executive summary of the Financial Report to end of October 2024 highlighted that:

- *The overall opening financial gap reduced from £54.750m to £51.350m in July 2024 as a consequence of allocation increases notified since the financial plan was approved by the NHS Fife Board in March 2024.*
- *There is a reasonable level of confidence we will achieve £23.6m of the 3% efficiency target and a further push is now on to bridge the £1.4m gap in projected delivery in quarter three.*

- *At the end of October 2024, the level of overspend on health board retained is tracking with plan, after taking account of the cost reduction achieved in the first 7 months in relation to RTP workstreams. This is supported by our forecast outturn and indicates we are on target to deliver an improved position on the forecast outturn identified in our 2023/25 financial plan specifically in relation to the health board retained budget. Whilst the run rate overspend is improving, further sustained improvement is necessary in the second half of the financial year to move as close to a break-even position as possible.*
- *The IJB health delegated position has deteriorated significantly since the overspend reported at July 2024 and is a major cause of concern. We continue to discuss this significant risk and variation from plan with the IJB and Fife Council. A recovery plan developed by the IJB Chief Finance Officer was approved at the extraordinary meeting of the IJB in October 2024. Since that approval the IJB reported forecast has deteriorated by a further £5.5m which presents a significant additional challenge to the overall NHS Fife board forecast position.*
- *This latest move in position will make it very difficult for the overall Board position to meet or improve on the original £30m forecast deficit reported in the financial plan in March 2024.*

Savings

The overall opening financial gap reduced from £54.750m to £51.350m in July 2024 because of allocation increases notified since approval of the financial plan in March 2024.

While the level of overspend on health board retained is tracking with plan at the end of October 2024 and delivery of an improved position on the forecast outturn in relation to health board retained budget is predicted, the IJB health delegated position has deteriorated significantly since the overspend reported at July 2024. This latest move in position will make it very difficult for the overall Board position to meet or improve on the original £30m forecast deficit reported in the financial plan.

At the end of October 2024 the reported overspend against revenue budgets was £28.690m, comprised of an overspend for health board retained services of £13.770m and £14.920m for the health delegated budget (IJB).

A range of cost improvement schemes and efficiency initiatives have been developed through the Reform phase of Reform, Transform and Perform (RTP), to achieve the non-negotiable 3% (£25m) savings target required by Scottish Government, with the broader Transform phase focusing on changes to services, structures, and care delivery to deliver the remainder of the financial gap sustainably over the next 1-2 years.

The Financial Performance Report presented to Board on 26 November 2024 stated that there is a reasonable level of confidence that £23.6m of the 3% efficiency target will be achieved and a further push is now on to bridge the £1.4m gap in projected delivery in quarter three.

At the end of October 2024, £11.968m of savings was anticipated across the 13 RTP schemes with £9.349m confirmed as delivered, a shortfall on plan of £2.618m. The Service Level Agreement (SLAs) and Business Transformation workstreams continue to present as high-risk areas in terms of non-delivery of savings in line with target.

Recognising the current level of performance of the Business Transformation Programme, a paper to Board on 26 November 2024 provided detail on progress and quantification of bridging actions. The paper provided Moderate Assurance on progress with the workstream and Limited Assurance on financial performance.

SLAs and contracts with external healthcare providers are £3.410m overspent, tracking in line with the financial plan with most of the financial challenge within the SLAs with NHS Lothian and NHS Tayside.

Work must continue at pace to develop contingency plans to ensure the minimum 3% target is delivered. The reporting of the £9.349m savings delivered does not differentiate between recurring

and non-recurring savings. One of the assumptions within the Scottish Government expectations as part of the financial planning guidance for 2024/25 was to have a “*programme of work and supporting actions to achieve a target of 3% recurring savings on baseline budgets.*”

Internal Audit will review strategic and medium term financial planning and prioritisation to support corporate strategies and priorities in internal audit B22/25 Savings.

IJB Lessons Learnt (NHSF Board November 2024 Private Session)

A movement of circa £10m in the projected outturn for Fife IJB between December and March 2024 had significant implications for NHS Fife and Fife Council and resulted in the risk share agreement being implemented. A root cause analysis of the movement was undertaken by the IJB, and a Lessons Learned Financial Movement Review Report and action plan was considered at an IJB Development Session on 13 September 2024. It was agreed that the action plan would be monitored by the IJB Audit and Assurance Committee. The Lessons Learned paper was presented to Fife NHS Board in private on 26 November 2024 and provided moderate assurance.

Internal Audit are of the view that given the deteriorating IJB financial forecast and the risk of further movement, on-going assurance on progress should be provided to NHS Fife. FTF Internal Audit is the lead internal auditor for Fife IJB and progress with the action plan will be reported in the Fife IJB Internal Control Evaluation and Annual Reports for 2024/25.

IJB Recovery Plan (NHSF Board November 2024 Private Session)

The Fife Health & Social Care Partnership (HSCP) is forecasting a projected overspend of £27.1m as at 31 March 2025. This is a projected outturn position, and it is likely this will change prior to the year end. As per the requirements of the Integration Scheme, a recovery plan has been developed to mitigate this overspend. The recovery plan was approved by the IJB on 27 October 2024 and progress will be monitored through the IJB Finance, Performance and Scrutiny Committee. The recovery plan has been included as a mitigation for NHS Fife corporate risk 13 - Delivery of a balanced in-year financial position.

The IJB Recovery Plan was reported to the NHS Fife Board on 26 November 2024 in private and the report provided Limited Assurance. The proposals within the recovery plan total £13.505m and do not fully bring budget back in line. The Board paper stated that there is a high level of confidence that the savings can be delivered in full, however, it is likely that these will be delayed until the 2025/26 financial year at the earliest.

Given the recovery plan currently does not fully deliver a break-even position in financial year 2024/25, there is a requirement for further dialogue with partners aligned with section 8.2.3 of the Integration Scheme.

The NHS Fife Financial Performance Report for the period to October 2024 highlighted a further deterioration in the IJB year-end forecast overspend from £21.571m to £27.1m, which is beyond the projected overspend stated within the IJB Recovery Plan and represents an adverse movement of £5.5m on the previously projected outturn. This is a result of a projected £13.655m overspend on health delegated services and a £13.453m overspend on social care services. NHS Fife’s share of the full Health & Social Care Partnership (HSCP) overspend at this level would be £16.807m.

Any overspend arising in the IJB requires to be supported by agreed risk-shares from both NHS Fife (60%) and Fife Council (40%). For the remainder of this financial year and into next year NHS Fife and Fife Council, alongside the HSCP, must ensure strong joint focus supports the delivery of the IJB Recovery Plan and that every effort possible is made to reduce the forecast overspend by the year-end.

When the IJB financial plan was approved in March 2024 it assumed a level of resource transfer of £4.1m would be available from health delegated budgets to support costs in social care. The £4.1m

transfer was included in the NHS Fife budget and the IJB financial planning assumptions originally predicted the resource would be available to make the transfer without creating an overspend.

The £4.1m transfer will require to be covered as the associated social care costs have been incurred. Not transferring the resource would result in NHS Fife incurring a higher risk share proportion of the year-end overspend, as the budget position for health delegated will include the £4.1m as part of the NHS Fife contribution level, therefore, given the IJB Direction and in the interests of not triggering this increase the transfer to Fife Council will be made.

For the remainder of the financial year, we would expect that delivery of the IJB Recovery Plan to be carefully monitored by the Board and FPRC, alongside NHS Fife savings plans.

Finance Risk Reporting Revenue

The two corporate financial risks related to revenue are in year delivery of the financial plan and delivery of recurring financial balance over the medium-term.

The risk report provided to the FPRC in November 2024 for Risk 13 - Delivery of a balanced in-year financial position was updated to reflect the ongoing work with the IJB.

The FPRC November 2024 update on Risk 14 - Delivery of recurring financial balance over the medium term noted that work is ongoing at pace to enable the (Choices) schemes, which informed the design of the Strategic Transformation Portfolio and reflects priority areas across the transformation programme. This work will be planned during the latter half of 2024/25 to ensure the schemes impact on the 2025/26 position.

As expected, the risk scores for both these risks have remained High during 2024. The target risk scores are increasingly challenging in the context of the forecast financial. While the current scoring of the in-year financial position risk of 20 and the target of 16 are more realistic than in the previous year, the scoring should be reviewed to take consideration of the Limited Assurance provided in the most recent NHS Fife Financial Performance report and the IJB Recovery Plan report. Careful ongoing review and reflection of both the target and actual risk scores is necessary to ensure they fully reflect the deterioration in the financial position and the challenging environment.

Scottish Government Quarter 1 and 2 Review

The Quarter 1 Scottish Government review was reported to both the FPRC and NHS Fife Board (private session) in September 2024. The NHS Fife Quarter 2 review was held on 15 November 2024 and the letter issued to the Board on 21 November 2024. At the time of writing, the Quarter 2 letter had not been reported to either the FPRC or the NHS Fife Board but is scheduled to be reported in January 2025.

The Quarter 2 Letter review highlighted that:

- An overspend of £23.6m and forecast a year-end deficit of £36.8 million which represents a deterioration from the financial plan, which forecast a £29.8 million deficit.
- Drivers of the movement are the IJB forecast deficit of £27.1 million, of which the risk-share agreement would result in a £13.4 million pressure on the Board, as well as the £20.9 million overspend in the Acute Services Division
- At Quarter Two £8.1 million savings have been achieved. The delivery of the forecast outturn of £36.8 million is dependent on the delivery of the full £25 million savings therefore we note the further risk to the Board's performance.

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

The Scottish Government Quarter 2 letter echoes both themes and narrative provided by Internal Audit in recent ICE and Annual Reports.

NHS Support and Intervention Framework

NHS Fife is currently assessed at level 2 of the Scottish Government escalation framework, which requires enhanced scrutiny at Scottish Government level.

The NHS Support and Intervention Framework sets out a range of assessment areas, one of which is financial performance. Reporting to the FPRC and NHS Fife Board (both Private Session) in September 2024 provided members of the Board with an initial understanding of the process with NHS Fife self-assessed using the 2023/24 outturn position. The Scottish Government then issued a further iteration of the framework with more detailed questions in relation to financial performance.

A draft submission was provided to the Scottish Government on 24 October 2024, subject to consideration by the FPRC and Board in November 2024.

We have been advised by the Director of Finance and Strategy that following the Quarter 2 Scottish Government meeting, the indication is that NHS Fife will remain at Level 2 subject to a further Scottish Government review against the NHS Scotland Support and Intervention Framework early in 2025.

National Resource Allocation Formula (NRAC) Allocation Proposals

The NHS Fife Board agreed to hold allocating the NRAC resource at least until the Quarter 1 financial results were available, by which time there would be a level of confidence over delivery over the minimum 3% savings target. A paper on NRAC Allocation Proposals scheduled for presentation to the NHSF Board in September 2024 was deferred, at the request of the NHSF Board Chair, to allow for further development and members to provide initial comments.

As reported to the 26 November 2024 Board meeting (private session), the NHS Fife NRAC Allocation of £7.2m is currently reducing the overall 2024/25 year-end forecast and is held in a reserve, rather than being allocated to specific cost areas. The proposal detailed areas where the NRAC allocation is deemed to be of greatest benefit, both in terms of mitigating areas of cost pressure and introducing several cost reduction enabling investments and the NRAC allocation proposals were agreed by the Board.

Capital

The capital plan for 2024/25 was approved in March 2024 as part of the Medium-Term Financial Plan (MTFP). The capital plan is regularly reported to the FPRC, with the latest report to the November 2024 Board (private session) showing limited capital expenditure for the seven months of the financial year due to phasing of schemes, with assurance provided to the Board there are no risks anticipated to the delivery of the capital resource limit by financial year end.

There are two corporate financial risks related to capital, one for Prioritisation & Management of Capital funding and the second related to the Reduced Capital funding.

Whole System Planning

Health Boards are no longer required to submit a Property and Asset Management Strategy and must instead develop a Programme Initial Agreement (PIA) which sets out a deliverable whole-system service and infrastructure plan for the next 20-30 years. The current timeline for submission is January 2026.

The NHS Fife interim business continuity maintenance only investment plan is required to be submitted by January 2025. Estates, Facilities and Capital Planning are developing the Business Continuity Plan and have received input from other specialities, including medical devices and digital. The route of approval is to be through the Financial Capital Investment group, EDG and the FPRC, prior to submitting to the Scottish Government in January 2025.

Procurement

The September 2024 FPRC approved the Procurement Strategy and endorsed the Annual Procurement Report, which is a requirement of the Procurement Reform (Scotland) Act 2014.

A comprehensive set of 12 KPIs was agreed as part of the Procurement Strategy. As reported to the FPRC in September 2024 at the end of Quarter 1, progress was positive.

Bed modelling Clinical and Financial Implications

The November 2024 FPRC considered a paper on whole system bed modelling across Fife, undertaken by external consultants. The analysis involved close working with the IJB and demonstrates the impact on acute hospitals (phase one), community hospitals (phase two) and care homes (phase three). Phase two is nearing completion with initial modelling suggesting a range of opportunities to reduce the required bed base from the current baseline. Once the baseline is established, this allows for assumptions and projections to be built in, and consideration of various clinical models and pathways of care over a 20-year period. The result will be a planning tool which can be utilised by NHS Fife, to run alongside finance, service, workforce, and infrastructure plans to develop scenarios, and ultimately support creation of Target Operating Models.

Other Areas covered by ICE Fieldwork

We reviewed the following areas, none of which highlighted any significant issues:

- Standing Financial Instructions
- Standards of Business Conduct
- Anti-Fraud and Corruption Policy and Response Plan
- Control over the Acquisition, Use, Disposal and Safeguarding of Assets
- Financial Operating Procedures

Action Point Reference 9 – Savings from RTP**Finding:**

Scottish Government financial planning guidance for 2024/25 required a programme of work and supporting actions to achieve a target of 3% recurring savings on baseline budgets.

Progress to achieve the 3% savings of £25m, to be delivered through RTP is being reported to Board and Standing Committees, but there is no split between recurring and non-recurring savings. Any savings identified on a non-recurring basis will require to be carried forward for inclusion in the 2025/26 financial plan.

Audit Recommendation:

Financial Performance reports should make clear that savings achieved on a non-recurring basis will impact on future years financial plans. Reporting of savings in both Financial Performance and RTP Performance Reports should include year-end forecasting of recurrent and non-recurrent savings, together with robust supporting information on how variances will be addressed.

We encourage the use of savings trajectories to highlight and provide early warning of barriers to achievement.

Assessment of Risk:

Moderate



Weaknesses in design or implementation of controls which contribute to risk mitigation.

Requires action to avoid exposure to moderate risks to achieving the objectives for area under review.

Management Response/Action:

An assessment of the savings delivered to October 2024 and the forecast to the year-end indicate £14.8m will be delivered on a recurring basis. This assessment will be considered by EDG, FPR Committee and the NHS Fife Board as part of the regular financial performance reporting and also in the initial preparation of the financial plan for 2025/26. In relation to addressing any shortfall or variances in the assessment of savings delivery, this is considered monthly through the financial review process and contingency actions are developed where possible to mitigate any deviation from plan. This will be an ongoing assessment process throughout the remainder of the financial year.

Action by:**Date of expected completion:**

Director of Finance & Strategy

31 March 2025

INFORMATION GOVERNANCE

Corporate Risks aligned to the Clinical Governance Committee (CGC):

Risk 17 – Cyber Resilience – High Risk (16); Target (12) Moderate by 30 Sep 2025 – Above Risk Appetite

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.

Risk 18 – Digital and Information – High Risk (15); Target (12) Moderate by 30 Apr 2025 – Above Risk Appetite

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.

Governance and Assurance

The Information Governance and Security Steering Group (IG&SSG) and Digital and Information Board (D&IB) continue to provide assurance to the CGC with the latest update presented in September 2024 and a further update scheduled for March 2025. Updates on the D&I Strategy were provided to the CGC in September and November 2024, with the intention to have a Digital and Information Framework developed for March 2025, an extension on the previous target dates of July and then October 2024.

The IGS Accountability and Assurance Framework Report has been developed following a mapping exercise between the Scottish Public Sector Cyber Resilience framework and the Information Commissioners Office (ICO) Accountability Framework and is presented to each meeting of the IG&SSG. Performance metrics for seven of the 10 categories have been established (last ICE reported three of 10 established), with cross references to associated high risks recorded where applicable.

The late issue of papers to both the IG&SSG and D&I Board remains a control weakness as there is a risk that group members have insufficient time to effectively scrutinise the papers ahead of each meeting. Within the Audit Follow Up section there is an outstanding action to this effect, due for completion by end of April 2025.

Risk Management

The management of IG&S risks is reported to each IG&SSG meeting four times a year.

The risk report presented to IG&SSG in October 2024 included graphical representation of all the Digital and Information Governance risks. Of the 49 risks recorded, 12 were scored as high, 29 scored as medium and 8 scored as low. There are 14 IG risks and 35 Digital risks. The report demonstrated that overall risk scores are improving. Three risks have deteriorated from initial risk score, with each relating to Cyber Security. We note there is duplication of reporting between the risks reported to IG&SSG and D&I Board.

Both risk reports to the D&IB and IG&SSG provide summary information showing the total number of risks in each category and the number within/out risk appetite highlighted. The report does not currently include commentary on whether the actions underway and planned will be sufficient to bring these risks within the risk appetite in an acceptable timescale.

There have been no deep dives undertaken or planned during 2024/25 for the two Information Governance corporate risks aligned to the CGC. Standard risk reporting to the CGC includes updates on Risk 17 Cyber Security and Risk 18 Digital and Information. Our Annual Report B06/24 recommendation 1 highlighted improvements to the Deep Dive process which are ongoing.

The CGC undertook a Deep Dive of Risk 18 – D&I in November 2023 and of risk 17 – Cyber Resilience in January 2024. No further deep dives for these risks are scheduled within the CGC Workplan for 2024/25 and we would expect these to be completed early in 2025/26. A review of Risk 18 – D&I and a refresh of the Deep Dive will be completed as part of the development of the Digital and Information Strategic Framework.

Although the scores on these two corporate risks have remained static so far in 2024/25, there is evidence of actions being progressed to reduce them towards their target scores and the latest reporting on these includes a timescale for reaching the target level. However, the reality of reaching the target score for cyber will be challenging. Operational risks are also demonstrating improvement with improved risk scores for 26 of the 49.

Digital and Information Strategy

A D&I Framework is being developed to replace the current D&I Strategy and will be presented to the D&I Board on 31 January 2025. Following consultation the aim is for the Framework to be formally approved by the NHS Fife Board by 31 March 2025. The Briefing paper for Digital Strategic Framework presented to the November 2024 CGC stated that alignment to RTP will be a key element of the framework, with links and plans being associated with existing schemes and the emerging CHOICES submission.

The Briefing Paper for Digital Strategic Framework Timeline Update to the CGC on 1 November 2024 provided an analysis of delivery of the extant D&I Strategy. Of the 49 deliverables, 65% have been delivered or are in progress. Some deliverables have been delayed during the strategy period due to the impact of Covid19 requirements, the emergence of additional deliveries and national delivery delays. The approach and steps to be taken to create the D&I Framework were also documented to the CGC.

The regular portfolio and project updates provided to the D&IB outline the status of projects and their strategic alignment.

Information Governance Responsibilities

An NHS Fife Senior Information Risk Owner (SIRO) and Data Protection Officer (DPO) are in place and the SIRO is an Executive Member of the Board.

Information Governance Policies and Procedures

As reported to the October 2024 IG&SSG seven of nine IG policies were within their review date (78%) with two under review – Records Management Policy and Freedom of Information Policy. 16 of 23 D&I policies were within the review date (70%) and seven were under review.

Information Governance Incidents and Reporting

Updates on IG&S incident management are included in the IGS Accountability and Assurance Framework Report presented to each IG&SSG meeting and in the IG&SSG update report presented to CGC twice per year. The most recent update to IG&SSG on 22 October 2024 included:

- the number of IG&S incidents reported via DATIX as 1,192 over the rolling 12-month period.
- Over the rolling 12 month period the number of IG&S incidents reported to the ICO or Competent Authority within the required 72 hour timescale was 78% and from 1 April 2024 to 31 August 2024 four incidents were reported with 50% reported within the 72 hour timescale and one (25%) which required follow-up by the ICO.

Network and Information Audit 2024 (NISD)

The IG&S were updated on progress against NISD recommendations at its October 2024 meeting. Overall NHS Fife has compliance status of 93%. During 2024, the following areas of focus were progressed from the 2023 NISD report, with: Supplier Management rating improving from 44% in 2023 to 94% in 2024; Asset Management improving from 63% in 2023 to 87% in 2024; Access Controls improving from 77% in 2023 to 89% in 2024; and Business Continuity improving from 82% in 2023 to 93% in 2024.

These areas have been reported as part of the IG&S Assurance and Accountability Framework throughout 2024.

Information Governance Training

During 2023/24 the ICO issued a reprimand to the Board, which highlight that NHS Fife wide, only 42% of staff have undertaken the mandatory IG training. Since that report compliance has slowly increased with the latest position at September 2024 being 64%, as reported to the October 2024 IG&S.

ICO Reprimand – St Andrews Update

The July 2024 IG&S was presented with an update from the ICO. NHS Fife had provided the ICO with an update on the areas requiring improvement, with the ICO responding positively to the steps taken by NHS Fife to prevent a similar event from reoccurring.

NHS Dumfries and Galloway Cyber Incident





The Clinical Governance Committee in November 2024 was provided with a Briefing on the NHS Dumfries and Galloway Cyber Incident, with the report outlining the learning and observations associated with the incident and providing moderate assurance in relation to NHS Fife. This report highlighted the continued risk of cyber-attack and is part of a suite of reporting to ensure the organisation maintains awareness of the ever-continuing threat. The report provided assurance that the D&I department is assessing NHS Fife's resilience level against these cyber-attacks on a continuous basis and have accelerated the delivery of some planned improvements, found additional quick wins to improve security and conducted exercises to model the impact of the attacks witnessed.

Crisis Communications Strategy in response to Cyber Attack

The EDG on 21 November 2024 were presented with a paper on crisis communications in response to the Dumfries and Galloway cyber-attack. The paper will go to Standing Committee for future approval. Given the rise in successful and significant targeted cyber intrusion activity within public sector organisations, during incidents organisations often prioritise their technical response and relegate communication to a secondary consideration. Effective communication to staff, patients, stakeholders, and the media is crucial for shaping how an organisation is perceived and it is therefore vital that NHS Fife has a planned and coordinated approach to ensure timely and consistent messages that instils confidence in the organisation and its response to a cyber-attack or major systems outage.

Assessment of Risk

To assist management in assessing each audit finding and recommendation, we have assessed the risk of each of the weaknesses identified and categorised each finding according to the following criteria:

Fundamental		Non Compliance with key controls or evidence of material loss or error. Action is imperative to ensure that the objectives for the area under review are met.	None
Significant		Weaknesses in design or implementation of key controls i.e. those which individually reduce the risk scores. Requires action to avoid exposure to significant risks to achieving the objectives for area under review.	Two
Moderate		Weaknesses in design or implementation of controls which contribute to risk mitigation. Requires action to avoid exposure to moderate risks to achieving the objectives for area under review.	Six
Merits attention		There are generally areas of good practice. Action may be advised to enhance control or improve operational efficiency.	One

Meeting:	Public Health & Wellbeing Committee
Meeting date:	13 January 2024
Title:	Proposed Annual Workplan 2025/26
Responsible Executive:	Dr Joy Tomlinson, Director of Public Health
Report Author:	Dr Joy Tomlinson, Director of Public Health

Executive Summary

This report allows the Public Health & Wellbeing Committee members to review and agree the content of the proposed Committee Annual Workplan for 2025/2026 and the anticipated reporting arrangements for the year ahead.

1 Purpose

This is presented for:

- Decision

This report relates to:

- Annual Operational Plan

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

- Safe
- Effective
- Person Centred
- NHS Board Strategic Priorities:
 - 1. To Improve Health & Wellbeing
 - 2. To Improve Quality of Health & Care Services
 - 3. To Improve Staff Experience & Wellbeing
 - 4. To Deliver Value & Sustainability.

2 Report summary

2.1 Situation

This paper sets out the proposed Public Health & Wellbeing Committee (PH&WC) workplan for 2025/26 and summarises the approach adopted to ensure there is a regular review of the workplan to enable the PH&WC to fulfil its remit.

2.2 Background

The PH&WC is a Standing Committee of the Board. In order to provide effective scrutiny, assurance and escalation of key issues the PH&WC adheres to the Committee Assurance Principles. To support the effective delivery of the Committee an annual workplan is developed to ensure clarity of priorities and focused agendas.

2.3 Assessment

The 2025/26 proposed PH&WC workplan is attached in appendix 1 for consideration of the Committee. Given the dynamic nature of our organisation the workplan is included as a standing agenda item at each Committee meeting. This regular review will ensure the workplan reflects new and emerging risks or areas of focus. To support this a tracker of the workplan is maintained to monitor the business of the Committee.

This report provides the following Level of Assurance:

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

2.3.1 Quality/ Patient Care

The Public Health & Wellbeing Committee's responsibility is to oversee the delivery of Public Health agenda and will seek to assure the Board and the public of Fife that appropriate systems of control are in place to continuously improve and safeguard the quality and safety of care. An effective workplan is required to ensure that this responsibility is delivered.

2.3.2 Workforce

N/A

2.3.3 Financial

N/A

2.3.4 Risk Assessment / Management

The workplan will be reviewed at each Committee meeting and updated to ensure that emerging risks or concerns are reflected in the workplan.

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

The proposed workplan for 2025/26 has been developed in collaboration with Directors.

2.4 Recommendation

This paper is provided to members for:

- **Assurance** – This report provides a “**significant**” level of assurance.
- **Approval** – to consider and **approve** the proposed workplan for 2025/26; and **approve** the approach to ensure that the workplan remains current.

3 List of appendices

The following appendices are included with this report:

- Appendix 1- Public Health & Wellbeing Committee Workplan 2025/26

Report Contact

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**PUBLIC HEALTH & WELLBEING GOVERNANCE COMMITTEE
DRAFT ANNUAL WORKPLAN 2025 / 2026**

Governance - General							
	Lead	12/05/25	01/07/25	15/09/25	10/11/25	12/01/26	02/03/26
Minutes of Previous Meeting	Chair	✓	✓	✓	✓	✓	✓
Action list	Chair	✓	✓	✓	✓	✓	✓
Escalation of Issues to Fife NHS Board	Chair	✓	✓	✓	✓	✓	✓
Governance Matters							
	Lead	12/05/25	01/07/25	15/09/25	10/11/25	12/01/26	02/03/26
Annual Committee Assurance Statement (inc. best value report)	Board Secretary	✓					
Assurance Statement for Public Health Assurance Committee and Equality & Human Rights Strategy Group	Director of Public Health/Director of Nursing	✓					
Annual Internal Audit Report	Director of Finance & Strategy		✓				
Committee Self-Assessment Report	Board Secretary						✓
Corporate Calendar / Committee Dates	Board Secretary			✓			
Corporate Risks Aligned to PHWC, and Deep Dives	Director of Finance & Strategy/Director of Public Health	✓	✓	✓	✓	✓	✓
Internal Controls Evaluation Report 2025/26	Chief Internal Auditor					✓	
Scottish and UK COVID 19 Inquiries Update	Director of Public Health			✓ Private Session			
Review of Annual Workplan 2026/27	Board Secretary					✓ Draft	✓ Approval
Delivery of Annual Workplan 2025/26	Director of Public Health	✓	✓	✓	✓	✓	✓
Review of Terms of Reference	Board Secretary						✓ Approval

Strategy / Planning							
	Lead	12/05/25	01/07/25	15/09/25	10/11/25	12/01/26	02/03/26
Alcohol and Drugs Partnership Strategy 2024-27 (and related topics)	Director of Health & Social Care	✓					
Anchor Institution Programme Board Update	Director of Public Health		✓				✓
Annual Delivery Plan Scottish Government Response 2024/25 <i>(also goes to CGC, FP&R & SGC)</i>	Director of Finance & Strategy	✓					
Annual Delivery Plan Quarterly Performance Report <i>(also goes to CGC, FP&R & SGC)</i>	Director of Finance & Strategy	✓ Q4		✓ Q1 & SG Feedback	✓ Q2		✓ Q3
Creating Hope for Fife: Fife's Suicide Prevention Action Plan	Director Health & Social Care		✓				
Corporate Objectives	Director of Finance & Strategy		✓				
Greenspace Strategy Update	Director of Property & Asset Management				✓		
Implementation of the Promise National Update on Delivery in Fife	Director of Health & Social Care				✓		
Mental Health Estates Initial Agreement Update	Medical Director					✓	
Mental Health Strategy	Director of Health & Social Care		✓				
Prevention & Early Intervention Update on Delivery Plan	Director of Health & Social Care			✓			
Population Health & Wellbeing Update on Delivery Plan <i>(also goes to SGC)</i>	Director of Finance & Strategy	✓			✓		
Post Diagnostic Support for Dementia Update on Plan4Fife and Shared Ambitions	Director of Health & Social Care Director of Public Health		✓			✓	
Quality / Performance							
	Lead	12/05/25	01/07/25	15/09/25	10/11/25	12/01/26	02/03/26
CAMHS Performance Update	Director of Health & Social Care	✓			✓		✓
Dental Services & Oral Health Improvement	Director of Public Health					✓	

Quality / Performance (cont.)							
	Lead	12/05/25	01/07/25	15/09/25	10/11/25	12/01/26	02/03/26
Eating Well & Having a Healthy Weight and Staying Physically Active/ Food4Fife Delivery Plan	Director of Public Health					✓	
East Region Health Protection	Director of Public Health				✓		
Green Health Partnership Update	Director of Public Health	✓					
Integrated Performance & Quality Report	Director of Finance & Strategy / Associate Director of Planning & Performance	✓	✓	✓	✓	✓	✓
Joint Health Protection Plan (two yearly)	Director of Public Health	November 2026					
Medical Assisted Treatment Standards	Director of Health & Social Care	✓					
Psychological Therapies Standard Update	Director of Health & Social Care	✓			✓		
Spring Booster Campaign	Director of Health & Social Care	✓					
Inequalities							
	Lead	12/05/25	01/07/25	15/09/25	10/11/25	12/01/26	02/03/26
Equality And Health Inequalities Impact of Financial Decisions - TBC	Director of Public Health	✓					
Equalities Outcomes Annual Report Outcomes 2025-29	Director of Nursing	March 2027					
Tackling Poverty & Preventing Crisis Action Plan & Annual Report 2024/25	Director of Public Health			✓			
Annual Reports / Other Reports							
	Lead	12/05/25	01/07/25	15/09/25	10/11/25	12/01/26	02/03/26
Adult Support & Protection Annual Report 2023/25 (also goes to CGC) (next report after 2025 due 2027)	Director of Nursing	✓					
Alcohol & Drugs Partnership Annual Report 2024/25	Director of Health & Social Care			✓			

Annual Reports / Other Reports (cont.)							
	Lead	12/05/25	01/07/25	15/09/25	10/11/25	12/01/26	02/03/26
Annual Climate Emergency and Sustainability Report 2024/25	Director of Property & Asset Management				✓ Mid-year		✓
Director of Public Health Annual Report 2024/25 (and additional updates, based on agreed priorities) (also goes to CGC)	Director of Public Health					✓	
Fife Child Protection Annual Report 2024/25 (also goes to CGC)	Director of Nursing		✓				
Immunisation Annual Report, including Strategy Strategic Framework 2024 – 2027	Director of Public Health		✓				
Public Health Screening Programmes Annual Report 2024/25	Director of Public Health				✓		
Pharmaceutical Care Services Annual Report 2024/25	Director of Pharmacy & Medicines	✓ Mid-year			✓		
Primary Care Strategy Year 1 Report 2024/25	Director of Health & Social Care			✓			
Sexual Health and Blood Borne Virus Framework Annual Report 2024/25	Director of Health & Social Care					✓	
United Nations Convention on the Rights of the Child (Implementation) (Scotland) Act 2024 Report	Director of Public Health / Director of Health & Social Care	✓					
Violence Against Women Annual Report 2024/25	Director of Health & Social Care						✓
Linked Committee Minutes							
	Lead	12/05/25	01/07/25	15/09/25	10/11/25	12/01/26	02/03/26
Equality and Human Rights Strategy Group	Director of Nursing	-	07/05	05/08	-	04/11	04/02
Public Health Assurance Committee	Director of Public Health	26/02	14/05	-	20/08	26/11	-
Ad Hoc Items / Additional Items							

	Lead	12/05/25	01/07/25	15/09/25	10/11/25	12/01/26	02/03/26
Matters Arising							
	Lead	12/05/25	01/07/25	15/09/25	10/11/25	12/01/26	02/03/26
Development Sessions							
	Lead						
Joint Working with Fife Partnership – TBC	Director of Public Health						
Health & Transport – TBC	Director of Public Health / Director of Estates & Property Management						

**PUBLIC HEALTH & WELLBEING GOVERNANCE COMMITTEE
ANNUAL WORKPLAN 2024 / 2025**

Governance - General							
	Lead	13/05/24	01/07/24	16/09/24	11/11/24	13/01/25	03/03/25
Minutes of Previous Meeting	Chair	✓	✓	✓	✓	✓	✓
Action list	Chair	✓	✓	✓	✓	✓	✓
Escalation of Issues to Fife NHS Board	Chair	✓	✓	✓	✓	✓	✓
Governance Matters							
	Lead	13/05/24	01/07/24	16/09/24	11/11/24	13/01/25	03/03/25
Annual Committee Assurance Statement (inc. best value report)	Board Secretary	✓					
Assurance Statement for Public Health Assurance Committee and Equality & Human Rights Strategy Group	Director of Public Health	✓					
Annual Internal Audit Report	Director of Finance & Strategy		✓				
Committee Self-Assessment Report	Board Secretary						✓
Corporate Calendar / Committee Dates	Board Secretary			✓			
Corporate Risks Aligned to PHWC, and Deep Dives	Director of Finance & Strategy/Director of Public Health	✓ Population H&W Strategy	✓ Primary Care Services	✓ Pandemic Preparedness Environmental deferred due to timings of data	✓ Environmental (included within Sustainability & Greenspace Update Report)	✓ Health & Inequalities/ proposed Drug Related Deaths	✓
Scottish and UK COVID 19 Inquiries Update	Director of Public Health			✓ Private Session			✓ Private Session
Review of Annual Workplan 2025/26	Board Secretary					✓ Draft	✓ Approval
Delivery of Annual Workplan 2024/25	Director of Public Health	✓	✓	✓	✓	✓	✓
Review of Terms of Reference	Board Secretary						✓ Approval

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

Quality / Performance (cont.)							
	Lead	13/05/24	01/07/24	16/09/24	11/11/24	13/01/25	03/03/25
Dental Services & Oral Health Improvement	Director of Public Health					✓	
Eating Well & Having a Healthy Weight and Staying Physically Active/ Food4Fife Delivery Plan	Director of Public Health					Deferred	✓
Green Health Partnership Update	Director of Public Health					Deferred to May 2025	
High Risk Pain Medicines - Patient Safety Programme, End of Year 2 Report	Director of Pharmacy & Medicines			✓			
Integrated Performance & Quality Report	Director of Finance & Strategy / Associate Director of Planning & Performance	✓	✓	✓	✓ Including Smoking Cessation Deep Dive	✓	✓
Joint Health Protection Plan (two yearly)	Director of Public Health			Deferred	✓		
No Cervix Exclusion Audit	Director of Public Health		Deferred		✓		
Psychological Therapies Standard Update	Director of Health & Social Care	✓			✓ Including Improvement Plan		
Spring Booster Campaign	Director of Health & Social Care	✓					
East Region Health Protection	Director of Public Health			Deferred - East Region Programme Board meet in October	✓		
Inequalities							
	Lead	13/05/24	01/07/24	16/09/24	11/11/24	13/01/25	03/03/25
Equalities Outcome Annual Report <i>(also goes to CGC)</i>	Director of Nursing						✓ 2025 Report
Participation & Engagement Report	Director of Nursing					Removed from workplan. Will go the CGC in March 2025	
Tackling Poverty & Preventing Crisis Action Plan & Annual Report 2023/24	Director of Public Health			✓			

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

Annual Reports / Other Reports (cont.)							
	Lead	13/05/24	01/07/24	16/09/24	11/11/24	13/01/25	03/03/25
Violence Against Women Annual Report 2023/24 <i>(mid-year report in September 2025)</i>	Director of Health & Social Care						✓
Linked Committee Minutes							
	Lead	13/05/24	01/07/24	16/09/24	11/11/24	13/01/25	03/03/25
Equality and Human Rights Strategy Group	Director of Nursing	-	02/05	✓ 06/08	-	✓ 07/11	-
Public Health Assurance Committee	Director of Public Health	✓ 21/02	✓ 17/04	✓ 12/06	✓ 21/08	✓ 23/10	✓ 18/12
Ad Hoc Items / Additional Items							
	Lead	13/05/24	01/07/24	16/09/24	11/11/24	13/01/25	03/03/25
Update on Plan4Fife and Shared Ambitions	Director of Public Health		✓				
Equality And Health Inequalities Impact of Financial Decisions	Director of Public Health	✓					
Draft Public Participation and Community Engagement Strategy 2024-2028	Associate Director of Communications	✓					
Medical Assisted Treatment Standards	Director of Health & Social Care	✓					
United Nations Convention on the Rights of the Child (Implementation) (Scotland) Act 2024	Director of Public Health / Director of Health & Social Care	✓					
Creating Hope for Fife: Fife's Suicide Prevention Action Plan	Director Health & Social Care		✓				
Letter from the Scottish Government: Reforming Services and Reforming the Way We Work	Chief Executive		✓				
Food4Fife Delivery Plan	Director of Public Health						✓

Ad Hoc Items / Additional Items (cont.)							
	Lead	13/05/24	01/07/24	16/09/24	11/11/24	13/01/25	03/03/25
Aspects of the Fife Alcohol and Drug Partnership Strategy 2024-27 and the MAT standards	Director of Health & Social Care					✓	
Winter Vaccination Programme	Director of Health & Social Care						✓
Internal Controls Evaluation Report 2024/25	Chief Internal Auditor					✓	
Matters Arising							
	Lead	13/05/24	01/07/24	16/09/24	11/11/24	13/01/25	03/03/25
Updated Public Health & Wellbeing Committee Terms of Reference	Board Secretary			✓	✓		
Psychological Therapies Improvement Plan	Director of Health & Social Care					✓	
Development Sessions							
	Lead	13/05/24	01/07/24	16/09/24	11/11/24	13/01/25	03/03/25
Oral Health Prevention & Treatment	Director of Public Health			✓ 18/10/24			
Focus of Committee, followed by a fundamental review of the Terms of Reference	Director of Public Health			09/07/24 – Initial discussion 11/11/24 – Final ToR on agenda			
Child & Adolescent Mental Health Services and Psychological Therapies	Director of Health & Social Care	Removed – Board Development Session in December 2024 will cover mental health					
Joint Working with Fife Partnership – TBC 2025	Director of Public Health						
Health & Transport – TBC 2025	Director of Public Health / Director of Estates & Property Management						

Meeting: Public Health & Wellbeing Committee

Meeting date: 13 January 2025

Title: Post Diagnostic Support for Dementia

Responsible Executive: Jillian Torrens, Head of Service, C&CCS, Fife HSCP

Report Author: Jacqueline McInnes, CSM & Iain Millar, Lead Nurse:
Older Adult Mental Health Services

Executive Summary

- Post Diagnostic Support (PDS) following a diagnosis of Dementia is crucial to helping patients and their carers understand their condition, plan for the future and ensure appropriate services and support are in place.
- The availability of this support, for a minimum period of 12 months post diagnosis has been and continues to be a core aspect of the Scottish Government's approach to supporting individuals and families impacted by this condition.
- As part of the Scottish Government Transition and Recovery agenda for Mental Health services, Fife HSCP received notification on 3 November 2021 of an allocation of £238,447 and the same replicated for financial year 2022/23 and 2023/2024.
- Funding allocation for 2024/25 is yet to be received however is confirmed at £240,650.
- The Post Diagnostic Support Service is currently delivered in partnership between NHS Fife and Alzheimer's Scotland
- The service is currently supporting 772 people across 2 distinct support pathways: 8 Pillar Model and the 5 Pillar Model.
- Work continues to reduce the waiting time for first contact appointment to less than 6 weeks from referral post diagnosis.

1 Purpose

This report is presented for:

- Assurance

This report relates to:

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

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

Post Diagnostic Support (PDS) following a diagnosis of Dementia is crucial to helping patients and their carers understand their condition, plan for the future and ensure appropriate services and support are in place.

The availability of this support, for a minimum period of 12 months post diagnosis has been and continues to be a core aspect of the Scottish Government's approach to supporting individuals and families impacted by this condition.

As part of the Scottish Government Transition and Recovery agenda for Mental Health services, Fife HSCP received notification on 3 November 2021 of an allocation of £238,447 and the same replicated for financial year 2022/23. The situation for 2023/24 was the same, with funding allocation for 2024/25 coming in at £240,650.

This report provides an annual update on progress achieved since the last report in January 2024, with a focus on the management of waiting times for PDS and, in addition provides information on the utilisation of the funding from Scottish Government.

The Committee is asked to note the content of the report and be assured that appropriate and robust action is underway to continue with the reduction of the waiting time for Post Diagnostic Support.

2.2 Background

The Scottish Government stipulated in the third National Dementia Strategy in 2017 that all patients newly diagnosed with dementia will receive a minimum of 12 months post diagnostic support.

The fourth and most recent strategy, published in May 2023 continues to hold this expectation, and seeks to go further, with an ambition to have an integrated approach between Post Diagnostic Support and access to support packages, through Self Directed Support, where applicable. In essence this will require an ongoing integrated approach between Social Work and our Older Adult Mental Health Services. Locally, the development of the Dementia Strategic Implementation Group will be the delivery mechanisms for development of services and integration in Fife.

The waiting list for PDS was significantly impacted by the special measures that were put in place during the Covid pandemic and the recovery phase which transpired to be a long process.

Throughout 2023/24 ongoing recruitment and retention issues have had significant detriment on the service capacity however these have now been addressed. That, alongside a growing referral numbers; 930 from 01.01.24 to mid December 2024 is an increase from the previous year by 102 additional referrals into the service. The length of waiting times has varied across the three localities, East Fife, Central Fife & West Fife and work is ongoing to address the highest waiting times with reallocation of resource. The service currently has 772 people receiving PDS as appose to 590 at the same point in time in 2023. This is an increase in 182 people over the year.

Rationale, mitigations and actions to continue to build on the improvements are described in the paper.

2.3 Assessment

Within Fife the current delivery model of Post Diagnostic Support is a shared care model, delivered in partnership between Fife Older Adult Mental Health services and Alzheimer's Scotland, delivered across 3 localities in Central, West and East Fife.

These services provide either the 8 pillar model, or the 5 pillar model, with the relevant pathway informed by the level of complexity of need being experienced by the individual patient. Predominantly within Fife there is adherence to the 5 pillar model. Both models are shown at Appendix 2.

All referrals are submitted to the Older adult Community Mental Health Team where these are subject to triage by the Nurse Team Lead following the diagnosis from a Consultant Psychiatrist. The individual will be triaged to the relevant service as an outcome from this clinical decision.

Individuals who are diagnosed at an early stage with no complex issues are placed on the waiting list for a link worker to carry out the 5-Pillar model of Post Diagnostic Support. Individuals who are present in complex way, with pre-existing mental health issues, complex physical health issues or diagnosed with their dementia at a later stage and present with stress and distress behaviours associated with their dementia are seen by a

Band 6 Mental Health Nurse to carry out the 8-Pillar model. Their care is often delivered in conjunction with a Consultant Psychiatrist.

As indicated above, the service is currently supporting some 772 people across these 2 pathways, as indicated in the table below.

Table 1: Patients receiving Support

LOCALITY	NHS		ALZHEIMERS SCOTLAND		TOTAL	
	Dec 23	Dec 24	Dec 23	Dec 24	Dec 23	Dec 24
Central	137	174	53	59	190	233
West	175	188	92	108	267	296
East	56	145	77	98	133	243
					590	772

In January 2023 there were a number of initiatives reported across both services, i.e. Fife Mental Health services and Alzheimer’s Scotland with the intention of improving the model of provision.

Unfortunately, due to systemic recruitment pressures many of these initiatives were delayed. However, with improvements over the past 14 months there is now a robust partnership of support from Fife MH Services, and the responsible Clinical Service Manager, which has seen both Alzheimer’s Scotland and the Mental Health PDS service celebrating full recruitment.

An overview of the full range of improvement actions is reflected in Appendix 1.

Previous assessment recognised that systems and processes around PDS reporting were outdated, not fit for current purpose and not able to capture the relevant data that was required for reporting structures within NHS Fife.

A robust review was undertaken to evaluate the current systems which identified a number of referrals that were not visible to the system as a result of administration issues. A revised waiting list format now allows data to be reported on a local and national level and robust systems and processes are now in place to mitigate any further failings with the recording process. This is reviewed and evaluated on a 6 monthly basis to ensure that any anomalies are identified and addressed at an earlier stage.

Work is ongoing with NHS Fife Quality Improvement practitioner and Digital & Information services to develop the PDS database in order to accurately project the trajectory of the waiting list. Meantime, the current improving position across 3 localities is reflected in the Table 3.

Table 3

Locality and Service Waiting Lists

LOCALITY	NHS		ALZHEIMERS SCOTLAND		TOTAL	
	Dec 23	Dec 24	July 23	Dec 24	Dec 23	Dec 24
Central	60	36	45	40	105	76
West	50	55	37	51	87	106
East	102	102	82	69	184	171
					376	353

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 service is now in the process of embedding the Post Diagnostic Support Quality Improvement Framework within the three locality CMHT'S. This will contribute to the robust review of how NHS Fife is performing in relation to national performance objectives in the delivery of post diagnostic support.

Learning from the application of the Improvement Framework, and an acknowledged need to ensure there continues to be robust oversight of this particular service area will be considered alongside benchmarking and exploration of alternative models of care over the coming months.

The management team within the Older Adult Mental Health Service have carried out a horizon scan with 3 other NHS Scotland Boards - NHS Lanarkshire, NHS Borders and NHS GG&C. The purpose of this review was to benchmark NHS Fife against other boards in terms of the service delivery and model of PDS within other boards. It is clear that NHS Fife have a different model from other boards as some have retracted services from Alzheimer's Scotland and brought PDS back in-house.

As indicated earlier within this report, the actual waiting time, along with the numbers of people waiting is also reducing.

Individual patients with less complexity of need are, as reported, placed on the pathway to receive service from Alzheimer's Scotland, and those with more intensive or complex

needs receive their support from Fife Mental Health services, with the NHS Care Manager supporting those with the greatest level of complexity.

Table 4 : Actual Waiting Time for PDS Service December 2024:

Locality	Allocated Worker: following triage	Waiting Time
Central	NHS Link Worker	3 months
	NHS Care Manager	1 month
	Alzheimer's Scotland	8 months
West	NHS Link Worker	2 months
	NHS Care Manager	1month
	Alzheimer's Scotland	6 months
East	NHS Link Worker	7 months
	NHS Care Manager	No waiting list
	Alzheimer's Scotland	11 months

Actions to Manage Waiting Times and Improve Service Quality

Work continues to reduce the waiting time for first contact appointment to less than 6 weeks from referral post diagnosis. Table 2 enclosed in section 3.3 identifies the actions completed to date and the actions planned in order to reduce the current waiting times to meet the 6 week target. If current service delivery is maintained and staffing recruitment and retention progress as planned, this will be achieved by June 2025.

Within East locality it is anticipated that that this will have a positive impact on the waiting list with the projection of just over 50% of the individuals waiting, some 85 patients, will be allocated by April 2025.

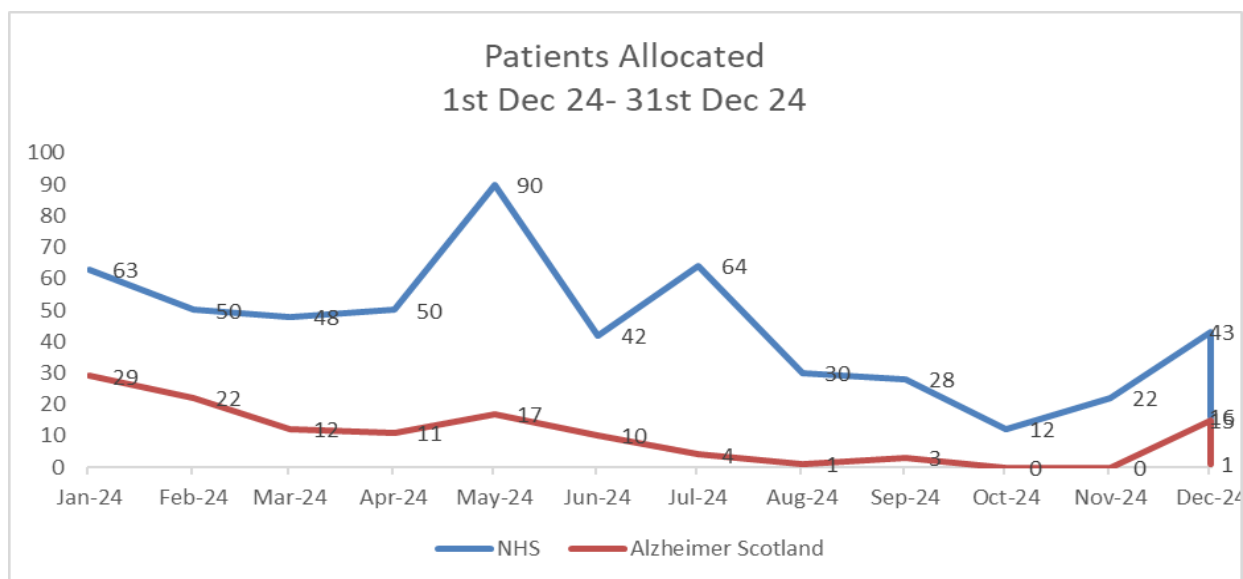
It is noticeable within East Locality that timely review and diagnosis by the ANP has seen a significant increase in new referrals to the PDS Service.

Within West locality there is a projection in place for 53 individuals to be taken off the waiting list by end March 2025. The projection for Central will be that remaining individuals will be allocated within a 4 month time frame.

The waiting list is reviewed on a weekly basis by the Nurse Team Leads for each locality. This is overseen by the Lead Nurses and Interim Clinical Service Manager to enable oversight of the waiting list and to address any local variation issues with NHS and Alzheimer's Scotland managers, and solutions sought at an earlier stage to target any issues (Table 4).

Figure 1 provides information on the allocation rates for NHS and Alzheimer's Scotland link workers for PDS. Referral rates currently exceed existing capacity. As reported earlier in section 3.3, the support of Digital and Information services will enable this to be analysed more appropriately to provide a delivery trajectory for continued improvement and reduction of both numbers of people waiting and waiting times.

Figure 1:



There are a number of other quality improvement initiatives well into delivery including processes for collating patient and carer feedback utilising the Single Quality Question. The continued roll out of Essentials training to all PDS staff inclusive of Alzheimer Scotland/NHS, along with the Implementation of Stress and Distress Psychological Training which will enhance staff skills and knowledge and provide effective person centred post diagnostic support.

As noted the work associated with the new national Dementia Strategy and associated delivery plans will inform additional measures which in turn will enable staff to enhance their skills and knowledge and provide a service which aligns itself to the National Quality Improvement Framework for post diagnostic support.

All staff within the Post Diagnostic Support Service, refer carers for a carers assessment if required, signpost to other professionals and third party agencies for support if need identified. The PDS Service has well established links with Social Work Colleagues, and often work in conjunction with each other when required. Staff will refer individuals for Self Directed Support, attendance allowance and ensure that income is maximised as part of their assessment process.

2.3.2 Workforce

Recruitment has remained significantly challenging for the service, which reflects the national picture across Scotland. This continues to impact on service delivery and the ability to ensure that people who are diagnosed with dementia receive their support in a timely manner. Some of this has been mitigated with local operational decisions.

The service has previously successfully recruited into four permanent band 4 NHS link workers in June 2023 which will give the staff stability with the intention to introduce group work to assist with the waiting list.

Alzheimer’s Scotland had recruited into their posts within all localities however they have continued to experience significant challenges with retention, with some appointments leaving resulting in the recruitment process having to be repeated. This had a clear and detrimental impact on the reduction of waiting lists which have increased in time frames for people to be allocated.

The detail of the staffing position, across both organisations is reflected in Table 5 and provides comfort that there will be full staffing establishments in post, across the entirety of the Post Diagnostic Support model by the end of January 2025.

Table 5:

LOCALITY	ORGANISATION	LINK WORKER/BAND 6 CASE MANAGER
East	NHS	Bank 4 – 2 WTE link workers Band 6 – 1.45 WTE case managers Band 5 – 1WTE link worker
East	Alzheimer’s Scotland	1 WTE & 0.8WTE link workers
WEST	NHS	Band 6 - 1WTE case manager Band 5 - 1WTE link worker Band 4 – 2 WTE link workers
WEST	Alzheimer’s Scotland	1 WTE & 0.8 link workers
CENTRAL	NHS	Band 6 – 0.8WTE case manager Band 5 – 1.6 WTE link workers Band 4 – 2 WTE link workers
CENTRAL	Alzheimer’s Scotland	1 WTE Link Worker

2.3.3 Financial

NHS Fife was allocated £238,447 from the Recovery and Renewal fund specifically for Dementia post diagnostic support for 2021/22 with this recurring into 2022/23. To date the following has been spent:

Table 6:

	<u>2021/22</u>	<u>2022/23</u>	<u>2024/25</u>
Financial Starting Position	£238,447	£218,447	£240,650
STAND – 3rd sector award – single payment	£20,000 One-off payment agreed 2022.	£0	£0
Alzheimer Scotland 3 WTE link workers – single payment plus contractual increase of hours for 2 existing workers		£145,946	£112,986
2 x Band 4 HCSW In CMHT	-	£39,200	-
Total Spent	£20,000	£185,146	£112,986
Remaining allocation	£218,447 (earmarked reserve)	£33,301	£127,664

Due to the impact of the pause on services during the pandemic, and then the associated workforce and recruitment challenges a significant under spend occurred within 2021/22 which resulted in lack of an award in 2022/23, with Scottish Government direction requiring full utilisation of under spends prior to the release of any future wards.

As detailed in the table above the funding for 2024/2025 for NHS Fife is £240,640 with a remaining allocation of £127,664 which the service will utilise to support additional resource to further reduce the waiting list as a priority.

If continued funding for PDS does not continue then there is a significant risk to service delivery for the 5 Alzheimer Scotland Link Worker posts as they would not continue to be funded by Fife HSCP. This would reduce service delivery by over 300 cases per year and therefore impact upon the waiting list and patient experience. There would be a commitment to give 3 months notice, with the current SLA due for renewal March 2025.

2.3.4 Risk Assessment / Management

Due to long standing staffing/recruitment challenges over the last few years this has created a risk to the delivery of PDS within an appropriate timescale for patients and their carers to be provided with support. Without the actions in place in respect of seconded posts and the recruitment of the Alzheimer Scotland Link Workers the service would have been unable to make any progress with reducing the waiting list.

There is a financial risk as noted above as the Scottish Government has not yet confirmed to Boards the revenue for 2024/25. This could result in a significant clinical/reputational risk as this would further reduced the ability to allocate patients in a timely manner adding additional pressure to an already increasing waiting list. This would also have a significant ongoing impact on the ongoing service delivery, as the service would require to be reduced which would have a direct impact on patient care.

There are clear pathways for individuals who are currently on the waiting list should their presentation change. GP'S will highlight issues to the team and these are discussed with the Nurse Team Lead and the Consultant. The decision is made based on the clinical information and presentation which means the outcome would be these individuals would be allocated with immediate effect to reduce the risk of any further deterioration.

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

This proposal supports the equality and diversity agenda to ensure that adults with a new diagnosis of dementia are receive timely, high quality support for a minimum of 12 months post diagnosis. The support provided will be delivered utilizing the 5 Pillars Model or the 8 Pillar Model for complex individual to ensure that there is a consistent standardized approach to support that ensures equality across the service with Fife.

EQIA will be reviewed in April 2025.

2.3.6 Climate Emergency & Sustainability Impact

N/A

2.3.7 Communication, involvement, engagement and consultation

N/A

2.3.8 Route to the Meeting

This paper has been 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.

- Public Health & Wellbeing Committee Jan 2024

2.4 Recommendation

This paper is provided to members for:

- **Assurance** – This report provides a **“Moderate” Level of Assurance**. (Influenced by the lack of financial clarity from Scottish Government regarding current year and future year allocations).

3 List of appendices

The following appendices are included with this report:

Appendix 1: An overview of the full range of improvement actions

Appendix 2: Models of Post Diagnostic Support

Report Contact:

Jacqueline McInnes

Clinical Service manager

Jacqueline.mcinnnes@nhs.scot

Appendix 1 : An overview of the full range of improvement actions

	Action	Purpose	Update	Current Position
1.	CMHT Nurse Team Leads responsible for managing PDS waiting lists and allocations. Nurse Team Leads triaging the PDS referrals at their weekly MDT meetings and added to their respective waiting lists	This allows improved clinical responsiveness and prioritisation. Reduces build up of unallocated cases due to processing by single individual.	Commenced July 2023	Embedded in core service delivery. Action completed.
2.	Distribution of administrative responsibilities across two staff members	Improves robustness and resilience of administrative reporting including access to input data in the ISD reporting spreadsheet, compared to previous reliance on single worker. The new procedure will now be the Nurse Team Leads will review their submission data and then will be sent to the older adult management team for final review and sign off.	Commenced June 2023	Action Completed
3.	Shared drive containing waiting list data and ISD reporting structure with access for administrative staff and management, Nurse Team Leads and Clinical Management.	This will provide the relevant people direct access to up to date live information which can be pulled at anytime rather than relying on one individual.	Commenced June 2023	Action Completed
4.	6 weekly PDS meetings for all NHS Link Workers, Nurse Team Leads and CSM	Scoping for new ways of working to support increased options for PDS approach. Streamlining systems and processes across	Commenced April 2023. This brings the PDS staff across the three localities together working in	These meetings are now chaired by team leads on a 6 weekly basis – and

		Fife. Oversight of caseload management.	collaboration to ensure that there is consistency across Fife.	will continue moving forward Action completed
5.	Design of new assessment documentation	Improve content and consistency of information recorded, utilising same documentation across NHS and Alzheimer's Scotland workers.	Commenced May 2023. This has evidenced a more robust assessment and update evident which is person centred.	Action completed
6.	Recruitment of 3x Band 6 Care Managers	Provide experienced case management for complex cases. Provide Band 4 NHS workers with case supervision.	2x Band 6 secondments recruited to in January 2023. 1x Band 6 secondment currently advertised	Action completed
7.	Recruitment to vacant Alzheimer's Scotland Link Worker post. Recruitment to vacant Alzheimer's Scotland Link Worker Post	Vacancy in West Fife impacting on available caseload numbers. Vacancy in East Fife has impacted on ability to manage the waiting times	Post recruited to staff member now in post as of 14 th August 2023. Post now been recruited to however awaiting start date.	Action Completed
8.	Development of Cognitive Stimulation (CST) groups and carer groups	Provision of evidence based, non-pharmacological treatment for individuals with dementia and concurrent support groups for carers. Broadens the therapeutic offer for those involved in the service and increases availability of time in link worker case loads.	Staff training dates identified. 1 st groups to commence late Autumn 2023. This will allow groups to be established within the three localities which will have maximum 8 individuals at each group which lasts for 14 weeks. It would be	Action completed groups now established.

			envisaged that 2 groups per area can be established by Spring 2024.	
9.	2 Alzheimer Scotland Link Workers already in post would increase their hours by 12 hours each per week from August 2022	To address the waiting list and look at ways of reducing waiting times for individuals waiting on the service.	Completed – this has meant that they have been able to take on 10 additional cases each.	
10.	3 WTE Alzheimer Scotland Link Workers will be recruited via Alzheimer Scotland for a 2 year period initially.	To provide stability in the service and scope out new ways of delivering PDS.	Completed – impact not able to be measured as only new in post.	
11.	2 WTE Band 4 Support Workers will be recruited by the Older Adult CMHTs	To provide stability in the service and scope out new ways of delivering PDS.	Completed – July 2023.	
12.	STAND (Striving for A New Day) - third sector organisation providing peer support for patients diagnosed with dementia and their carers/families. They deliver a 6 week group programme regarding dementia care and support post diagnosis which has evaluated extremely well.	To provide ongoing well established work already in place for individuals with young onset dementia and their families/carers	Positive feedback from participants is evidenced though verbal feedback from a lived patient experience within the Dementia Implementation Group.	Progressing
13.	Existing staff across the 3 OA CMHTs will also have patients allocated from the waiting list added to their caseload with safe caseload	To assist in the reduction of the waiting list to ensure that individuals are seen as promptly as the service allows.	Progressing- the number of allocations for PDS will vary across the three localities due to the core activity of their	Progressing with oversight from Lead nurse and CSM

	monitoring		caseloads.	
14.	East OA Services have recruited to vacant posts and are due to have 3 WTE staff commence by end January 2024	This will significantly reduce the waiting list as the primary focus will be allocation from the waiting list.	January 2024	Action Completed
15.	Review of PDS staff within East CMHT is currently underway to review staffing allocation following the retraction of beds within Cairnie House.	This will significantly reduce the waiting list as the primary focus will be allocation from the waiting list.	April/May 2025	
16.	Recruitment of 2 nd ANP for Central/West OA CMHT	Timely access to assessment, diagnosis and referral to PDS Service	April 2025	
17.	Review of remaining allocation funding for 2024/25	To support the waiting list with the introduction of additional resource.	Ongoing – aim for completion April 2025.	

Appendix 2: Models of Post Diagnostic Support

Every person with a new diagnosis of dementia in Scotland is entitled to a minimum of one year of **Post Diagnostic Support** (PDS) from a named person who will work alongside the person and those close to them.

The 5 Pillars Model provides a framework for people living with dementia, their families and carers with the tools, connections, resources and plans to allow them to live as well as possible with dementia and prepare for the future.



The 8 Pillars Model of Community Support sets out an integrated and comprehensive, evidence-based approach to supporting people with dementia living at home during the moderate to severe stages of the illness.

The 8 Pillars Model builds on the resilience of people with dementia and their carers to enable them to live in the community for as long as possible. It builds on the one year **Post Diagnostic Support** guarantee to ensure the impact of the investment in early intervention is not lost.



Meeting:	Public Health & Wellbeing Committee
Meeting date:	13 January 2025
Title:	Key Areas of Focus for the Director of Public Health Annual Report 2023/24
Responsible Executive:	Dr Joy Tomlinson, Director of Public Health
Report Author:	Jo-Anne Valentine, Public Health Manager Lucy Denvir, Consultant in Public Health

Executive Summary

- This report outlines the core content and direction of the Director of Public Health Annual Report 2024. It is planned the report will be completed by March 2025.
- The subject area of the report focuses on eating well and physical activity in the context of healthy places and spaces.
- The report subject area aligns very well with both national and local direction and priorities.
- There is a wealth of partnership work at both strategic and operational level already in progress.
- The structure of the report aligns well with an evidence led approach to tackling these issues.
- The recommendations of the report will cover the importance of whole systems approaches, a life course approach and links to spatial planning.

The Public Health & Wellbeing Committee (PHWC) are invited to consider and offer comment on the proposed report content.

1. Purpose

This report is presented for:

- Discussion

This report relates to:

- National Health & Wellbeing Outcomes / Care & Wellbeing Portfolio
- NHS Board Strategic Priorities to Improve Health and Well-being

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

- Effective
- Person Centred

2 Report summary

2.1 Situation

This report outlines the core content of the Director of Public Health Annual Report for 2024. The PHWC is asked to discuss and consider the core content and themes of healthy eating and physical activity in the context of healthy places and spaces. The PHWC is asked to consider the broad areas indicated in the recommendations.

The recommendations broadly relate to three key areas:

- The importance of whole systems approaches in addressing healthy eating and physical activity
- The importance of a life course approach in addressing these areas. This is of particular pertinence in the context of the ageing population and maintaining well-being and independence in later life.
- Utilising spatial planning to address these issues and create healthier places and spaces

2.2 Background

The Director of Public Health Annual Report represents the independent professional advocacy and advice of the DPH for improving the health and wellbeing of individuals and communities within our local population.

The content of the DPH report is being developed in consultation and collaboration with key multiagency partners. The final report will be widely disseminated and publicly available. The purpose of bringing this to the PHWC at this stage is to allow the opportunity to discuss and offer comment on the, direction, implications for population health and recommendations anticipated in the report. It is anticipated the report will be finalised by March 2025.

The subject area of this years' DPH report is Eating Well and Physical Activity in the context of Healthy Places and Spaces.

Last year the report focused on the area aligned to national Public Health Priority 2 'A Scotland where we flourish in our early years'. This year the report is aligned to Public Health Priority 6 PHP 6 'A Scotland where we eat well, have a healthy weight and are physically active'. However, in its content the report also acknowledges these areas are closely linked to the places we live, work and play in so is also aligned to Public Health Priority 1 'A Scotland where we live in vibrant, healthy and safe places and communities'.

2.3 Assessment

The Scottish Government and COSLA are currently developing a renewed 10-year framework for population health. It is currently anticipated that this will be published in March 2025. Indications from consultation already undertaken on the framework are

that two of the key areas it will address are 'Places and Communities' and 'Healthy Living'. The proposed draft content of the DPH Annual Report for Fife 2024 will therefore continue to align well with national population health priorities.

Food and eating have a strong and complex social, environmental and cultural context and meaning. Food and physical activity are both influenced by a huge range of factors such as the environment and are closely linked to poverty, deprivation and food insecurity. The national direction acknowledges the current context of access to ultra processed foods that are high in fat / sugar / salt. We see the impact and burden of non-communicable disease in Scotland and Fife with links to poor diet and inactivity such as obesity and Type II Diabetes. Across the healthcare system our response to emerging medical and therapeutic options will present potential pressures and challenges. As our population ages tackling these issues and enabling our population to live independent and healthier lives into old age will become increasingly important.

Nationally we have seen the publication of National Planning Framework 4. The importance links between spatial planning and public health have become clear. We have seen the development and publication of the Place and Well-being Outcomes and Indicators as a result of this increased awareness. Local development of the LDP 'Fife's Place Plan' provides a key opportunity for partners to influence spatial planning for healthier communities.

Locally Fife has a strong history of partnership working through the 'Plan 4 Fife'. As we emerged from the COVID-19 pandemic partners took the opportunity to review recovery and renewal priorities. In 2021-2022 a series of Leadership Summits and conversations were conducted. Health and Well-being was one theme of these discussions. A key area partners agreed that there was real scope and potential to collaborate on to improve health was physical activity. Partners also agreed that this needed to be set in a context of social connection in our communities and places. The themes of this year's DPH Annual report are a natural progression of this partnership collaboration. As a result of this the Communities and Well-being Partnership has already identified physical activity as a key area to prioritise for added value partnership collaboration. Work has already begun to develop a whole systems approach to physical activity.

There is a wealth of other partnership activity at both strategic and operational level that is already addressing these areas. For example:

- Food4Fife Strategy and Action Plan 2024-2029
- Local Transport Strategy for Fife 2023-2023
- LDP 'Fife's Place Plan'
- NHS Fife Greenspace Strategy
- Fife College whole setting approach to health and well-being
- NHS Fife Child Healthy Weight Service
- Fife Sport and Leisure Trust – Musculoskeletal programme
- ADP project with Active Communities
- EATS Rosyth
- Cafe Inc – addressing holiday hunger

- 'Bums off Seats'
- Lynebank Hospital greenspace development
- River Leven Programme 'Growing with the flow'

The report will be structured in two sections. Firstly addressing eating well the report will use the framework identified in the Obesity Action Scotland and University of Edinburgh report 'Local Levers for Diet and Healthy Weight' 2023. This outlines seven areas:

- protect, promote and support breastfeeding and healthy diets for children
- improve uptake of school meals
- strengthening public food procurement and provision standard
- utilising planning to improve food environments
- work with the out of home sector to reduce calories on the menu
- restrict food advertising
- promote and support physical activity

The section on physical activity will use the areas identified by Public Health Scotland's Systems Based Approach to Physical Activity 2022.

- active places of learning
- active places and spaces
- active workplaces
- sport and active recreation
- active travel
- active health and social care systems
- active systems
- communications and public education

In summary the proposed content and structure of the report aligns well with both national and local direction. The report also follows a structure that is based on an evidence led approach to addressing the identified issues.

This report provides the following Level of Assurance:

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

	amount of residual risk or none at all.	moderate amount of residual risk.	which requires further action to be taken.	
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2.3.1 Quality, Patient and Value-Based Health & Care

The content of the report relates to key areas of healthy living and healthy places. These are fundamental to principles of realistic medicine in relation to preventing ill health, promoting independence and contributing to the future sustainability of health and social care services.

2.3.2 Workforce

Our workforce is part of our population and communities so the report is relevant for them. In relation to the key areas of healthy eating and physical activity the report will also address a whole systems approach through key settings including workplaces.

2.3.3 Financial

The subject areas of the report address key areas of population health and well-being, healthy living and independence. Prevention is a key aspect of both the NHS Fife Health and Well-being Strategy and the Health and Social Care Partnership Prevention and Early Intervention Strategy. This becomes increasingly important in the light of our ageing population and increased pressures on health service capacity and resources.

2.3.4 Risk Assessment / Management

The subject area of this years' DPH report highlights eating well and being physically active as key areas. These are crucial areas to address both in terms of widening inequalities in health. They are also important in efforts to mitigate the potential risk presented to healthcare resources of increased demand for obesity related medical treatments.

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

The broad recommendations of the report will include how NHS Fife both as an organisation and a community planning partner can contribute to healthy eating, physical activity and healthy places and spaces through its' role as an employer and an Anchor Institution. Food procurement is one example of this.

2.3.6 Climate Emergency & Sustainability Impact

The DPH report in addressing healthy eating, physical activity and healthy places and spaces will contribute to NHS Fife's climate emergency and sustainability impact. Work such as that addressing our greenspace and active travel plans is already being progressed.

2.3.7 Communication, involvement, engagement and consultation

To date a wide range of community planning partners at operational level have already contributed to the draft content of the report. The report will acknowledge the broad range of activities across partners and communities that contribute to this agenda.

2.3.8 Route to the Meeting

The report has been reviewed by the Director of Public Health and noted at the Public Health Assurance Group on 18 December 2024 and Executive Director Group on 20 December 2024.

The report will be considered by the following groups.

- Plan for Fife Leadership Group 08.01.25
- NHS Fife Board 25.03.2025

2.4 Recommendation

This paper is provided to members of the PHWC for:

- **Assurance** – Members are asked to take a “moderate” level of assurance.
- **Discussion** – For examining and considering the implications of the matter.

The PHWC is invited to discuss and provide feedback on the proposed subject areas for the DPH Annual Report 2024.

In particular, the PHWC is asked to consider broad areas for recommendations which are in summary:

- 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’ provides a key opportunity for partners to contribute to making healthier places and communities.

3 List of appendices

The following appendices are included with this report:

- Appendix No. 1 DPH Annual Report 2024 Presentation slides (v1)
- Appendix No. 2 [PHS Consensus Statement on Improving Scotland's Diet and Weight](#)
- Appendix No. 3 [PHS Consensus Statement on Better Places](#)

Report Contacts

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Director of Public Health Annual Report 2024

Eating Well and Keeping
Physically Active in Fife

Joy Tomlinson
January 2025

Background

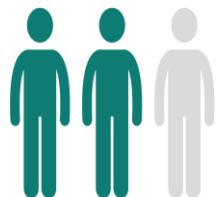
- **PHP6** 'A Scotland where we eat well, have a healthy weight and are physically active'.
- **PHP1** 'A Scotland where we live in vibrant, healthy and safe places and communities'



Eating Well and Physical Activity in the context of Healthy Places and Spaces

Follows from last year's report: **PHP2** 'A Scotland where we flourish in our early years'

Priority 6: A Fife where we eat well, have a healthy weight and are physically active



Around **two thirds** of adults are overweight (including obese).



Around **two thirds** of the adult population meet the recommended levels of physical activity.



Over a **quarter** of people report having low or very low activity levels.



1 in 5 people report eating the recommended five portions of fruit or vegetables per day.



1 in 10 people report eating no fruit or vegetables.



27,720

It is estimated that more than **27,720** people in Fife are food insecure (**9%**).



Rates of obesity and Type 2 diabetes among adults are higher in older adults and the most deprived areas compared to the least deprived.

Important Current Context

- Foods that are High in Fat – Sugar - Salt (HFSS)
- Ultra Processed Foods
- Obesity and Type II Diabetes
- Response to medical and therapeutic options
- Ageing population
- Burden of non-communicable disease in Scotland and Fife – links to poor diet and inactivity

Important Current Context

- Food and eating have a strong and complex social, environmental and cultural context and meaning
- Influenced by a huge range of such as the food environment and food insecurity – closely linked to poverty and deprivation



How eating out contributes to our diets

Source: Nesta's analysis of Kantar's Out of Home service data 1st April 2021 to 31st December 2021



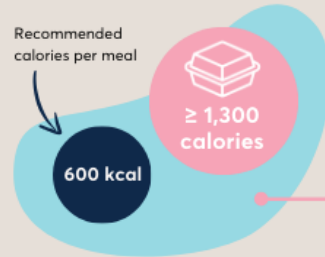
Findings from Nesta's analysis of individual purchase and market statistics for the out-of-home sector across Great Britain.

Approximately 60% of us use the out of home sector at least once a week

11% eat out at least once a day on average – around 7 million people.



Recommended calories per meal



One in three fast food meals in Great Britain contain more than double the number of calories



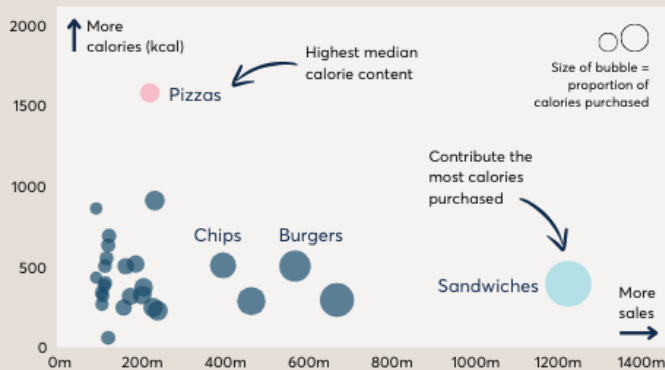
Meal purchases from supermarkets including meal deals contain on average 730 calories

130 calories more than recommended calories per meal

Over half of calories purchased are from fast food and food-to-go from supermarkets

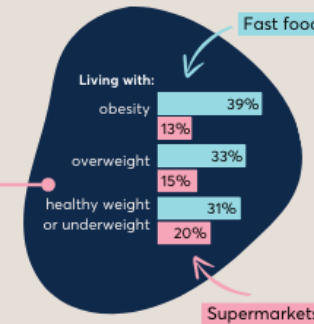


Pizzas have the most calories, but supermarket sandwiches are the item we buy the most



On average, people living with excess weight purchase more calories from fast food

The share of calories purchased from major supermarkets was higher amongst those living with a healthy weight.



The out-of-home sector contributes, on average, 300 calories per person per day



National Direction

Forthcoming 10 Year Population Health Framework includes:

- Places and Communities
- Healthy Living

Links to Spatial Planning:

- NPF4
- Place and Wellbeing Outcomes and Indicators

Local Fife Approach

‘Our Fife’ Leadership Conversations and Summits 2021-2022:

Health and Wellbeing theme priority for added value through collaboration: ‘Physical activity with social connection’



Report Structure

Eating Well and Having a Healthy Weight

Obesity Action Scotland and The University of Edinburgh 2023:

‘Local Levers for Diet and Healthy Weight’

- protect, promote and support breastfeeding and healthy diets for children
- improve uptake of school meals
- strengthening public food procurement and provision standard
- utilising planning to improve food environments
- work with the out of home sector to reduce calories on the menu
- restrict food advertising
- promote and support physical activity

Report Structure

Being Physically Active

Public Health Scotland 2022

Systems Based Approach to Physical Activity

- active places of learning
- active places and spaces
- active workplaces
- sport and active recreation
- active travel
- active health and social care systems
- active systems
- communications and public education



Some take-aways from the data

- Some positive indications for example in breastfeeding and uptake of school meals – but may be stalling?
- Opportunities presented by access to outdoors and green/blue space in Fife
- Wealth of good partnership services, projects and initiatives
- Challenges presented by inequalities and food insecurity



Key areas for consideration

- 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 'Five's Place Plan' provides a key opportunity for partners to contribute to making healthier places and communities

Meeting:	Public Health & Wellbeing Committee
Meeting date:	13 January 2025
Title:	Integrated Performance & Quality Report
Responsible Executive:	Margo McGurk, Director of Finance & Strategy
Report Author:	Susan Fraser, Associate Director of Planning and Performance

Executive Summary

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

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

This report provides Moderate Level of Assurance.

1 Purpose

This report is presented for:

- Assurance

This report relates to:

- Annual Delivery Plan

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

- Safe
- Effective
- Person Centred
- NHS Board Strategic Priorities:
 - To Improve Health & Wellbeing
 - To Improve Quality of Health & Care Services
 - To Improve Staff Experience & Wellbeing
 - To Deliver Value & Sustainability

2 Report summary

2.1 Situation

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

The period covered by the performance data varies; Flu and Covid Immunisations are up to the end of Nov-24; CAMHS & Psychological Therapies are available up to the end of Oct-24; Childhood Immunisation is up to Sep-24; Smoking Cessation is up to Jul-24; and the remaining measures are up to Jun-24, except for the Screening measures which have significant lag: Breast & AAA Screening are up to the end of Mar-23; Bowel Screening is up to the end of Apr-23.

2.2 Background

The Integrated Performance & Quality Report (IPQR) is the main corporate reporting tool for the NHS Fife Board and is produced monthly. Each Governance Committee will receive separate extracts of the IPQR to scrutinise the performance areas relevant to each Committee. Reports which are not prepared for Governance Committees are data only and contain neither data analysis nor service commentary.

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

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

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

2.3 Assessment

The IPQR provides a full description of the performance, achievements and challenges relating to key measures in the report. There are no changes to measures or planned trajectories to report relating to Public Health and Wellbeing.

A new measure has been included this month within the Quality & Care section relating to the Stroke Care Bundle.

Highlights of November 2024 IPQR

A summary of the status of the Public Health and Wellbeing metrics is shown in the table below. Performance RAG highlighted in Assessment & Performance Exception Reports is based on, if applicable, agreed trajectories for 2024/25, otherwise against National/Local target.

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

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

This report provides the following Level of Assurance:

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

2.3.1 Quality, Patient and Value-Based Health & Care

IPQR contains quality measures.

2.3.2 Workforce

IPQR contains workforce measures.

2.3.3 Financial

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

2.3.4 Risk Assessment / Management

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

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

Not applicable.

2.3.6 Climate Emergency & Sustainability Impact

Not applicable.

2.3.7 Communication, involvement, engagement and consultation

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

The Public Health & Wellbeing extract of the Position at November IPQR has been made available for discussion at the meeting on 13 January 2025.

2.3.8 Route to the Meeting

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

- **Executive Directors Group**, 20 December 2024
- **Staff Governance Committee**, 7 January 2025

2.4 Recommendation

This paper is provided to Staff Governance Committee members for:

- **Assurance** – This report provides a Moderate Level of Assurance.
- **Endorse** – Endorse the Public Health & Wellbeing section of the IPQR.

3 List of appendices

The following appendices are included with this report:

- IPQR Position at November 2024 PHW v1.0

Report Contact

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Planning and Performance Manager
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Fife Integrated Performance & Quality Report (IPQR)

Position (where applicable) at November 2024
Produced in December 2024

Introduction

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

The IPQR comprises the following sections:

A. Corporate Risk Summary

Summarising key Corporate Risks and status.

B. Indicatory Summary

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

C. Assessment & Performance Exception Reports

More detailed Indicator Summary for each area of Governance including (where appropriate) benchmarking, 'sparkline' trend, comparison with 'previous year' performance. There is also a column indicating performance 'special cause variation' based on SPC methodology. All charts with SPC applied will be formatted consistently based on the following;



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

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

C1. Quality & Care

**C2. Operational
Performance & Finance**

C3. Workforce

**C4. Public Health &
Wellbeing**

MARGO MCGURK
Director of Finance & Strategy
17 December 2024

Prepared by:
SUSAN FRASER
Associate Director of Planning & Performance

A. Corporate Risk Summary

Strategic Priority	Total Risks	Current Strategic Risk Profile				Risk Movement	Risk Appetite
To improve health and wellbeing	5	3	2	-	-	◀▶	High
To improve the quality of health and care services	6	4	2	-	-	◀▶	Moderate
To improve staff experience and wellbeing	2	2	-	-	-	◀▶	Moderate
To deliver value and sustainability	6	5	1	-	-	◀▶	Moderate
Total	19	14	5	0	0		

Risk Key

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

Movement Key

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

The current assessment indicates that delivery against 3 of the 4 strategic priorities continues to face a risk profile in excess of risk appetite. Mitigations are in place to support management of risk over time with elements of some risks requiring daily assessment. Assessment of corporate risk performance and improvement trajectory remains in place.

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

B. Indicator Summary

Quality & Care				Current	Previous	Change					Current	Previous	Change					Current	Previous	Change		
	SAER - Median Working Days to Report Approved			231	254	▲		HSMR			0.96	0.96	▬		Stroke Care Bundle			62.9%	81.0%	▼		
	Inpatient Falls			7.91	7.28	▼		Pressure Ulcers			1.03	1.38	▲		Ligature Incidents (Mental Health)			1.74	2.11	▲		
	Incidents of Restraint (Mental Health)			8.52	7.05	◆		Incidents of Physical Violence (Mental Health)			9.57	9.69	◆		Incidents of Self Harm (Mental Health)			1.57	1.59	◆		
	SAB HAI			10.2	10.5	◆		C Diff HAI			17.0	14.0	▼		ECB HAI			47.5	41.9	◆		
	S1 Complaints Closed in Month on Time			76.5%	59.4%	▲		S2 Complaints Closed in Month on Time			20.0%	6.9%	▲									
Operational Performance				Current	Previous	Change					Current	Previous	Change					Current	Previous	Change		
	Emergency Access	A&E	72.8%	74.3%	▼		Delayed Discharges (Standard)	Acute/Comm	51.2	60.0	▲		Cancer	31-day DTT	94.3%	94.7%	◆					
		ED	64.5%	66.6%	▼			MH/LD	13.6	14.3	◆			62-Day RTT	73.5%	71.4%	◆					
	Patient TTG	% <=12weeks	43.5%	46.3%	▼		New Outpatients	% <=12weeks	39.8%	40.0%	◆		Diagnostics	% <=6weeks	82.2%	78.4%	▲					
		>52 weeks	678	698	▲			>52 weeks	5034	4933	▼			>26 weeks	57	71	▲					
Finance				Current	Change					Current	Change											
	Revenue Resource Limit Performance			(£28.488m)					Capital Resource Limit Performance			£3.104m										
Workforce				Current	Previous	Change					Current	Previous	Change					Current	Previous	Change		
	Sickness Absence	7.36%			7.07%	▼		Personal Development Plan & Review	43.1%			43.1%	◆		Vacancies	Medical & Dental	3.3%	2.8%	◆			
		Nursing & Midwifery	2.7%	3.5%	◆																	
		AHPs	4.0%	5.0%	▲																	
Public Health & Wellbeing				Current	Previous	Change					Current	Previous	Change					Current	Previous	Change		
	Smoking Cessation	40% Most Deprived	97	75	▬		Alcohol Brief Interventions			103%	96%	▬		Drugs & Alcohol			94.5%	93.1%	◆			
	CAMHS			92.5%	93.2%	◆		Psychological Therapies			82.9%	79.9%	▲		Mental Health Readmissions within 28 days			5.8%	6.0%	◆		
	Breast Screening			73.4%	▬				Bowel Screening			66.2%	▬				AAA Screening			87.3%	86.8%	▲
	Infant Feeding			36.4%	29.4%	▲		Childhood Immunisation	6-in-1 @ 12 months	94.0%	94.5%	▼		Winter Vaccination	Influenza	40.6%	▬					
	Child Development			19.4%	18.5%	▼			MMR2 @ 5 years	85.7%	85.7%	◆			Covid	39.2%	▬					

Key

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

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

C4. Public Health & Wellbeing


To improve health and wellbeing
5
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High

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

<p>Performance Key</p> <ul style="list-style-type: none"> meeting trajectory/target within 5% of trajectory/target out with 5% of trajectory/target 	<p>SPC Key</p> <ul style="list-style-type: none"> ○ Within control limits ○ Special cause variation, out with control limits ● No SPC applied 	<p>Change Key</p> <ul style="list-style-type: none"> ▲ "Better" than comparator period ◆ No Change ▼ "Worse" than comparator period — Not Applicable 	<p>Benchmarking Key</p> <ul style="list-style-type: none"> ● Upper Quartile ● Mid Range ● Lower Quartile ● Not Available
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Smoking Cessation

Sustain and embed successful smoking quits at 12 weeks post quit in the 40% most deprived SIMD areas (473 in 2024/25)

97 quits
61.8%
(to Jul-24)

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

Data Analysis

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

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

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

Achievements & Challenges

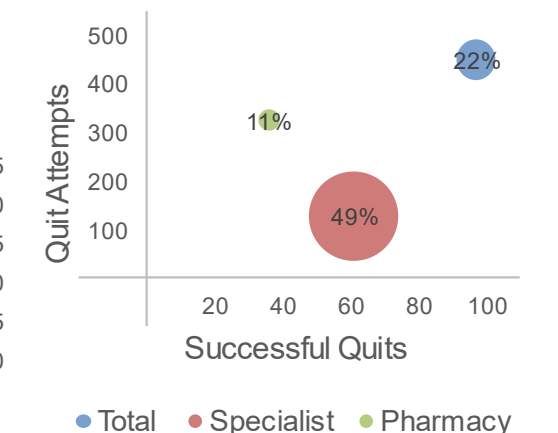
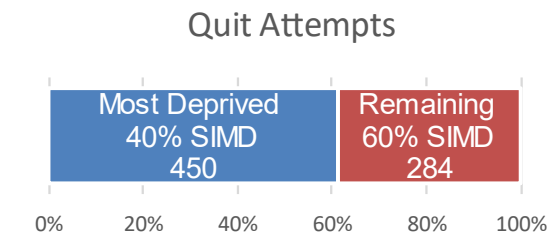
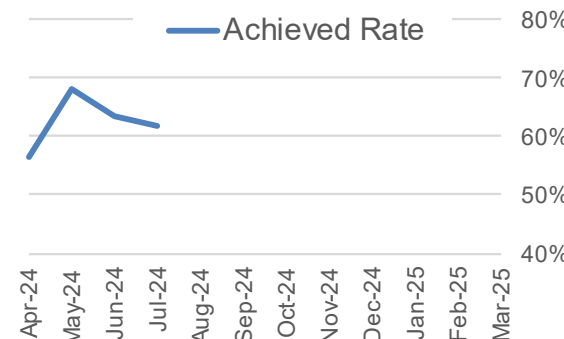
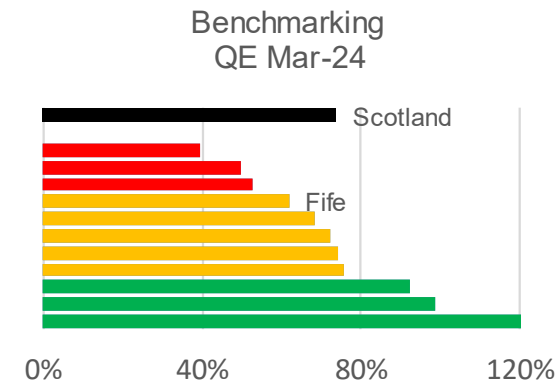
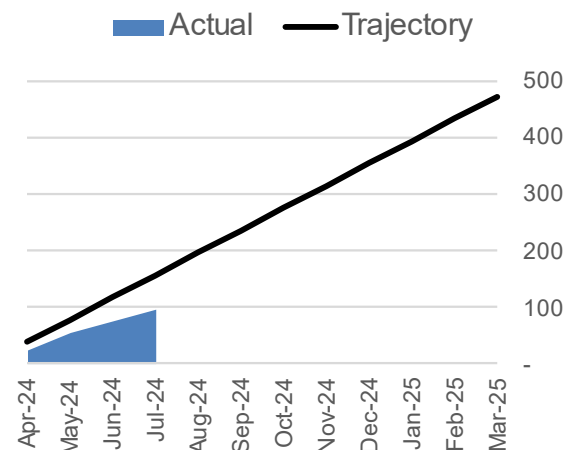
The LDP standard for Fife is 473 successful quits for 40% (MDQ), this is a combined standard for pharmacy, specialist, and maternity services. There remains no movement on the national review of all board's standards which was expected to begin in 2024.

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

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

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

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





Data Analysis

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

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

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

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

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

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

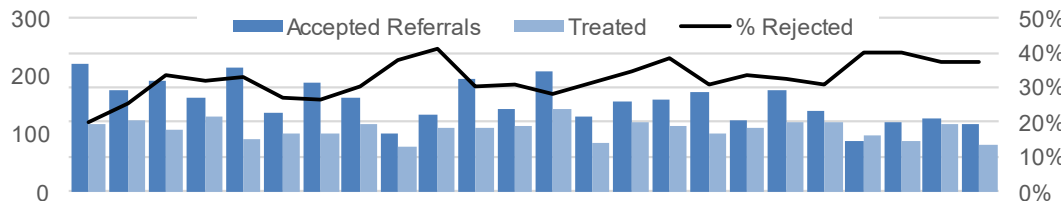
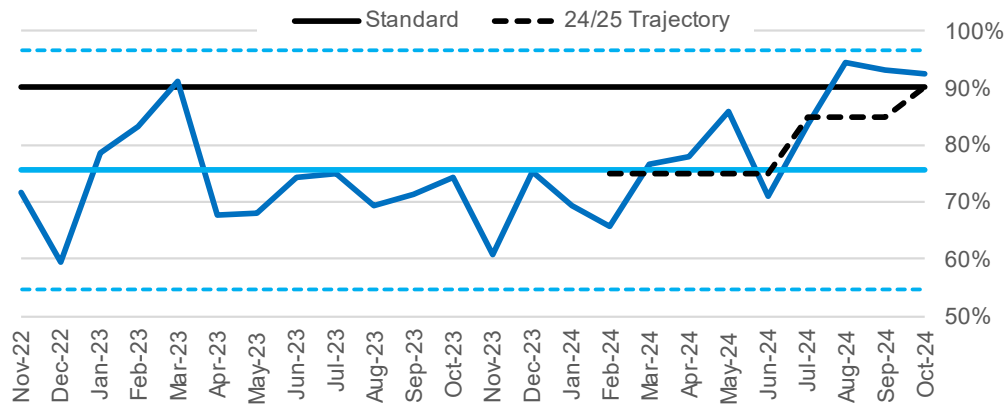
Achievements & Challenges

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

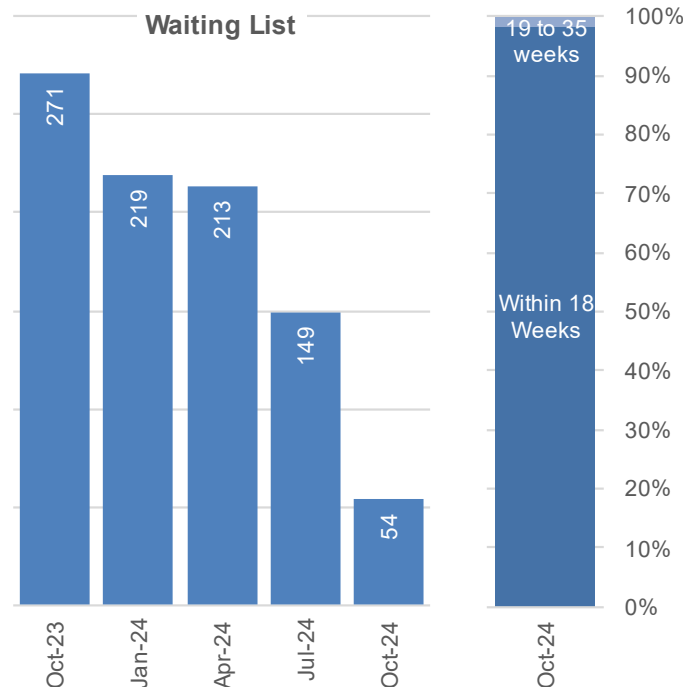
The service has identified and adopted many positive strategies to reach this point of success and the waits over 18 weeks continue to decline with less than 10% of cases waiting over 18 weeks for five consecutive months, June to October 2024.

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

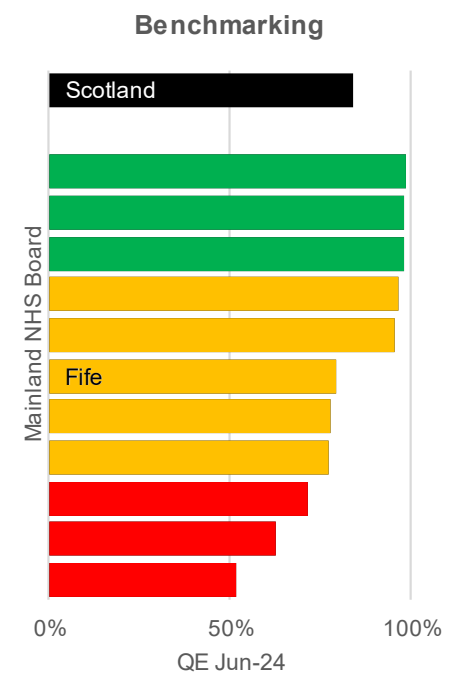
CAMHS 18 weeks RTT



Waiting List



Benchmarking





Psychological Therapies

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

82.9%

Trajectory achieved as of Oct-24

Data Analysis

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

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

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

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

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

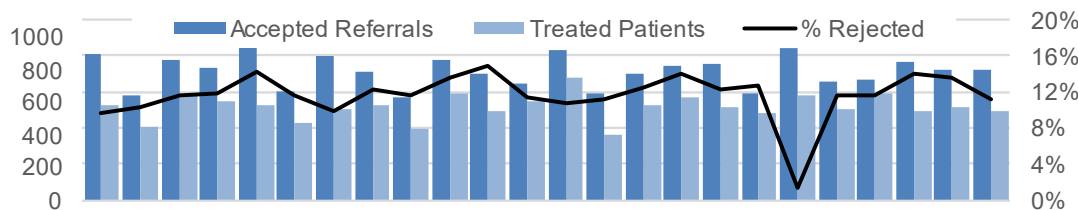
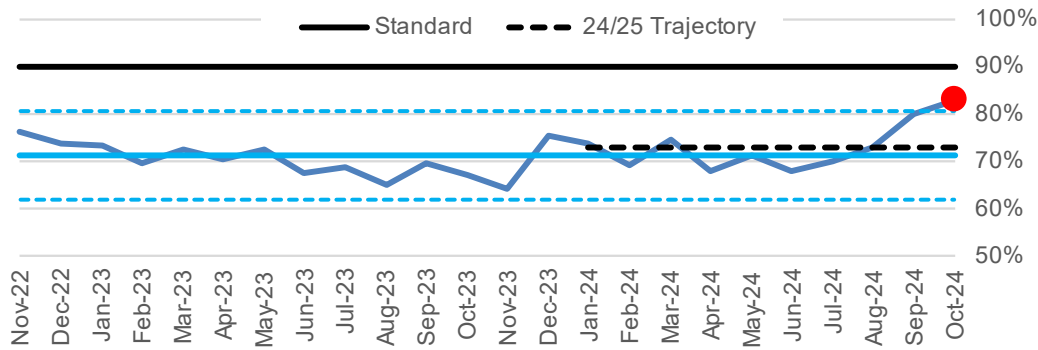
NHS Fife was in the low-range of NHS Boards as of the last quarterly PHS for the QE Jun-24 and was below the Scottish average (67.8% compared to 80.4%).

Achievements & Challenges

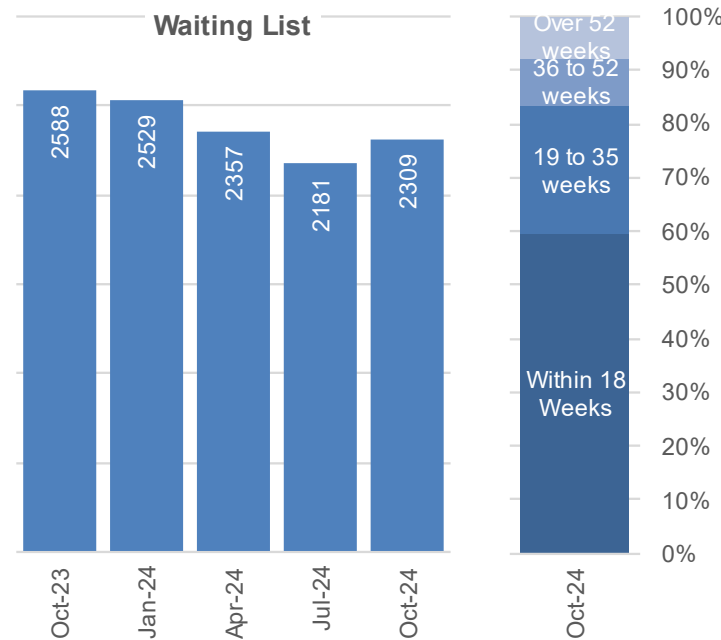
More first appointments for therapy were offered in the 12 months to October 2024, compared to previous 12 months. This is one indicator that access to PTs continues to improve. Performance on the waiting times target hit the local trajectory in August and has been above it for the past two months. However,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

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

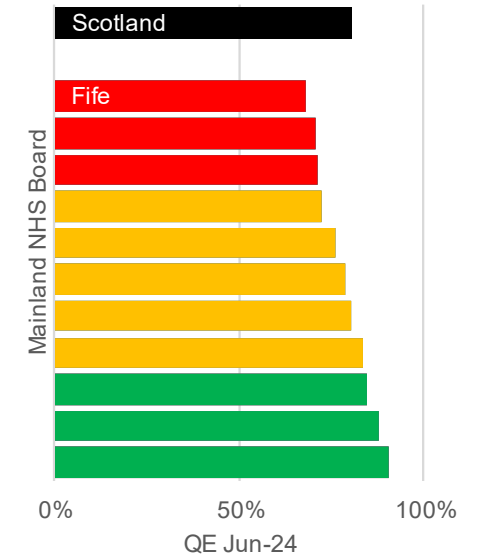
Psychological Therapies 18 weeks RTT



Waiting List



Benchmarking





Mental Health Readmissions

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

5.8%

Below Scottish Average

Data Analysis

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

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

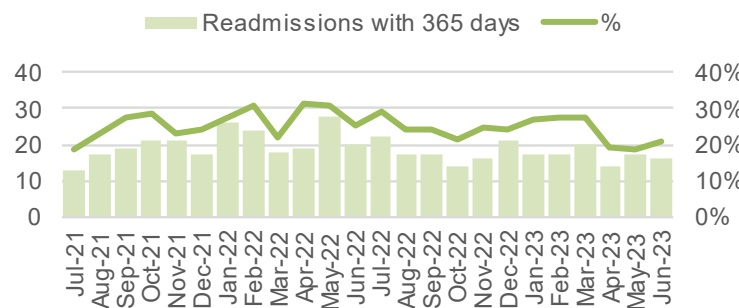
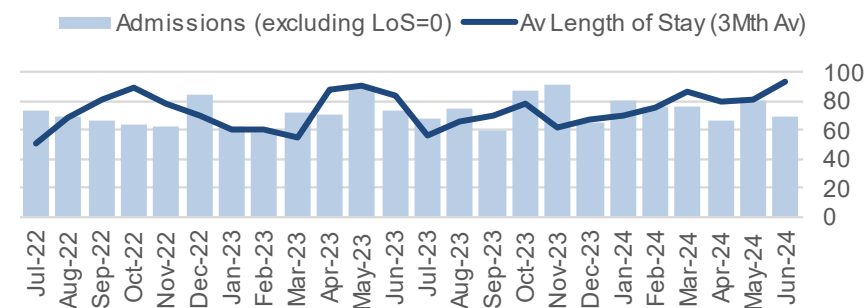
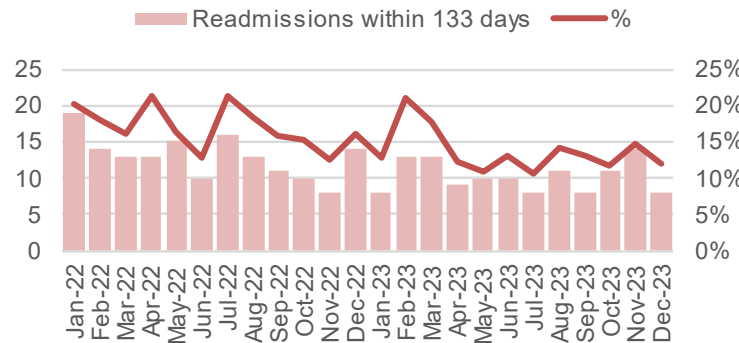
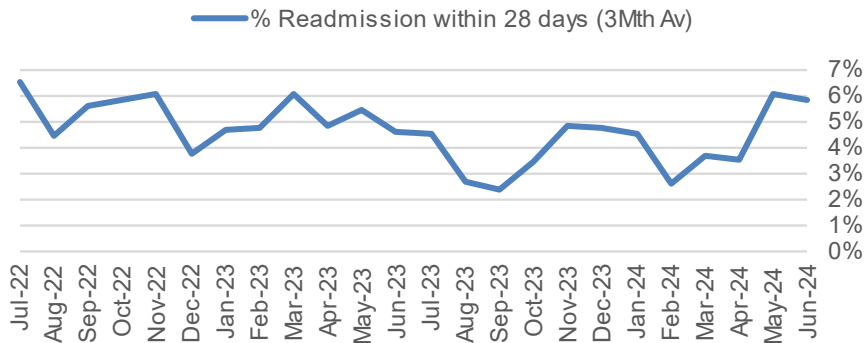
On average, to year ending (YE) Dec-23, there was 10.3 readmissions per month within 133 days. Rate for QE Dec-22 was 12.9% with 33 readmissions. For readmissions within 365 days, on average, to YE Jun-23, there was 17.3 readmissions per month. Rate for QE Dec-22 was 19.5% with 47 readmissions.

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

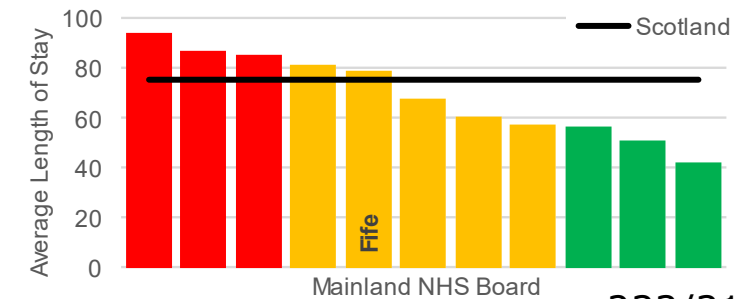
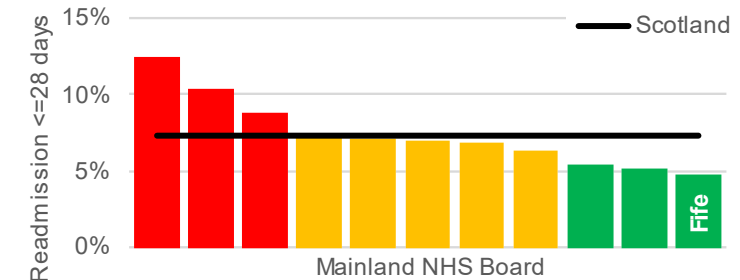
Achievements & Challenges

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

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



Benchmarking | YE Jun-24





Breast Screening

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

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

73.4%

6.6% ↑ To achieve target

63.2%

6.8% ↑ To achieve Minimum Standard

Data Analysis

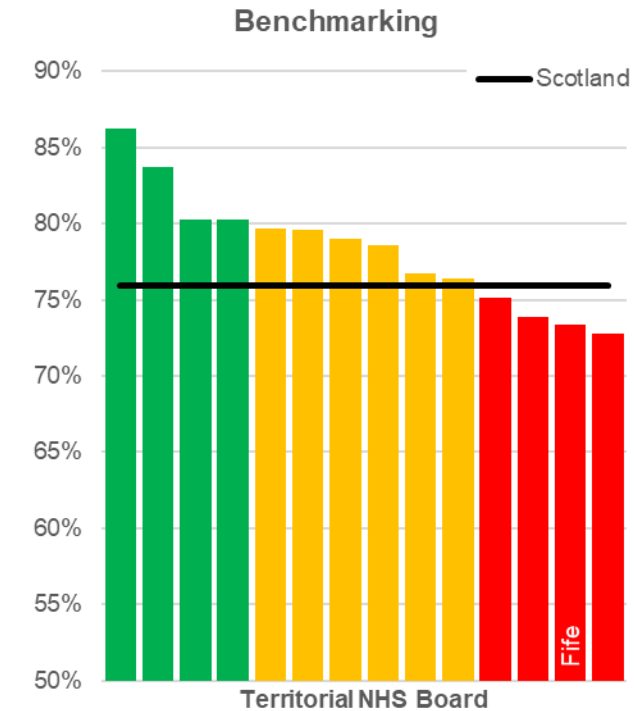
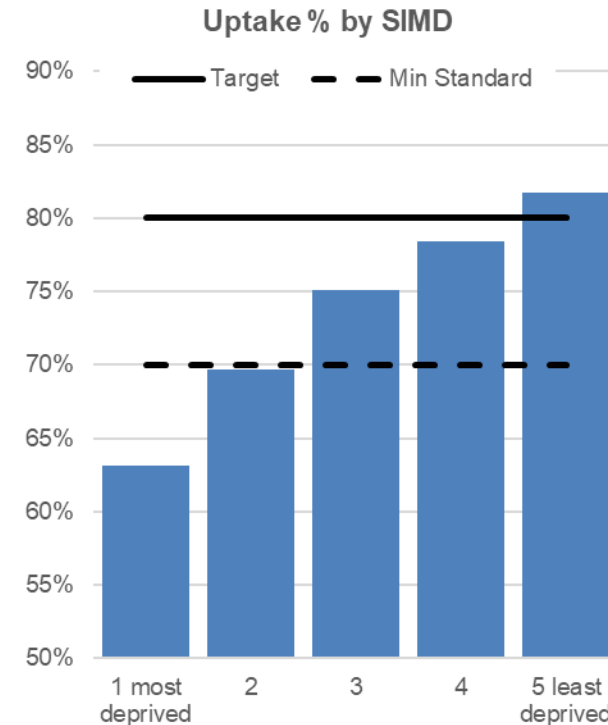
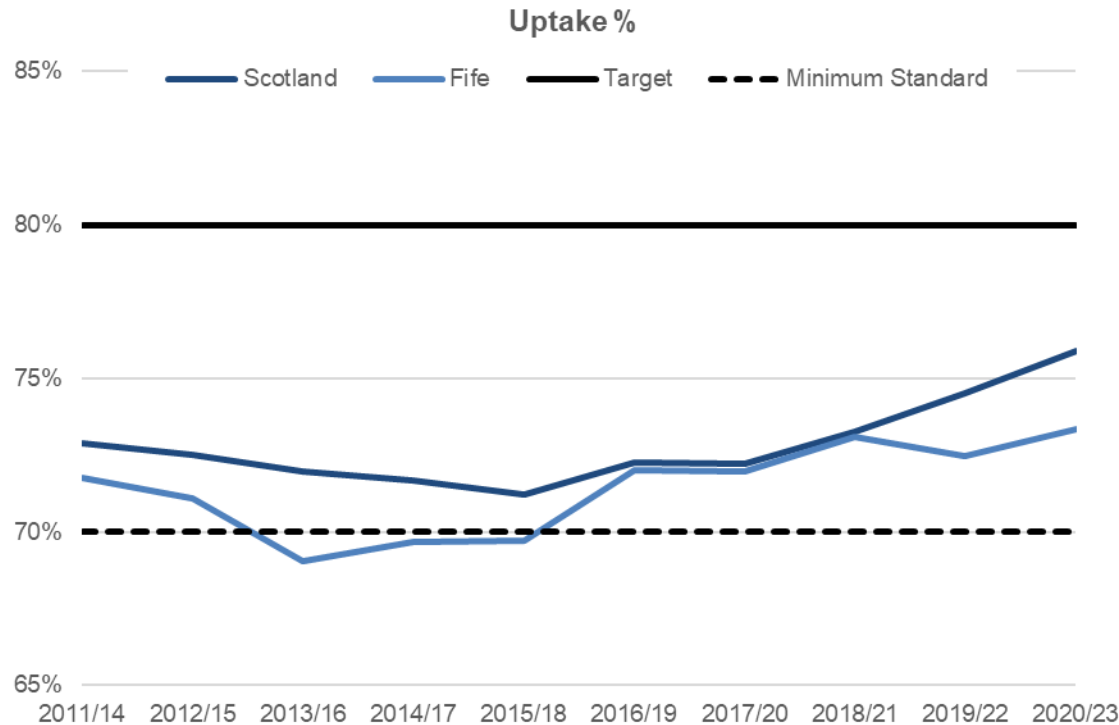
Uptake for the latest period 2020/23 is the highest level achieved since 2011 at 73.4% with Minimum Standard of 70% has been achieved since 2015/18. The inequality gap in 2020/23 is 18.6% ranging from 63.2% in most deprived quintile to 81.7% in the least deprived. Target of 80% achieved in least deprived quintile with Minimum Standard not achieved in 40% most deprived areas. Benchmarking against all NHS Boards for 2020/23 shows that NHS Fife lies within the lower quartile at 73.4% uptake, below the Scotland average of 75.9%, 3.0% below mid-range and 6.9% from upper quartile.

Achievements:

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

66.2%

55.4%

most deprived

4.6% ↑

Target achieved for May-21 to Apr-23

to achieve target for all persons

Data Analysis

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

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

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

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

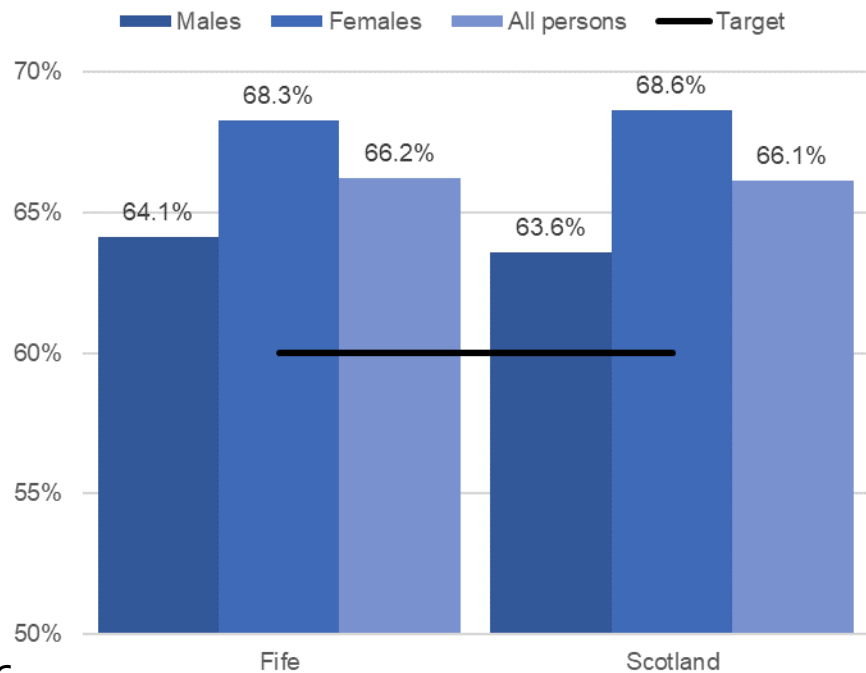
Achievements:

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

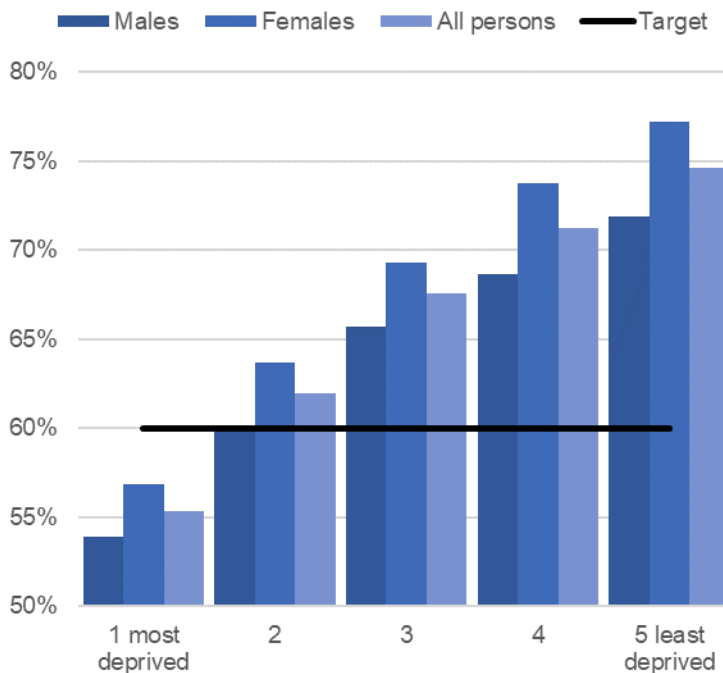
Challenges:

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

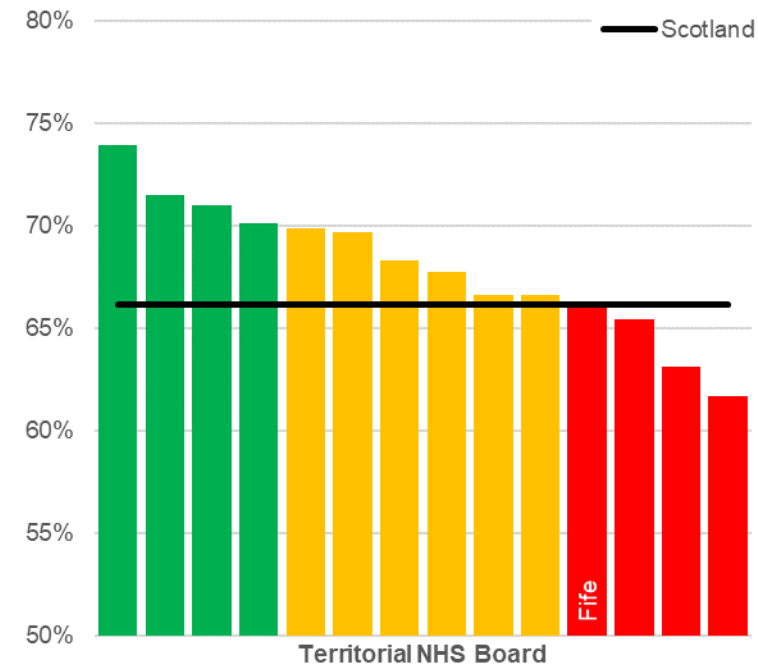
Uptake %



Uptake % by SIMD



Benchmarking





AAA Screening

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

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

87.3%

81.7%

most deprived

Desirable Threshold achieved for 2022/23

4.3% ↑

to achieve Desirable Threshold

Data Analysis

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

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

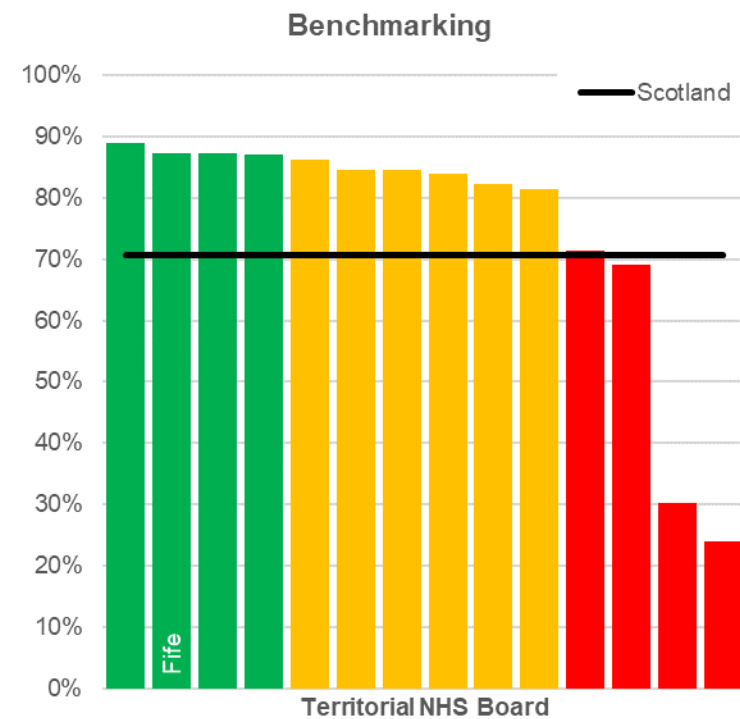
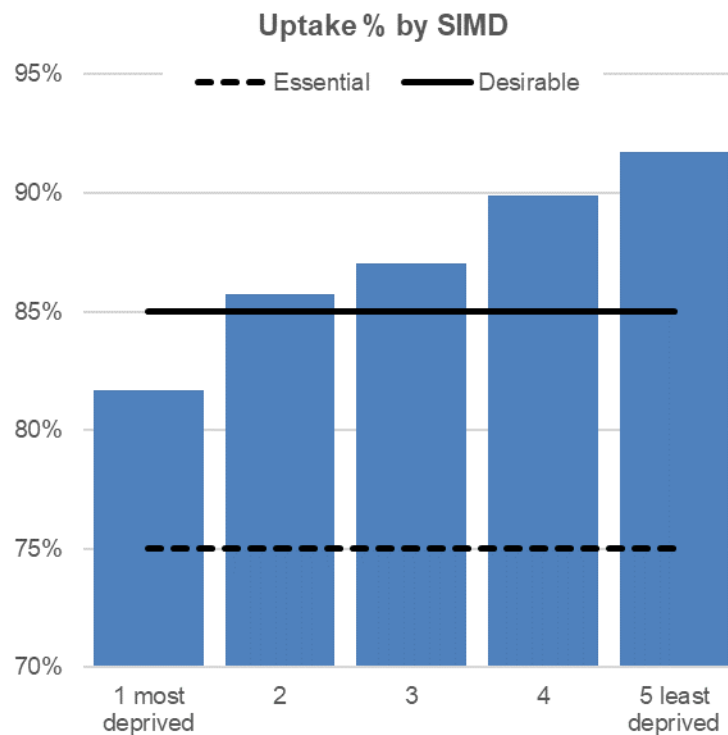
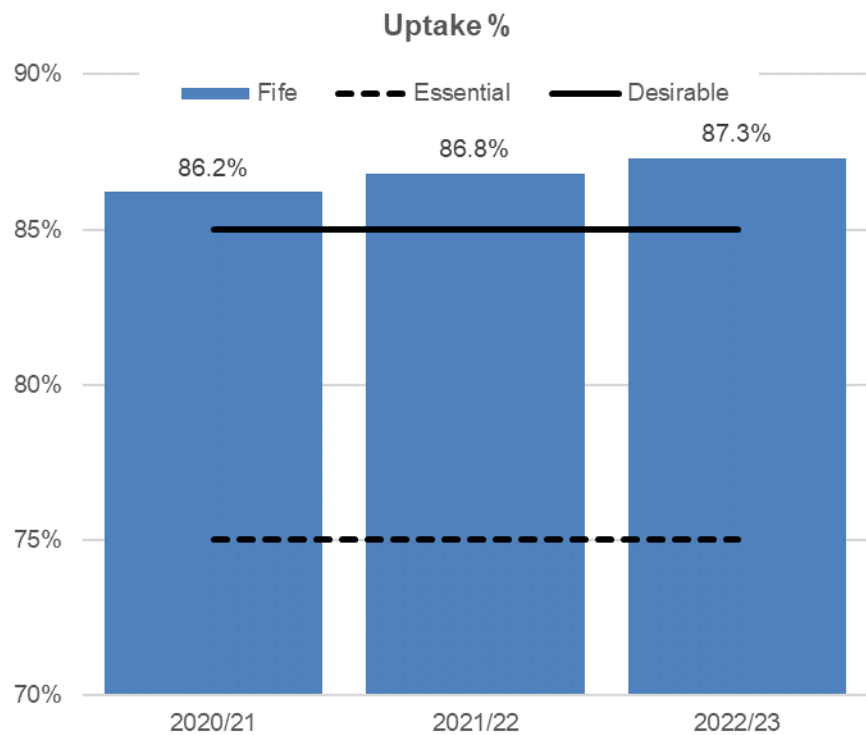
NHS Fife was in upper quartile compared all NHS Boards in 2022/23, with the highest uptake of all mainland NHS Boards, 16.6% higher than Scottish Average.

Achievements:

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

Challenges:

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





Infant Feeding

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

36.4%

Below Scottish Average

Data Analysis

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

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

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

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

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

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

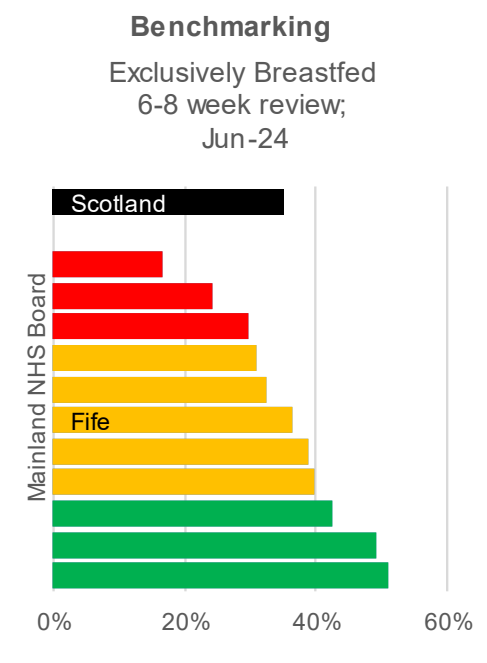
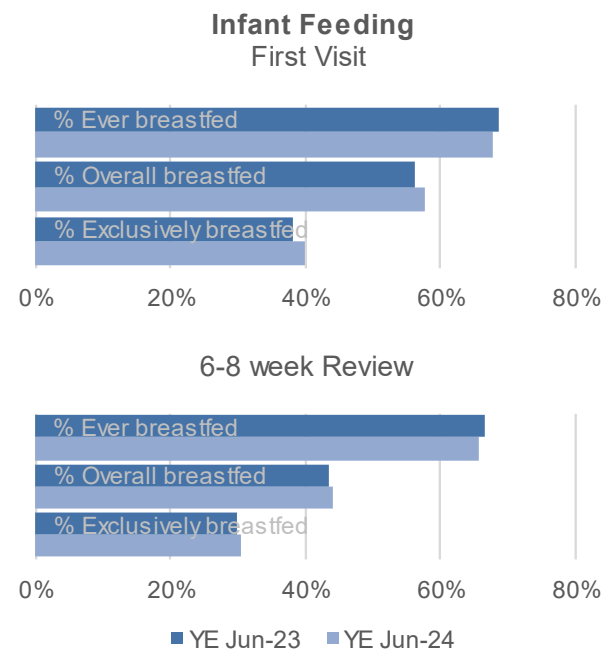
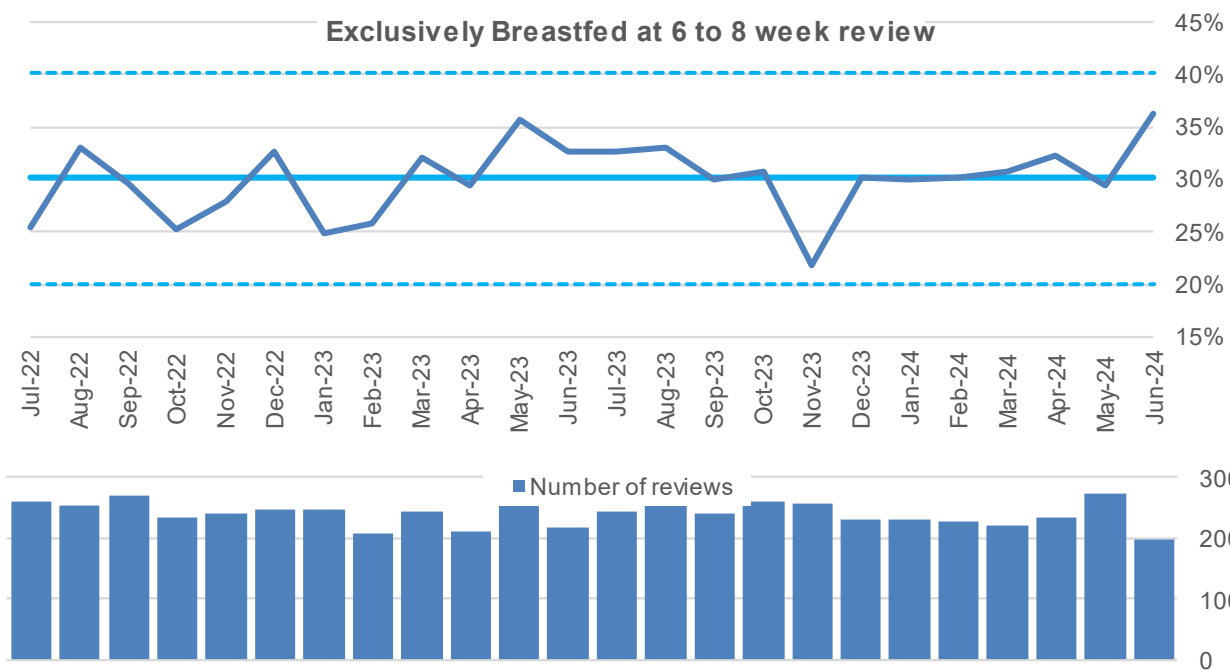
Health Promotion key messages on Breast feeding shared across social media platforms. Robust communications strategy now in place.

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

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

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

C4. Public Health & Wellbeing





Developmental Concerns

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

19.4%

Above Scottish Average

Data Analysis

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

NHS Fife is in the upper-quartile of all Mainland NHS Boards (highest was 26.3%). From 678 reviews carried out at 13-15 months, 16.4% of children had one or more development concerns. This has gradually decreased since QE Mar-23.

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

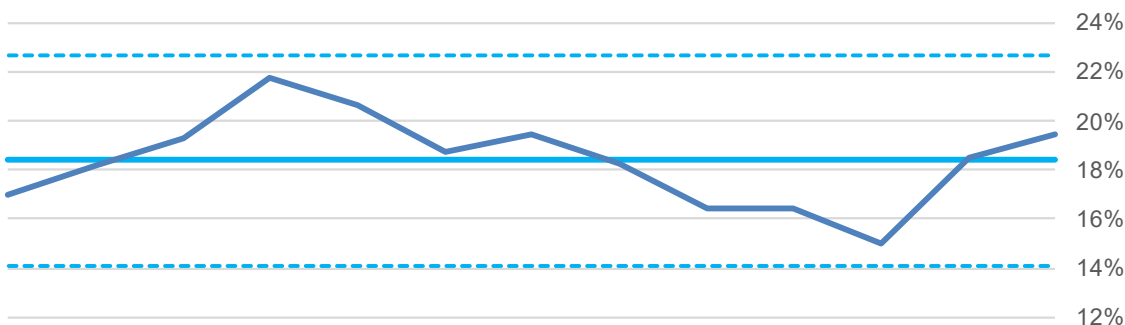
Achievements:

- HV Service delivery of Universal Health Visiting Pathway across Fife by HVs.
- High uptake of 27/30 month review offered by parents/carers.
- Standardised ASQ-3 tool and training to all staff which supports learning and development for completion of developmental review.
- Face to face reviews with children within the home setting.
- Early intervention strategies supported by CNN.

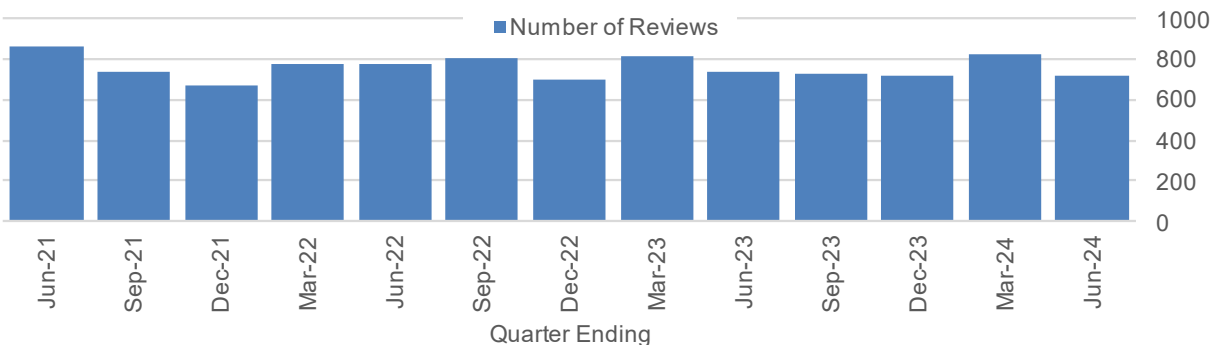
Challenges:

- CNNs utilised to support developmental reviews. Difference of skill set between HV and CNNs.
- There continues to be persistent inequalities in developmental concerns at 27-30 months by sex, looked after status and ethnicity.

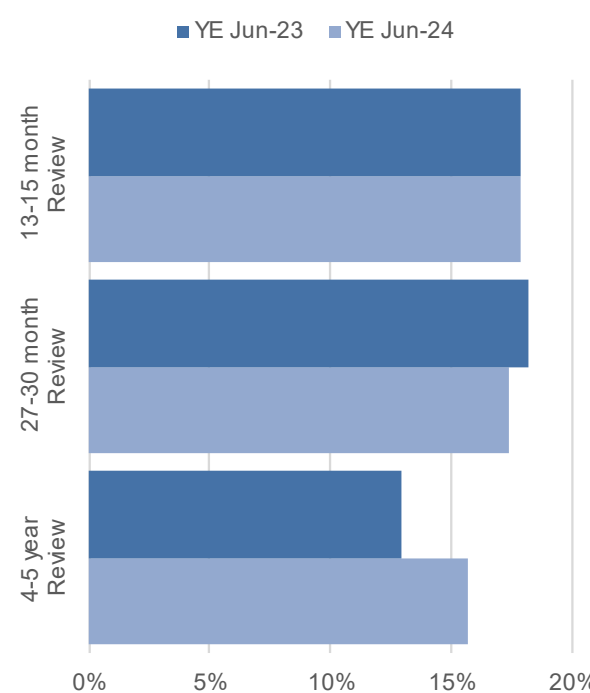
One or More Developmental Concerns (27 to 30 month review)



Number of Reviews

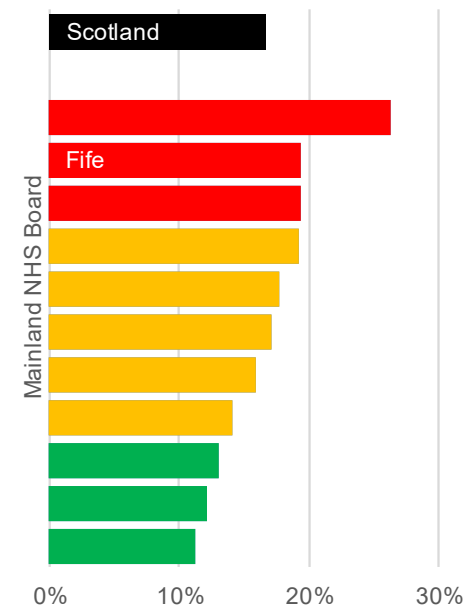


% Developmental Concerns



Benchmarking

27-30 month review; QE Jun-24





Childhood Immunisations

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

94.0%

8 ↑ to achieve target

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

85.7%

60 ↑ to achieve target

Data Analysis

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

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

Service Narrative

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

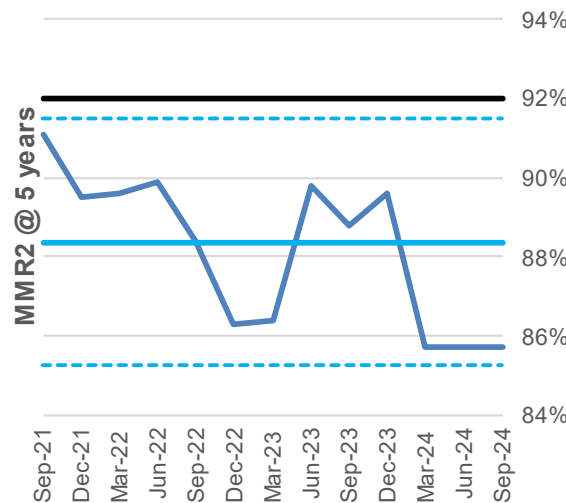
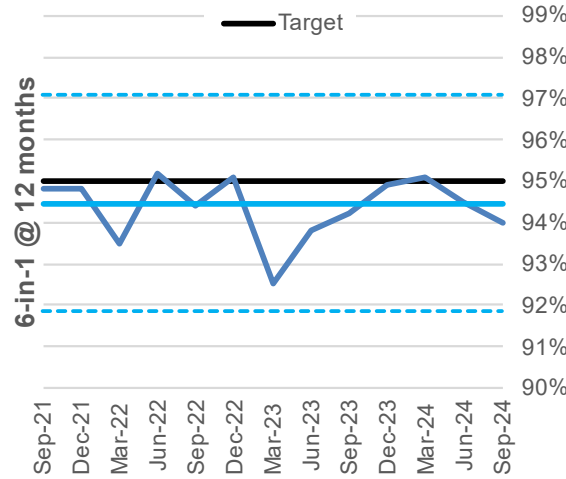
We will be refocusing on our Quality Improvement (QI) initiatives, particularly on MMR2 uptake, with an emphasis on improving engagement and reducing DNA rates.

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

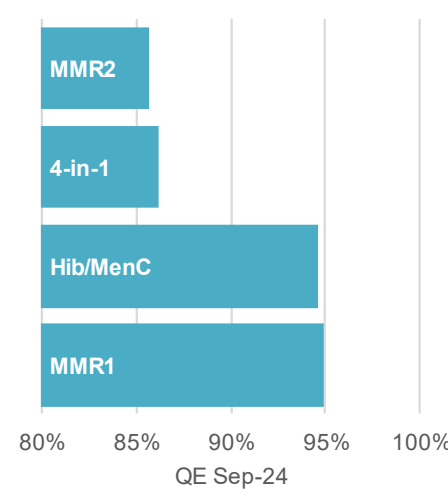
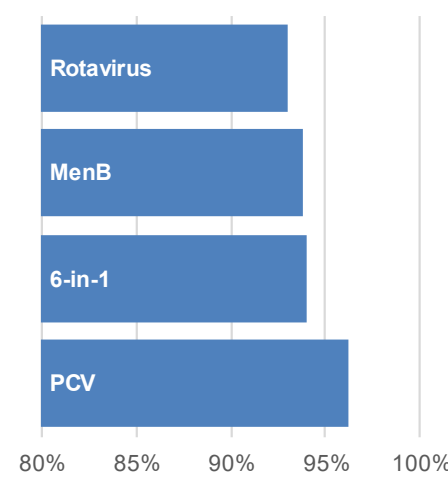
Our delivery plans will also focus on identifying children under 5 with incomplete MMR records, inviting them to arrange appointments, and potentially offering additional clinics during school holidays.

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

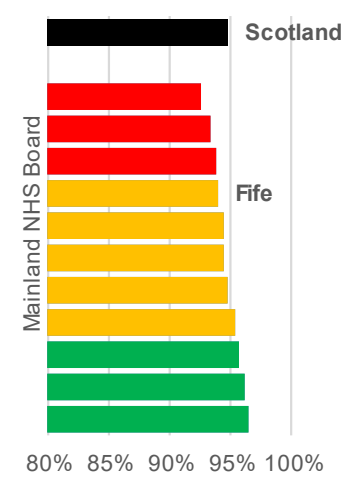
Childhood Immunisations



Uptake



Benchmarking





Influenza/Covid Vaccinations

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

78.2%

Above Scottish Average

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

75.4%

Above Scottish Average

Data Analysis

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

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

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

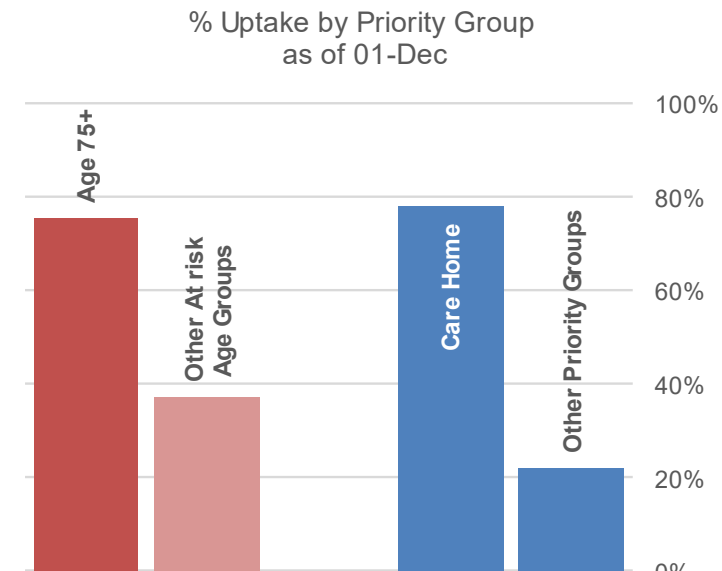
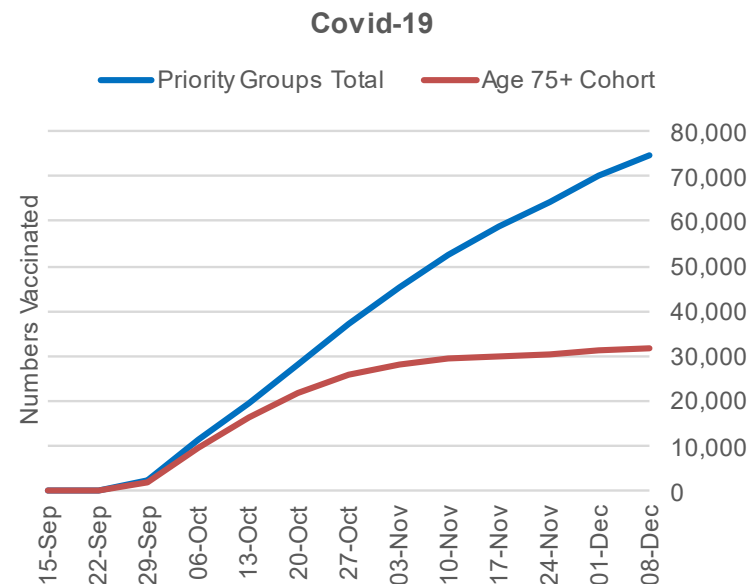
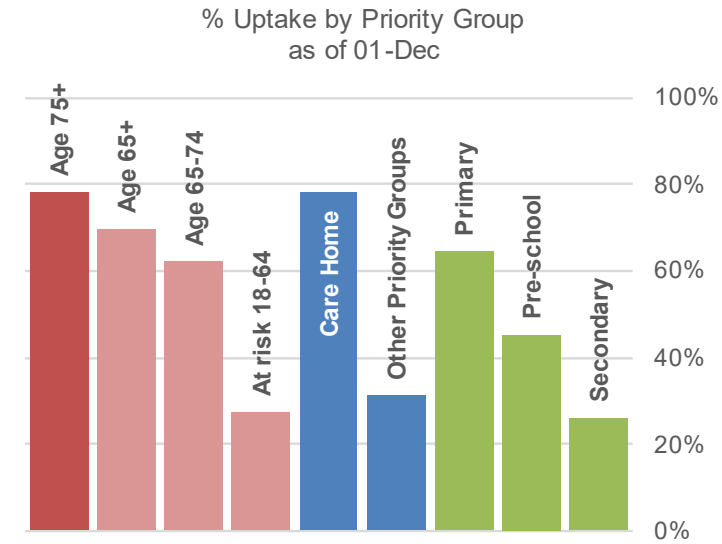
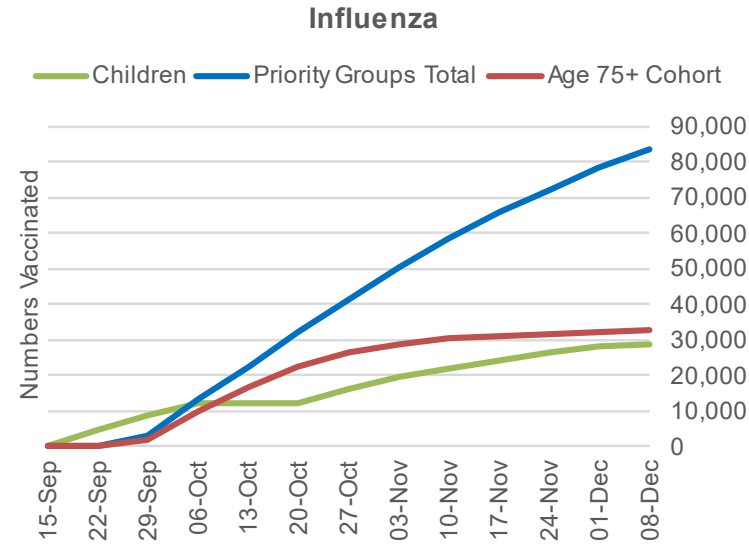
Achievements & Challenges

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

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

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

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



Meeting: Public Health and Wellbeing Committee

Meeting date: 13 January 2025

Title: Dental Services and Oral Health Improvement

Responsible Executive: Dr Joy Tomlinson, Director of Public Health
Dr Chris McKenna, Medical Director
Lynne Garvey, Director of Health and Social Care

Report Author: Emma O’Keefe, Consultant in Dental Public Health
Lorenzo lafrate, Specialty Trainee in Dental Public Health

Executive Summary

- There are ongoing challenges particularly in primary care general dentistry and in relation to child oral health.
- Dental body corporates (DBC’s) remain a significant presence in Fife. Significant patient de-registrations have taken place as a result of decisions by DBC’s to centralise services.
- Findings from the National Dental Inspection Programme 2024 report showed that the percentage of Primary 1 children in Fife with no obvious decay experience was the lowest in Scotland. The reduction in access to dental services is contributing to the high level of untreated decay in children within Fife.
- Measures being explored include facilitating changes to Scottish Dental Access Initiative (SDAI) grant areas to areas of greatest need effective October 2024, and targeting of oral health improvement resources to areas and children with the greatest oral health needs.
- Aspects of the Childsmile programme, such as toothbrushing, are being extended in a targeted manner, to help focus on prevention.
- Future plans include taking a proactive approach to support access, improve the patient journey, and address challenges with child dental health.
- Fife is one of three NHS Boards who ‘host’ national/regional oral health improvement programme personnel. There is a predicted underfunding in the region of £22,627 for Fife which creates a cost pressure for the Department of Public Health. Consideration needs to be given as to how we manage the underfunding for 2025/2026 to reduce the financial risk.

1 Purpose

This report is presented for:

- Assurance

This report relates to:

- Annual Delivery Plan
- Government policy / directive
- Local policy

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

The Dental and Oral Health Improvement Annual report (**Appendix 1**) provides an overview of the current situation regarding dental services and oral health improvement programmes in Fife. It highlights a number of issues particularly in primary care dental services and child dental health, and provides **assurance** that NHS Fife is following due process within the limited powers available, as determined by the NHS (General Dental Services) Scotland Regulations 2010.

2.2 Background

Oral health is more than just having healthy teeth in a healthy mouth; it is integral to general health and wellbeing and is a determinant of quality of life. Poor oral health can impact significantly on work, school and other daily activities. The relationship between oral health and general health is well documented, with oral diseases and non-communicable chronic disease sharing many common risk factors.

Scottish Government published the Oral Health Improvement Plan in 2018 with a number of recommendations, including reform of the dental contract. The [new dental contract](#) was introduced on 1 November 2023. It remains too early to measure the full impact of the new contract on the provision of [NHS dentistry](#).

2.3 Assessment

This report summarises the key achievements and challenges and the impact recruitment and retention has had on dental services as the need and demand for the services remains high.

Workforce

The workforce challenges that Fife is experiencing are in line with national workforce challenges due to recruitment and retention issues, resulting in the contraction or centralisation of services, particularly with the dental body corporate (DBC), who remain significant players in Fife. This means that patients are not receiving full courses of NHS treatment as urgent dental care is being prioritised. This often means patients

have to travel significant distances to access care at sister practices. The NHS Dental Regulations within which NHS Fife has to operate make it hard to challenge these business models/

There have also been specific challenges in recruiting dental nurses and front-line reception staff in the PDS. This can result in the need to redistribute staff and could lead to clinic closures. It also impacts on the delivery of oral health improvement programmes. These issues, coupled with challenges with access to GDS, have an impact on the PDS and the Emergency Dental Service (EDS) with data showing increased demand on the service. Data show that Fife Emergency Dental Service has carried out 3296 individual treatments so far in 2024, compared to 2434 in all of 2023.

Recruitment and retention issues impact on the ability of patients to register for NHS dental care, with inequalities in access persisting. This is evidenced by an increase in calls to NHS Fife's Dental Advice Line. Unlike General Medical Services, NHS Fife is not required to provide NHS dental care to the population of Fife but proactively attempts to support this.

Access

Challenges with workforce contribute to challenges accessing NHS dental care. As of November 2024, 53 general dental practices, 5 of which are orthodontic practices, are listed with NHS Fife meaning they deliver NHS dental care to Fife residents, to varying degrees. There are 192 dentists listed to provide NHS dental care in independent dental practice in Fife, including PDS dentists; no data are available on the number of whole-time equivalents. Dental practices are mixed economy and operated as independent businesses. NHS Fife has no oversight or governance over private dental care and no statutory powers to influence the balance of NHS versus private dental care.

There have been substantial patient de-registrations in Fife, with approximately 25000 to date and approximately 5500 pending. Whilst it is challenging to improve access locally, options have been explored within the limited remit of NHS Fife. This includes a significant mapping project across Fife resulting in Dunfermline, Glenrothes, and Kirkcaldy being designated as Scottish Dental Access Initiative (SDAI) grant areas. There have already been three expressions of interest.

Trends in children's oral health

The [NDIP 2024 report](#) focussed on the oral health of Primary 1 children. For the second consecutive year, the results for Fife show a reduction in the number of children with no obvious dental decay experience. 64.7% of P1 children in Fife had no obvious decay experience in 2023/24, compared to the last survey of P1 children in 2020 where 73.7% of children were free from obvious decay. The Scotland figure for this year is 73.2%. Fife had the highest decay prevalence for all NHS Board areas in Scotland for the second consecutive year.

The 2024 report highlights that in Fife 27.6% of P1 children inspected had untreated decay and only 9.8% of children with obvious dental decay experience had had dental treatment to restore the tooth, compared to a Scottish figure of 11%, which is a consequence of the difficulty accessing dental care. NHS Fife has a follow-up process in place to ensure those children who are inspected and seen to have severe dental disease or dental abscesses are able to access dental services. The PDS continues to deliver the oral health improvement programmes and has extended the toothbrushing programme for children for those with the greatest oral health needs.

This report provides the following Level of Assurance:

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

2.3.1 Quality, Patient and Value-Based Health & Care

This report is part of the governance arrangements for dental services and oral health improvement programmes in NHS Fife which aim to ensure that dental services and oral health improvement programmes are working to high standards to deliver person centred and value-based care and outcomes that matter to the person.

2.3.2 Workforce

As detailed in the paper recruitment and retention of dentists and dental care professionals are challenging. The General Dental Council (GDC) (the UK dental regulatory body) conducted a UK-wide workforce survey for dentists (n = 23,925) and dental care professionals, the results of which were published in July and October 2024 respectively. 2,660 Scottish dentists responded, with 20.6% of respondents providing fully NHS-based dental care. 5.4% were fully private, with 10.5% providing at least 75% of care privately, 20.9% an even NHS-private split, and 39.7% predominantly NHS. 63% stated they worked more than 30 hours per week with 36.3% reporting working less than 30 hours. 0.7% preferred not to say.

2.3.3 Financial

Fife is one of three NHS Boards who 'host' national/regional oral health improvement programme personnel and receive funding allocated by the Chief Dental Officer's Office at Scottish Government. There is a predicted underfunding in the region of £22,627 plus pay uplift for Fife for 2024/2025 which creates a cost pressure for the Department of Public Health. Further clarity is being sought from Scottish Government.

2.3.4 Risk Assessment / Management

Risks are considered for inclusion on the Primary Care Risk Register. The Public Dental Service piloted a novel model of care last Autumn to support access to NHS dentistry. This consisted of evening clinics with targeted treatments to offer more than simply emergency treatment to patients struggling to access care in Fife. Data showed this pilot was utilised more by those patients from the most deprived areas than those from the least deprived areas. This has now been introduced into daytime clinics. However, this model of care is not suggested to be a sustainable model of care in the long term.

The senior dental team ensure that all queries/letters are answered in a timely manner and offer help/advice where required. The Public Dental Service, as an employed service, complies with NHS Fife risk management process.

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

The registration data show that more people from more deprived areas are registered with an NHS dentist compared to less deprived areas but this does not translate into access or participation in NHS dental care. In general, there is an inverse care law, in that less deprived populations are accessing dental services more than the population from more deprived areas. The aforementioned piloted model of care was preferentially accessed by those from more deprived areas, showing a positive impact on inequalities in access.

The national oral health improvement programmes take a targeted approach to reducing inequalities while ensuring oral health improves across the populations. The SDAI mapping work aligns with many of the principles of value-based health and care dental.

2.3.6 Climate Emergency & Sustainability Impact

There is a challenge within dentistry and oral improvement where sustainable healthcare and consideration for the environmental impact is secondary to patient safety and delivering optimal care, due to the use of single use plastics. Work is ongoing to look at different ways of working, how to use technology where appropriate for Near Me appointments and focusing on prevention and self-care to reduce the need for dental treatment. Childsmile has launched a scheme 'Recycle & Smile' which is being rolled out. Within the Public Dental Service work is going on with procurement and also the use of medical gases.

Digital radiographs have now been installed, reducing the need for traditional film-based radiography. A virtual tour video is now available on the NHS Fife website, reducing the need for travel for visit appointments, time off school, and work for the patient and parent. Clinic discharge letters are now emailed securely to NHS practices and referrals received into the Public Dental Service are no longer being printed.

2.3.7 Communication, involvement, engagement and consultation

The report is based on evidence from a variety of nationally produced data and locally held management data. Patient complaints and queries relating to dentistry are responded to in a timely manner and learning from key themes helps engage with the relevant practices/DBC's to explore access to NHS dentistry issues. A dental update is contained within the briefings for elected members.

NHS Fife's and HSCP Dental Senior Management Team meet three monthly with the Office of the Chief Dental Officer. This allows key issues and challenges to be reported on and communicated to Scottish Government.

The most recent Public Health and Wellbeing Group committee Development session was on the theme of oral health. Members of the dental senior management team presented to colleagues on dentistry and oral health within Fife, highlighting some of the successes and challenges and what the dental senior management team is doing to encourage success and address challenges within its remit.

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:

- Public Health Assurance Committee, 18 December 2024
- Executive Directors Group, 20 December 2024

2.4 Recommendation

EDG are asked to take a “**moderate**” level of assurance from the report, that NHS Fife is following due process within the limited powers available.

The report highlights and identifies the areas of concern. Planned areas of work for 2025/26 are detailed at the end of the report and are aligned to the Primary Care Strategy and the deliverables in relation to Primary Care Dentistry and the specific outcomes within the Annual Delivery Plan.

This paper is provided to members for:

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

3 List of appendices

The following appendices are included with this report:

- Appendix No. 1, Dental and Oral Health Improvement Annual Report

Report Contacts

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DENTAL AND ORAL HEALTH IMPROVEMENT ANNUAL REPORT 2024

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LORENZO IAFRATE
Specialty Trainee in Dental Public Health

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NHS FIFE DENTAL AND ORAL HEALTH IMPROVEMENT ANNUAL REPORT

1. INTRODUCTION

- 1.1 The purpose of this report is to provide NHS Fife and Fife IJB via the Public Health and Wellbeing Committee and Qualities and Community Committee with a summary of the delivery of dental services and oral health improvement programmes in Fife.
- 1.2 The report highlights a number of issues particularly in primary care dental services, and the recent findings from the National Dental Inspection Programme (NDIP) for children's oral health, with continued increases in obvious dental decay and untreated caries. It also highlights ongoing issues with recruitment and retention within the dental workforce. Regarding General Dental Services, this report provides assurance that NHS Fife is following due process with the limited power and authority available as determined by the Dental Regulations. It also provides details of specific measures taken to address some of these challenges within the remit of the Board, including work done to improve patient pathways.
- 1.3 Assurance is given that impact on NHS dental services is continually monitored and will be reported through the Annual Delivery Plan and according governance routes.

2. DENTAL SERVICES

- 2.1 Delivery of Dentistry and oral health improvement straddles primary and secondary care within NHS Fife. Primary care dentistry comprises of independent dental practices known as General Dental Services (GDS) and the Board Managed Public Dental Service (PDS) which through the Scheme of Integration in line with Public Body Act (2014) is a delegated service with responsibility for effective operational delivery sitting within Fife's Health and Social Care Partnership (HSCP).
- 2.2 Primary care dentistry is usually the first point of contact for patients seeking dental care. The majority of dental care is provided by independent general dental practitioners (GDPs) working on behalf of local NHS boards, to deliver General Dental Services (GDS) governed by National regulations. Fife's HSCP's key role in terms of primary care dental services is to provide a salaried dental service and deliver national oral health improvement programmes through Fife's Public Dental Service (PDS). The PDS provide an alternative service to independent GDPs to help meet the oral health needs of the local population. The aim of oral health services is to improve the oral health of the population, reduce inequalities and work in partnership with patients and their carers and guardians.
- 2.3 Dental services are included in the Primary Care (PC) strategy and the Prevention and Early Intervention Strategy (2023-2026) which are enabling strategies which underpin the HSCP's Strategic Plan (2023-2026) and aligns with NHS Fife's Population Health and Wellbeing Strategy (2023-2026). The 3 priorities for the PC strategy are recovery,

quality and sustainability and these share the deliverables of the 3-year plan aligned to Primary care dental services.

- 2.4 Unlike General Medical Services, the NHS Boards do not have a duty to, via legislation, ensure every member of the public is able to register with a NHS dental practitioner. This therefore limits the powers available to boards to influence delivery of GDS. The PC strategy recognises this but focuses on effective partnership with GDPs and dental body corporate to drive forward sustained improvements for access to NHS dentistry.
- 2.5 As of November 2024, there are 192 dentists listed to provide NHS dental care in independent dental practice in Fife, including PDS dentists; no data are available on the number of whole-time equivalents. This has been relatively stable since 2019 (range 176-192 NHS dentistry including Public Dental Service dentists. There are 53 independent dental practices listed with NHS Fife, of which five are orthodontic practices and one is mainly a referral practice for oral surgery. Within Fife, there are 10 practices owned by Dental Body Corporates* (DBC), with one corporate owning 8 practices. There are 10 vocational training practices, 7 of which have vocational trainees in them. There are 10 vocational trainees working in these 7 practices; vocational trainees are newly qualified dentists.

***Dental body corporates** are corporations entitled to practice dentistry in the UK. Originally they were limited in number by the Dentists Act 1984, but their status has changed following the 2005 Amendment to the Act. Any corporate body can now carry out the business of dentistry provided that it can satisfy the conditions of board membership set out in the amended Dentists Act. One intended objective of the amendment was to require a majority of the directors of a DBC to be registered dentists or registered Dental Care Professionals (DCPs), or a combination of dentists and DCPs

- 2.6 Listed dentists are contracted to provide NHS dental services in Scotland set out within the NHS (General Dental Services) (Scotland) Regulations 2010 as amended. A new Statement of Dental Remuneration was introduced by the Scottish Government, on 1 November 2023 and determines the fees associated with each item of treatment for general dental practitioners and payments for adults and children registered; dentists may also receive centrally-funded allowances and grants.
- 2.7 The 2023 contract still means patients registered with an NHS dentist can receive the full range of NHS treatment ranging from simple examinations to complex restorative and advanced surgical treatments. Patient charges increased in November 2023; these are necessary to ensure that dentists are able to continue to provide NHS dental services and reflect the increase in costs of delivering the care required for patients. Adult patients unless exempt from charges, contribute 80% of the total fee, up to a maximum of £384 (www.psd.scot.nhs.uk/dentists/treatment-costs.html). Since April 2021, dental care for child/young adult patients (those under 26 years) is free. The Scottish National Party (SNP) manifesto (2021) is that everyone in Scotland will be entitled to free NHS dental care.
- 2.8 The PDS provides dental care for over 20,000 listed NHS patients and also offers referral services for dental anxiety, oral surgery, special needs, paediatric dentistry and dental General Anaesthetics. The PDS operates the Dental Advice Line to address the

urgent and emergency care needs of unregistered patients and manages the Emergency Dental Service that operates weekend emergency clinics and the next day rota.

- 2.9 Ongoing challenges with accessing dental care in independent dental practice has meant that the PDS continues to take on additional responsibility for unregistered patients requiring urgent dental care due to the challenges of accessing dental care in independent dental practice, therefore impacting on core services. The number of calls to the Dental Advice Line continues to rise. There were 19,955 calls in 2023; in 2024, there were 24,000 up to September. This represents an increase of 23% up to September 2024 compared to all of 2023.
- 2.10 Hospital Orthodontic Service and Oral Maxillo-Facial Surgery are part of the wider dental and medical workforce and are managed under Acute Services. Some patients still continue to present at the Emergency Department (ED) and for assurance, work continues to ensure only those that need to present at ED attend and others are triaged and appropriately signposted to NHS 24 (from 6pm – 8am during the week, and on weekends and public holidays). Fife receive reports overnight to allow patients to be seen for Next Day Care (on weekdays), with NHS24 booking patients for the Emergency Dental Service at the weekend in line with the principles of right place, right person, right time.

3. ORAL HEALTH IMPROVEMENT PROGRAMMES

- 3.1 Oral health is integral to general health and supports individuals participating in society to achieve their potential; yet oral diseases are the most widespread non-communicable diseases. The national oral health improvement programmes are evidence-based interventions for vulnerable groups which provide cost effective opportunities to improve the health of individuals and work in collaboration with partner organisations and third sector. There are currently 5 national programmes. A review of governance arrangements at national level is ongoing with regard to the oral health improvement programmes.
- 3.2 Fife is one of three NHS Boards who 'host' national/regional oral health improvement programme personnel and receive funding allocated by the Chief Dental Officer's Office at Scottish Government. There is a predicted underfunding in the region of £22,627 Fife for 2024/2025 which creates a cost pressure for the Department of Public Health.
- 3.3 NHS Fife Public Dental Service has oversight of the programmes and liaises with dental practices, partner organisations and the third sector to deliver the oral health improvement programmes. The programmes provide oral health improvement to all age groups, from Childsmile for children, to Caring for Smiles for older adults, and Open Wide, for those adults aged 16-64 with additional support needs. This life-course approach is in alignment with priorities in the Prevention and Early Intervention Strategy to "develop a life course approach which values and improves the health and wellbeing

of both current and future generations”. Key data for the activity within Fife for 2024 is detailed below:

- 3.4 **Childsmile**:- There are currently 206 early years establishments partaking in the toothbrushing programme (70% of all educational establishments in Fife). The supervised toothbrushing programme is also targeted in 45 primary schools (32% of schools). This includes Special Schools. Fluoride varnish applications are taking place in 45 targeted primary schools in Fife, including 5 stand-alone Additional Supports Needs schools.
- 3.4.1 To ensure appropriate targeting of resources based on intelligence, one school in Fife has commenced roll out of the toothbrushing programme to Primary 3 children with the gradual roll out of the programme to the whole school and in time, implementation to all priority schools Fife wide. This maps to many of the priorities in the Prevention and Early Intervention Strategy, including adopting a life course approach, taking targeted and anticipatory approaches, and deploying resources effectively to deliver value-based care.
- 3.4.2 To support those children with the greatest need and help target resources, partnership working is underway with colleagues in education. Childsmile staff visit schools to apply fluoride varnish in a targeted fashion. Those children being referred three consecutive times into the Childsmile programme from these visits owing to increased oral health needs are followed up by education staff via the Child Health and Wellbeing pathway. Education staff will follow these children up via the Child Health and Wellbeing pathway.
- 3.4.3 Other examples of good work at the local level include the writing of a children’s book by a Public Dental Service Dental Nurse. The book is titled “*Harry’s Healthy Teeth*”. It has been delivered to all nurseries as an educational tool and will also be utilised by Dental Health Support Workers in Fife for oral health education purposes.
- 3.4 **Caring for Smiles**:- 89 care homes are covered by the PDS, compared to 67 in last year’s report. Currently 4 care homes are covered by enhanced skills practitioner GDPs. Enhanced skills GDPs are general dentists who have undergone further training in domiciliary care. Fife has not had any interest from GDPs to undertake enhanced skills training in 2024. Since November 2022 PDS staff have delivered accredited Caring for Smiles Foundation Level 1 training to 212 staff across 26 care homes. Non-accredited training has been completed with Fife Council Care at Home team and third sector organisations to allow them to trial the Right Decision Oral Health app*, which is currently underway. PDS staff also deliver training as part of Year 1 student nurse training for adult and mental health courses. Training is also delivered as part of Medicine of the Elderly Care home study days to care staff across Fife, and bespoke training is delivered to the palliative care team across NHS Fife.

*The Right Decisions service is the national decision support service for Scotland's health and social care. It is designed to enable staff and citizens to make safe, quick, evidence-based decisions to help deliver value-based care.

- 3.5 **Open Wide:** Open Wide is Scotland's national oral health improvement programme for adults with additional care needs. It covers the age range between Childsmile and Caring for smiles, so is aimed at adults aged from 16-64 years who need support with their daily oral care. Adults with additional care needs often face challenges to maintaining good oral health as a result of a physical, cognitive, medical or mental health condition.
- 3.5.1 Re-mapping of services across Fife is underway and training sessions have been scheduled for group homes that support this population of patients. Group homes can sometimes be called shared homes and are a structured and supervised 6 residence providing assisted living for a relatively small number of people. Many of the care homes in Fife also support this population and therefore receive the Caring for Smiles accredited foundation training.
- 3.6 **Smile for Life:-** The PDS is working in partnership with Fife Alcohol Support Service and Fife Community Drug Service colleagues, as part of the ADAPT substance recovery project. It aims to take hard-to-reach services to those in need. The PDS continues to work to increase the reach of this programme, with events now occurring monthly at KY cafes in four areas in Fife including Methil, Cowdenbeath, and Templehall in Kirkcaldy where addiction-related deaths are high, there has been an increase in provision since last annual report. Clinical input is made available when possible, with basic domiciliary care provided for service users such as dressings, prescriptions, and mouth cancer checks.
- 3.6.1 Service users are encouraged to attend dental services when they feel ready to attend regular appointments. Our team have spent time building relationships and developing trust with service users to ensure engagement with services. There is also dental involvement in the Restoration cafes for those in recovery on a monthly basis.
- 3.6.2 Women's groups for those with substance misuse have commenced and visits to these groups have been facilitated, providing support to encourage engagement with dental services and staff inform of how to access dental care pathways.
- 3.6.3 A priority pathway into dental services providing targeted care is available for those accessing homeless accommodation or support through third sector organisations. Urgent dental care appointments are available within 24 hours. Toothbrushing packs and Dental Advice Line details are provided to all homeless accommodations units across Fife on a 3-monthly basis; this provision has been extended to food banks.
- 3.7 **Oral Cancer Awareness Campaign:-** Mouth cancer is one of the most common cancers worldwide. The incidence rate of the disease is rising and is expected to continue doing so. Many of these cancers can be attributed to modifiable lifestyle factors and are potentially preventable.
- 3.7.1 In light of this, the PDS has established a year-long partnership with Dunfermline Athletic Football Club from August 2024. Supporters will see 2 new informational boards installed trackside at KDM Group End Park, as well as posters and take-home "self-check" cards displayed around the stadium concourses.

- 3.7.2 During the summer, a short film developed to raise awareness, was played at the club's fan zone throughout the World Cup.
- 3.7.3 To coincide with Mouth Cancer Awareness month in November, a public awareness day was held at the home match on 16th November. This involved players and staff receiving mouth cancer checks, buckets collecting for the charity 'Let's Talk About Mouth Cancer', as well as various competitions. All information is shared via the club's social media platforms, as well as NHS Fife communications: ([Dental mouth cancer | NHS Fife](#))

3.8 **Water fluoridation**

- 3.8.1 Water fluoridation is a topic that continues to generate interest. Evidence shows it is clinically effective, cost effective and a safe public health measure that can contribute to reducing health inequalities. Scottish Government, while supporting water fluoridation, is mindful of public opinion and continues to focus on investment in oral health improvement programmes. Two NHS Boards had a question in their health and wellbeing surveys asking the public about their views on the topic; this data is currently being analysed. Data from the Health and Wellbeing Survey regarding young people's (S1 to S6) view of water fluoridation in Fife showed that 12% of respondents strongly agreed to the question "I am open to the possibility of water fluoridation in my local area?". 18% agreed with the statement, 15.7% responded neutrally, 4.7% disagreed, and 4.5% strongly disagreed. 45% of respondents stated they were unsure what water fluoridation was.

4. **WORKFORCE**

- 4.1 Within General Dental Services (GDS) in Fife, there continues to be challenges with the recruitment of dentists and dental care professionals.
- 4.2 The General Dental Council (GDC) (the UK dental regulatory body) conducted a UK-wide workforce survey for dentists (n = 23,925) and dental care professionals, the results of which were published in July and October 2024 respectively. 2,660 Scottish dentists responded, with 20.6% of respondents providing fully NHS-based dental care. 5.4% were fully private, with 10.5% providing at least 75% of care privately, 20.9% an even NHS-private split, and 39.7% predominantly NHS. 63% stated they worked more than 30 hours per week with 36.3% reporting working less than 30 hours. 0.7% preferred not to say. For the entire UK, 15.1% reported providing NHS dental care only. 19.2% were fully private, with 13.7% providing at least 75% of care privately, 21.3% an even NHS-private split, and 27.3% predominantly NHS. Dentists working in Scotland had the highest proportion of respondents working in clinical NHS practice. Data are only available at the national level.
- 4.3 Work is ongoing between UK ministers and the GDC to improve the process of overseas registrations of dentists in a way that helps bolster workforce but provides assurance on educational quality and patient safety.
- 4.4 Within the PDS, there have also been specific challenges in recruiting dental nurses and frontline reception staff. This necessitates the redistribution of staffing and there is a risk

that clinics may close if they cannot be staffed safely. There are also insufficient numbers of Extended Duty Dental Nurses and Dental Health Support Workers; this has impacts on the delivery of oral health improvement programmes and limits efforts to address oral health issues, such as the recent NDIP findings. Workforce planning is in place to seek to reduce the risk.

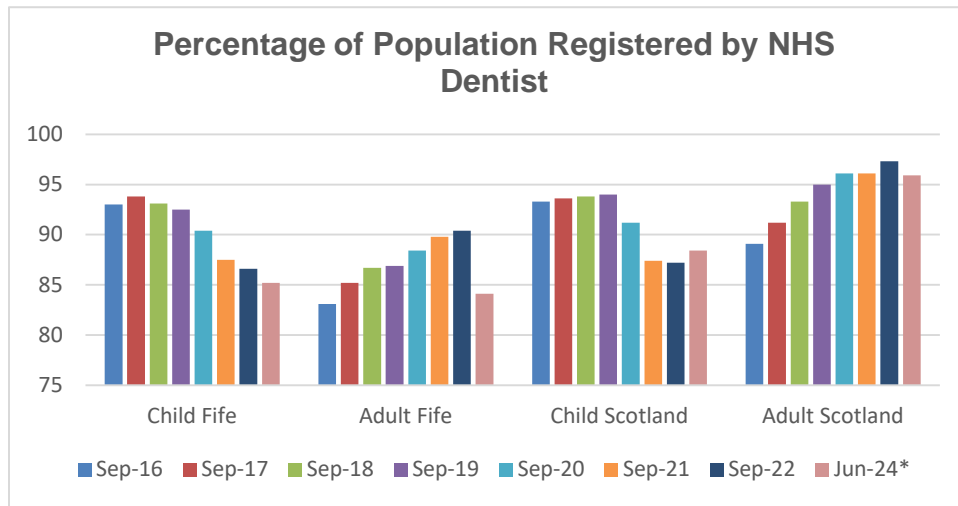
- 4.4.1 The PDS has successfully appointed to several key dentist positions over the past year. This includes a Specialist in Paediatric Dentistry, a Special Care Dentist, a Dental Officer (for the increasing demand in emergency care), and a Specialist in Oral Surgery (recognising that referrals for oral surgery represent the greatest number into the PDS). This improves the patient journey and experience within Fife, helping to increase the provision of care within NHS Fife itself. It also reduces the reliance on specialist care referrals to other sites, such as Dundee Dental Hospital or the Edinburgh Dental Institute. Two Dental Core Trainees (DCTs) have also been appointed. DCTs are fully qualified dentists who gain experience and provide support in different fields of dentistry.
- 4.5 The NHS Education for Scotland Dental Workforce Report 2024 was recently published. Nationally, the number of dentists that were registered with the GDC has stabilized over the past few years following a period of increasing numbers of registrants. The number of GDS-PDS dentists fell between September 2020 and September 2022, owing to large decreases in the number of dentists entering the workforce in 2020 and large increases in the number of dentists leaving the workforce. Between September 2022 and September 2023, this number was stable.
- 4.5.1 Dental Nurse certifications fell between 2022 and 2023. Dental Nurses play a critical role in the delivery of dental care. They have a specialised training pathway that is separate from general nurses.
- 4.5.2 There was a reduced intake of Oral Health Science (OHS) students in 2021 owing to the COVID-19 pandemic and demand for places on these programmes has fallen slightly since 2015. Individuals who successfully complete OHS degrees become dental hygienists and therapists, and through skill mix, can provide certain clinical oral health treatments to adults and children within their scope of practice. Courses at Edinburgh Dental Institute training these types of dental care professionals have now ceased, and this will likely have an impact on intakes going forward.

5. ACCESS

- 5.1 The latest data on patient registration and participation in NHS dentistry is at 30 June 2024. Public Health Scotland now report these data quarterly. Registration rates are still relatively high, owing to the introduction of lifelong registration in 2010. Some dental practices continue to choose to deregister NHS patients and move to a more private business model, offering patients to buy into a private care plan or pay for private dental care. It has had a slight impact on new patient registrations particularly amongst children in the younger age groups.

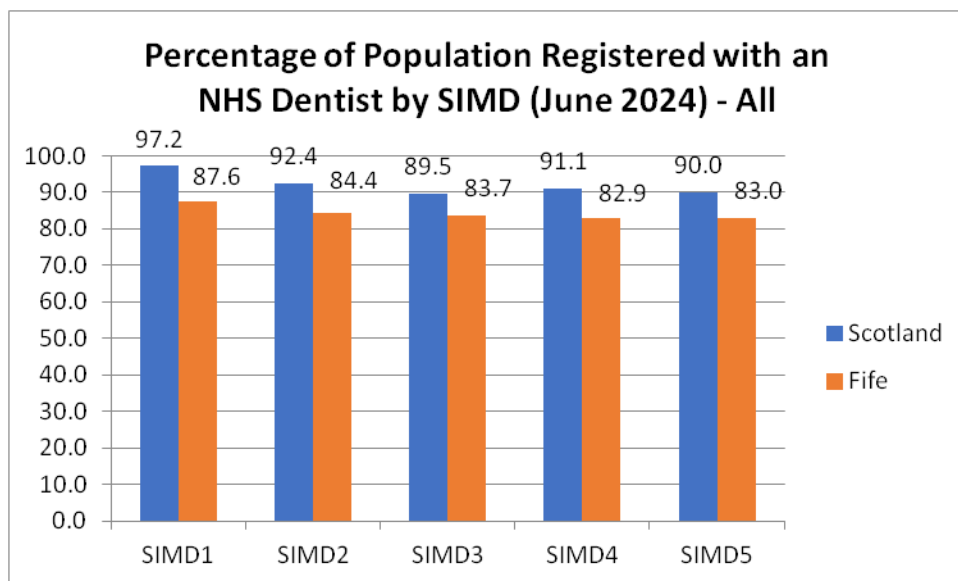
5.2 Registration

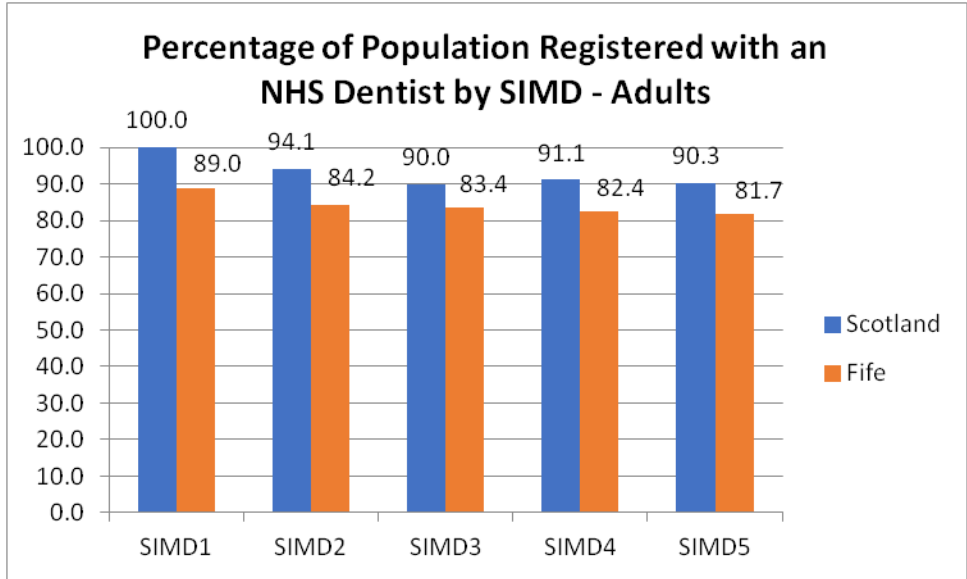
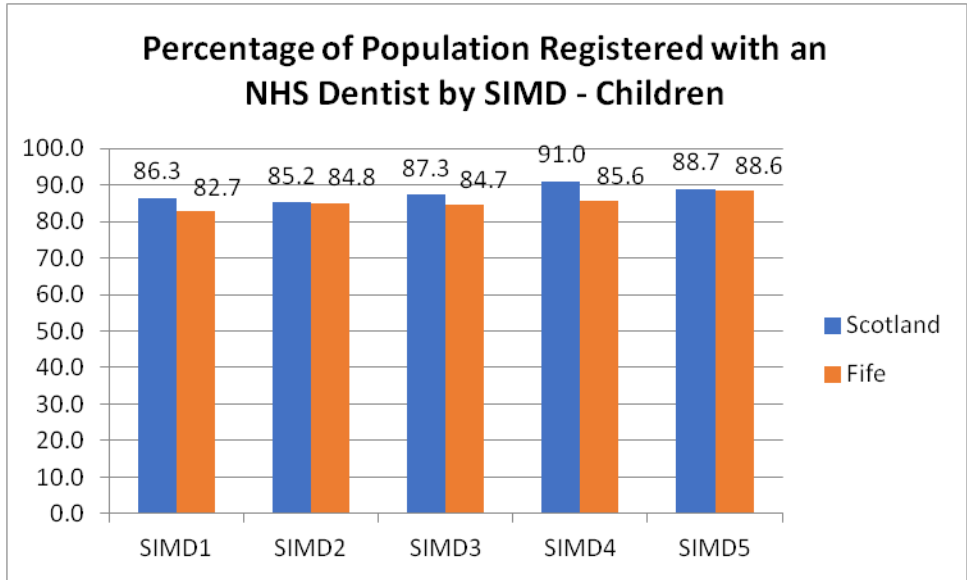
- Registration and participation data in NHS dentistry can provide an indication of the current level of patient access to services.
- Dental registrations are defined as registration with an NHS dentist. In 2010, lifelong registration was introduced, meaning that patients remain registered with their dentist unless actively de-registered (Public Health Scotland)
- No data are available about people seeking and using private dental care, whether that is privately registered or membership of private dental schemes.



*- The frequency and date of reporting these data changed at the end of 2023.

[NHS dental data monitoring report - Quarter Ending June 2024 - NHS dental data monitoring report - Publications - Public Health Scotland](#)



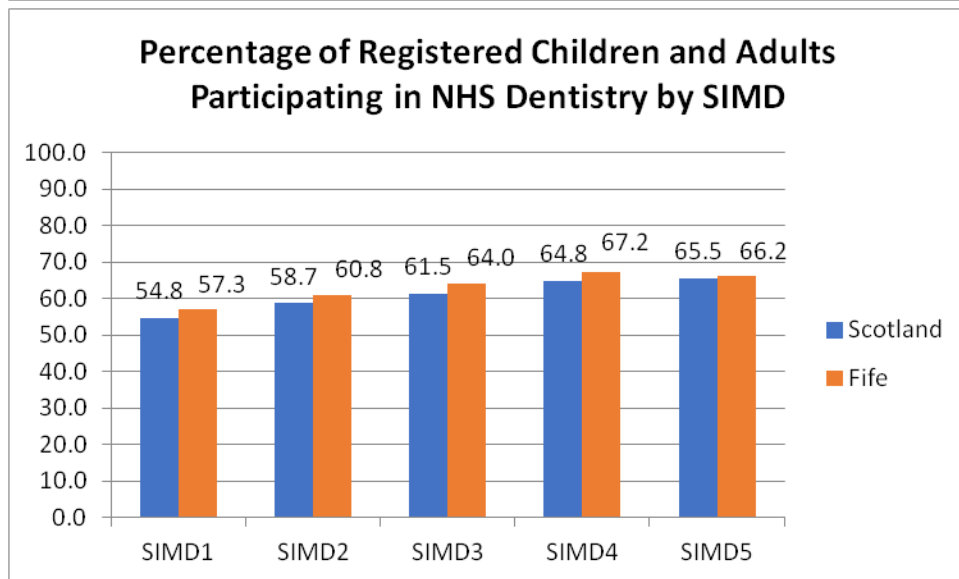
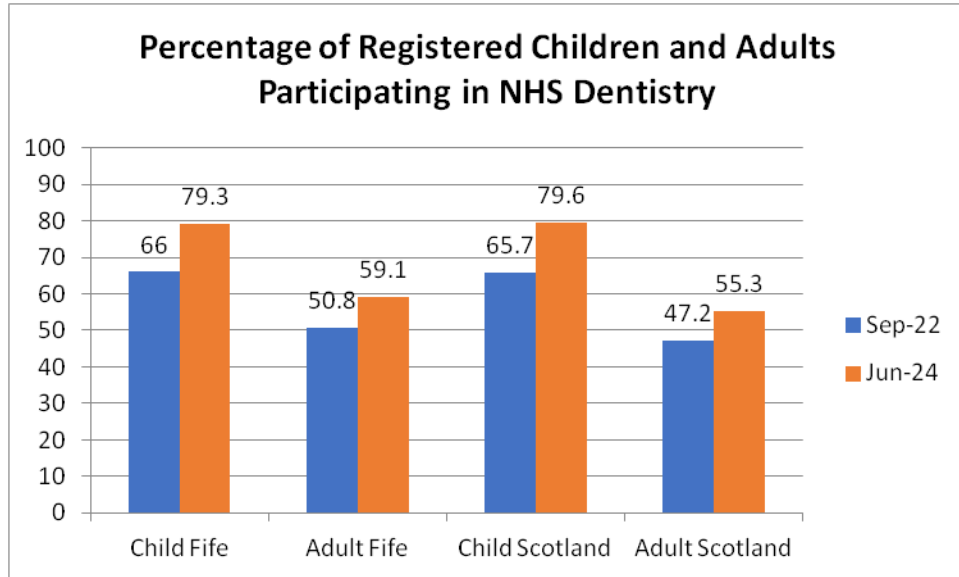


[NHS dental data monitoring report - Quarter Ending June 2024 - NHS dental data monitoring report - Publications - Public Health Scotland](#)

- For children in Scotland, 86.3% of children living in most deprived areas (SIMD1) were registered with NHS dentist compared to 88.7% in the least deprived areas (SIMD5). For Fife, 82.7% of children living in most deprived areas (SIMD1) were registered with NHS dentist compared to 88.6% in least deprived areas (SIMD5).
- For adults in Scotland, 100%* of adults living in most deprived areas (SIMD1) were registered with NHS dentist compared to 90.3% in least deprived areas (SIMD5). For Fife, 89% of adults living in most deprived areas (SIMD1) were registered with NHS dentist compared to 81.7% in least deprived areas (SIMD5).
- These variations are due to affordability of private dentistry.

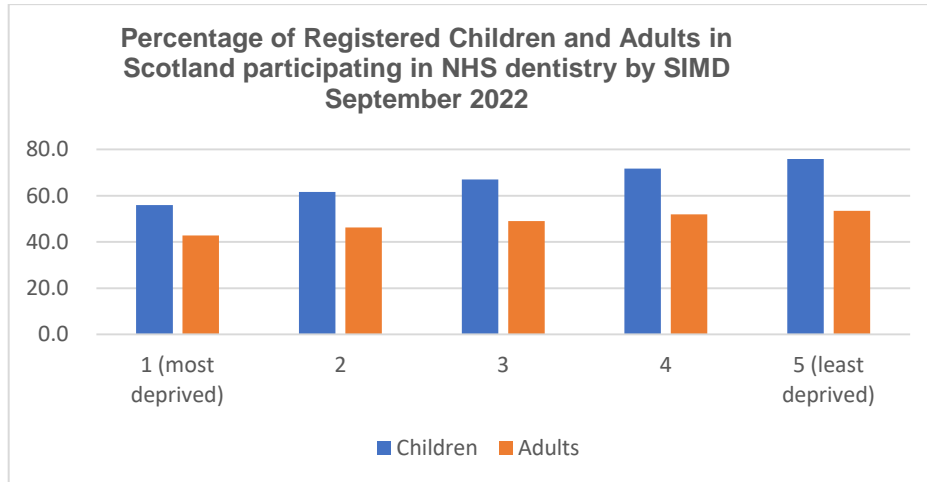
5.3 Contact with a dentist (participation)

- Participation is defined as the percentage of patients registered with an NHS dentist seen for examination or treatment in the two years prior. Since registration is lifelong, it is important to consider this when looking at registration figures.
- As at 30th June 2024, the percentage of registered patients (adults and children) in Fife participating in GDS was 63.0%, compared to 59.5% in Scotland. The age-specific participation rates were, 59.1% for adults and 79.3% for children in Fife. This compares to 55.3% of adults and 79.6% of children in Scotland. This compares to 66.0% of children and 50.8% of adults in Fife as at 30th September 2022 (Public Health Scotland, 2024).



- Inequalities in participation rates persist, with children and adults from the most deprived areas less likely to have seen their dentist than those from less deprived areas. 57.3% of people in Fife from SIMD1 areas participating in NHS dentistry compared to 66.2% of people from SIMD5 areas. For Scotland, 54.8% of people from SIMD1 areas participated in NHS dentistry compared to 65.5% of people from SIMD5.

- Board-level participation rates by SIMD were not available in 2022, however children and adults from the most deprived areas in Scotland were less likely to have seen their dentist within the last two years (55.9% compared to 75.8% for children and 42.7% compared for 53.5% of adults).



5.4 Whilst it is challenging to improve access locally, many options have been explored. This includes carrying out a significant mapping exercise across Fife to re-direct dental services based on local needs and intelligence. This work, carried out by NHS Fife and the HSCP’s senior dental professionals and managers, has resulted in Dunfermline, Glenrothes, and Kirkcaldy within Fife Health Board being designated as Scottish Dental Access Initiative (SDAI) grant areas. SDAI grants, supported by the Scottish Government, aim to encourage the provision of NHS care in areas of unmet need. The SDAI grant funding is available to contractors who intend to:

- Establish a new NHS Dental Practice.
- Expand an existing Dental Practice e.g. the addition of a new surgery.
- Purchase and maintain an existing Dental Practice and NHS patient registration list.

5.4.1 At the time of writing, there have been three expressions of interest: a new practice enquiry from a practice owner in NHS Highland; a new practice enquiry in Dunfermline; and a request for grants to support the addition of an extra surgery in New Row. This maps to priorities outlined in the Fife Health and Social Care Partnership Prevention and Early Intervention Strategy to “assess existing service provision and identify current requirements”, “ensuring equitable and inclusive access to care” and is an example of a targeted approach which aims to encourage access and maximise opportunities for individuals and their families. It also aligns with commitments in the Fife Primary Care Strategy to improve access to NHS dental services, and key planning priorities in the NHS Scotland Annual Delivery Plan.

5.5 NHS Fife Public Dental Service previously piloted a novel model of care to support access to NHS dentistry. This consisted of evening clinics with targeted treatments to offer more than simply emergency treatment to patients struggling to access care in Fife. Data showed this pilot was utilised more by those patients from the most deprived areas

than those from the least deprived areas. This has now been introduced into daytime clinics. However, this model of care is not suggested to be a sustainable model of care in the long term.

- 5.6 The time between receipt of referral into the PDS and appointments being provided for Anxious Adults and Oral Surgery is beginning to decrease. Pressures arising from the pandemic and the challenges with access to GDS have meant that waiting lists were significant. The Public Dental Service ran a six-week waiting list incentive on Saturdays to reduce oral surgery waiting list numbers. This ran over 5 morning clinics between October and December 2023 seeing 25 additional patients.
- 5.7 The PDS continues to organise and manage the Fife Emergency Dental Service, which is becoming more stable. The PDS has taken proactive steps to ensure emergency rotas are sufficiently staffed through timely communication with dental practitioners. The Christmas period for 24/25 fully staffed. The dental advice line received 24000 calls up to September 2024, a 23% increase in demand compared to 23%.

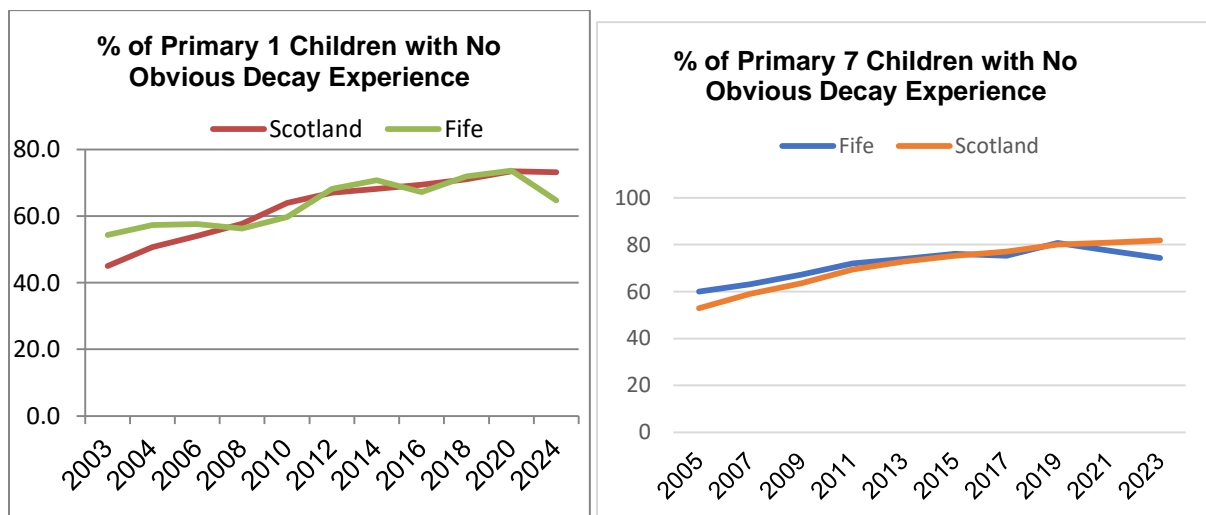
6. TRENDS IN CHILDREN'S ORAL HEALTH

- 6.1 The National Dental Inspection Programme (NDIP) surveys are conducted each year in Scotland's local authority schools and provide information on trends in children's oral health. NDIP invites every Primary 1 (P1) and Primary 7 (P7) child in local authority schools to have a basic dental inspection carried out; a representative sample of these children receive a detailed dental inspection (P1 or P7 in alternate years). These inspections are a core component of the public health function of the NHS community dental service across Scotland and are detailed in the Health Act and Education Act. The main aim of the inspections is to inform parents/carers of their child's oral health and convey the degree of urgency of a dental appointment for the child. The results are also used in the planning and evaluation of local and national oral health initiatives to ensure the appropriate use of resources.
- 6.2 The NDIP 2024 report shows that nearly three quarters (73.2%) of Scottish Primary 1 children showed no obvious dental decay experience. However, the results for Fife, in 2024, show a reduction in the number of Primary 1 children with no obvious dental decay experience (64.7%) compared to the 2020 Primary 1 figure of 73.7%*. In 2024, a sample of 389 children took part in the survey. This sample size is approximately 10% of P1 children in local authority primary schools and due to the sample size the confidence interval is large and care is required with the interpretation of the data. Figures for 2024 showed that P1 children in Fife had the highest decay prevalence for all NHS Board areas in Scotland for the second consecutive year. NHS Fife has a follow-up process in place to ensure those children who are inspected and seen to have severe dental disease or abscesses are able to access dental services. We continue to work closely with dental practices and Education Services to make sure oral health improvement initiatives, such as Childsmile, are firmly embedded. Such initiatives are key deliverables as part of Fife's wider PC Strategy with the strategic priority of improving quality and reducing inequalities and improving outcomes underpinning this. Reporting will come forward accordingly. Steps are being taken to engage with education colleagues to adapt the delivery of the children's oral health

improvement programme in Fife to help improve child oral health.

*Note that the 2022 Primary 1 report focused only on the Basic Inspection owing to issues related to the pandemic

- 6.3 While oral health improvement programmes as summarised in Section 3 play a critical role in preventing oral disease in children, access to NHS dentistry continues to be a challenge period and has had a negative impact on the treatment of dental decay. The 2024 report highlights that in Fife 27.6% of P1 children inspected had untreated decay and only 9.8% of children with obvious dental decay experience had had dental treatment to restore the tooth, compared to a Scottish figure of 11%, again highlighting the problems with accessing dental care.
- 6.4 Inequalities remain in Scotland, with 60.1% of Primary 1 children estimated to have no obvious decay experience in the most deprived areas (SIMD 1), compared with 83.6% in the least deprived areas (SIMD 5) in the 2024 report.



7. PATIENT PATHWAYS

- 7.1 In light of the challenges with workforce, patient access, and child oral health, the dental management team has taken numerous steps where possible within the Board's remit to improve the patient journey in Fife.
- 7.2 The successful recruitment of key clinical dental personnel will aid in improving the patient journey in Fife, sustaining the provision of specialist level paediatric, oral surgery, and special care dentistry within NHS Fife.
- 7.3 NHS Fife has established a programme of Continuing Professional Development events for dentists and dental care professionals on a range of topics, with a strong focus on improving patient pathways, patient referrals, and appropriate management of conditions in primary care. This is open to General Dental Services, the Public Dental Service, and Hospital Dental Services. There have been two events in February and October 2024, with the next planned for early 2025. These sessions have been well-attended and well-received, with participant feedback guiding development of the educational programme. The next session is planned for early 2025. These sessions will also serve to build

relationships between dental professionals

- 7.4 Dental general anesthesia (GA) still accounts for the highest amount of inpatient and day-case hospital activity for elective surgery in children in the UK. General anesthesia is not without risk and causes anxiety and stress to both the child and family. The procedure is a burden on resources and the environment and results in time off school (and time off work for the child's parents/carers) and remains a major public health problem, despite dental caries being a largely preventable, non-communicable disease.
 - 7.4.1 An animated video for children and parents who will be attending Fife Community Dental Centre for treatment under general anesthetic has been developed ([Public Dental Service | NHS Fife](#)). This is being used in preparing children and their parents/carers for general anesthetic. This will allow better accessibility as, for some, attending the centre for a dental visit can be unachievable due to location, cost and time away from work. An information booklet will be given at assessment to support the video content.
 - 7.4.3 Virtual tours of FCDC, the location of general anesthetic procedures, are now available on the NHS Fife website⁽⁰⁶⁾ at: [Public Dental Service | NHS Fife](#). This decreases travel for another appointment and time off school and work for parents/carers. It can also help to increase familiarisation with the clinical environment for patients and parents/carers.
 - 7.4.4 Dental GA waiting lists have improved significantly. Currently, urgent cases are seen within 2 weeks; "soon" are seen within 5 weeks and routine cases seen within 10 weeks. In 2024, there are 100 on GA waiting lists across all categories. This is a significant improvement from 2022, where there were 326 children waiting across all categories.
- 7.5 The closure of dental services resulted in a backlog and the pressures are still being felt. People registered with NHS dentists are having to wait longer for routine assessments. Those unregistered with a dentist are finding it very challenging to register with an NHS dentist. The Dental Advice Line, managed by the PDS, contacts all dental practices fortnightly to ask if the practice is in a position to register NHS patients (children and adults). Currently, there are 4 practices accepting patients onto waiting lists for registration (New Row, Kincardine, Oakley and Canmore Lochgelly), 4 registering under 16s (Templehall, Pro dental, High Valleyfield and Rosyth Dental care) and 1 practice that will register those under 26 (in Tayport). Fife HSCP continues to work with independent contractors to understand the challenges to registration and will work collaboratively to support any improvements needed to improve access across Fife.
- 7.6 To help improve the patient journey and promote efficient and appropriate use of resource, NHS Fife's Public Dental Service worked with Hospital Dental Service colleagues to create a new referral guidance document for dental practitioners. This helps practitioners determine the correct indications for referral from primary care.

8. COMMUNICATION

- 8.1 To help facilitate achievement of key priorities, mitigate against current issues, and foresee potential future challenges, the Fife Dental Senior Management Team are

proactive in communicating and engaging with key stakeholders. This helps not only to support improvements in oral health and the delivery of oral health services, but to emphasise the importance of health within general health.

- 8.2 The most recent Public Health and Wellbeing Group committee Development session was on the theme of oral health. Members of the Dental Senior Management Team presented to colleagues on dentistry and oral health within Fife, highlighting some of the successes and challenges and what the Dental Senior Management Team is doing to encourage success and mitigate against issues. The session was well-received and generated interest and support in the importance of oral health in Fife. The Dental Senior Management Team also provide input to other pieces of communication, such as providing information for Elected Members' Briefings and promptly responding to requests for information in situations such as media queries.
- 8.3 NHS Fife's and the HSCP's senior dental professionals and managers continue to meet weekly as a senior leadership team to respond to the challenges faced by dental services during the pandemic. The benefit of this meeting is the triangulation of information for monitoring purposes and to agree action where necessary. Exceptional reporting has been introduced to proactively support practices to ensure they have plans in place to deliver high quality, safe and appropriate dentistry.
- 8.4 NHS Fife's and HSCP Dental Senior Management Team meet three monthly with the Office of the Chief Dental Officer. This allows key issues and challenges to be reported on and communicated to Scottish Government.

9 GOVERNANCE ARRANGEMENTS AND KEY CHALLENGES

- 9.1 Primary care dental services comprise of independent general dental practices and the PDS. For the coordination and quality assurance of the primary care dental services, the reporting mechanism is through Primary Care Governance and Strategic Oversight Group (PCGSOG) co-chaired by the Medical Director for NHS Fife and Director of Health and Social Care Partnership. Aspects of oral health also feature within the Annual Delivery Plan. Scottish Government wrote to NHS Board Chief Executives in November 2023 and advised that they will be updating their guidance in relation to increasing access to dentistry in the Delivery Plan for 2024/25 as it is a core commitment of the First Minister's Policy Prospectus. Key groups have been re-established post Covid-19 pandemic, including:
- Primary Care Strategic implementation Group chaired by the Head of Primary and Preventative Care Services, this reports to the PCGSOG and HSCP Strategic Planning group
 - Fife's Performance and Governance Group, chaired by the Primary Care Manager
 - The Area Dental Committee, which is a statutory committee that reports up through the Area Clinical Forum
 - Emergency Dental Service Working Group, with a representative GDP and will report to the Area Dental Committee and Primary Care Strategic Oversight Group.

9.2 NHS Fife and Fife HSCP's governance and assurance processes ensure risks relating to dentistry are on the appropriate risk register.

9.3 The established governance structures in place across Primary Care Dentistry within Fife, linked to national dental structures, will continue to manage key challenges across dentistry, which have been detailed below:

9.4 Workforce challenges

9.4.1 Recruitment and retention of dentists and dental care professionals continues to be a challenge in Fife and throughout Scotland and the UK. Ongoing work with Ministers and the General Dental Council (GDC) (the UK dental regulatory body) to look at ways to improve the process for the recruitment of overseas dentists while maintaining patient safety. The GDC and NHS Education for Scotland recently published their respective workforce surveys.

9.4.1.1 The continued significant presence Dental Body Corporates (DBC) and associated business models is leading to the de-stabilisation of dental services across Scotland and also across Fife due to recruitment and retention challenges and the mergers of DBC practices. DBCs are finding recruitment particularly challenging and are centralising services or carrying out mass de-registration of NHS patients. There have been approximately 25000 to date in 2024, the majority being mass de-registrations from roughly 5 practices, with another 5500 pending for a practice in Banbeath. This results in patients having to make decisions about their options which include moving to the new practice or looking for a new NHS dentist or converting to a private care plan. This has the potential to reduce access for patients at a time of cost of living crisis and further increase inequalities. There have also been 4 DBCs mothballed in 2024. This includes 2 in Glenrothes, 1 Kinghorn and 1 in Leven. Patients can also be de-registered by individual practitioners within a practice.

9.4.1.2 Due to recruitment and retention difficulties and issues with accessing NHS dentistry the Public Dental Service (PDS) is having to see more unscheduled care patients. This has the potential to impact on the patients listed with the PDS; the Chief Dental Officer is clear that the PDS is not to be an 'access' service and NHS Fife has weekly exceptional reporting for those practices and Dental Body Corporates where there are ongoing challenges with access. Fife Dental Advice Line is now receiving more than 2000 calls per month.

9.4.1.3 Fife's Emergency Dental Service operates two sessions at the weekend and is a co-operative of dentists listed in NHS Fife. There are two key challenges; one relating to a significant increase in the number of patients accessing the service and secondly, issues staffing the service due to dentist vacancies in practices which reduces the pool of dentists able to be rostered into the service. Exact figures on the number and breakdown of patients seen in the EDS are not yet available for 2024. Data show that Fife Emergency Dental Service has carried out 3296 individual treatments so far in 2024, compared to 2434 in all of 2023. The vast majority of patients seen in EDS are registered with a general dental practitioner.

10. PLANS FOR 2025/2026

- 10.1 Work in collaboration with practices and Scottish Government to increase dental access in specific areas in Fife covered by Scottish Government's Scottish Dental Access Initiative (SDAI) revised letter- Dunfermline, Glenrothes and Kirkcaldy ([Microsoft Word - PCA\(D\)\(2024\)3 - Amendment No. 165 to the SDR - 29 October 2024](#)). There have already been 3 expressions of interest.
- 10.2 Monitor and assess the access to NHS dental services in NHS Fife through national data and local management data to understand the situation and ensure urgent dental care is available for patients requiring care (as detailed in Year 1-3 of the Primary Care Strategic Action Plan).
- 10.3 Advocate for and facilitate an improved patient journey and experience by maintaining and promoting efficient referral pathways between GDS, PDS and secondary care, and by taking an innovative and proactive approach to the delivery of care.
- 10.4 Ensure oversight of the delivery of the national oral health improvement programmes with a continued focus on recovery, improvement and reduction in inequalities across Fife and report through the national monitoring processes which have recently been established nationally (as detailed in years 2-3 of the Primary Care Strategic Action Plan).
- 10.5 As part of the Scottish Government's commitment to reduce inequalities, use the recent NDIP data to target resources. The aim is to expand components of Childsmile, such as the supervised toothbrushing programmes to include more school years.
- 10.6 Continue to develop and provide dental education sessions to encourage evidence-based practice.
- 10.7 In summary, during 2025/26, the Dental Senior Management Team will:
 - Continue to work collaboratively to recover and ensure ongoing improvement in access to and build sustainability in NHS dentistry
 - Continue to develop a quality and assurance programme for dentistry to provide a clear mechanism to identify risk, to assess and manage risk.
 - Continue to take proactive approaches to alleviate issues related to access, including supporting uptake of SDAI.
 - Continue work to improve oral health and address inequalities in oral health.

EMMA O'KEEFE

Consultant in Dental Public Health

LORENZO IAFRATE

Specialty Trainee in Dental Public Health

Meeting:	Public Health and Wellbeing Committee
Meeting date:	13 January 2025
Title:	Annual Climate Emergency & Sustainability Report 2023/24
Responsible Executive:	Neil McCormick, Director of Property & Asset Management
Report Author:	Jimmy Ramsay, Head of Sustainability

Executive Summary

Purpose of the Report:

- To provide assurance to the Public Health and Wellbeing Committee (PHWC) and in accordance with requirements of the Climate Emergency and Sustainable Development Policy DL(2021)38.

Context and Compliance:

- Annual Climate Emergency and Sustainability reporting is mandated under NHS Scotland policy (DL (2021) 38).
- Once approved by the Chief Executive, the report will be published on the NHS Fife website by 31 January 2025.

Reporting Framework:

- Annual Climate Emergency and Sustainability Report: The submission deadline is 31 January 2025, with efforts underway to accelerate reporting timelines.
- Annual Delivery Plans: Climate Change and Sustainability are integrated into NHS Fife's Annual Delivery Plans.
- Public Bodies Climate Change Report: Submitted and peer-reviewed by NHS Assure.

Key Assessments and Recommendations:

- Draft Annual Report for 2023/24 has been prepared (Appendix 1).
- Report process requires review by EDG, Public Health and Wellbeing Committee and NHS Fife Board.
- Assurance Level: moderate.

1 Purpose

This report is presented for:

- Assurance
- Discussion

This report relates to:

- Emerging issue
- Government policy / directive
- Local policy

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

- Effective

2 Report summary

2.1 Situation

Under paragraph 65 of the Climate Emergency and Sustainable Development (DL(2021) 38) Policy, each NHS Scotland body must publish a report on its public website each year by 31 January summarising its progress against the aims of this policy using a template approved by the Scottish Government (SG) Health and Social Care directorates (SGHSC) for that purpose.

We are advised that the report must be approved by the NHS Scotland body's Chief Executive and be provided to:

- The NHS Scotland body's staff
- The NHS Scotland's body's board members; and
- SGHSC

2.2 Background

Scottish Government require a number of reports to be provided annually in respect to Climate Emergency and Sustainability.

Annual Climate Emergency and Sustainability Report

NHS Boards are required to complete this report and have it published on their website by 31 January 2025. It is our understanding that NHS Scotland Assure and SG would like to bring the reporting forward and complete the previous years' board report much earlier. Work is underway to enable national reporting to be identified and brought forward, ie inhaler data, waste data etc.

Annual Delivery Plans

Within this guidance, there will be a requirement for a section in respect of Climate Change and Sustainability to be included in each Boards Annual Delivery Plan. We are making good progress with our sustainability actions within the ADP.

Public Bodies Climate Change Report

Our return (for the 2023/24 financial year) was made by the end of November 2024 in keeping with statutory requirements. Our report was peer reviewed by NHS Assure prior to submission.

Climate Change Risk Assessment (CCRA)

A Climate Change Risk Assessment has been undertaken by the Board.

2.3 Assessment

The Draft Annual Climate Emergency and Sustainability Report 2023/24 is attached at Appendix 1.

Following consideration by PHWC, the report will be discussed at the NHS Fife Board in January 2025 to meet SG requirements.

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

2.3.1 Quality, Patient and Value-Based Health & Care

This is a retrospective review of climate emissions and approach to the Climate Emergency by NHS Fife There is no direct impact on patient care. There will be an increasing emphasis on sustainable care moving forward.

2.3.2 Workforce

N/A

2.3.3 Financial

N/A

2.3.4 Risk Assessment / Management

The report identifies the Climate Change Risk Assessment that has taken place and there is an overall corporate risk identified in terms of delivering the requirements of the national policy and strategy.

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

An Impact Assessment has not been undertaken.

2.3.6 Climate Emergency & Sustainability Impact

Information will be provided on an annual basis and will allow NHS Fife to monitor progress towards the Climate Emergency & Sustainability Policy and Strategy.

2.3.7 Communication, involvement, engagement and consultation

N/A

2.3.8 Route to the Meeting

This paper will be considered by the following groups as part of its development prior to submission to SG:

- EDG on 20 December 2024
- PHWC on 13 January 2025
- NHS Fife Board on 30 January 2025

2.4 Recommendation

This paper is provided to members for:

Assurance - This report provides a "moderate" level of assurance

3 List of appendices

The following appendices are included with this report:

- Appendix 1 - Annual Climate Emergency and Sustainability Report 2023/24

Report Contact:

Neil McCormick

Director of Property & Asset Management

Email neil.mccormick@nhs.scot

Property and Asset Management

NHS Fife Annual Climate Emergency and Sustainability Report

2023-2024

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Introduction

This is NHS Fife's Annual Climate Emergency and Sustainability Report for the financial year 2023/2024.

NHS Fife delivers healthcare services to approximately 375,000 residents across Fife and employs around 9,805 staff, including 8,195 WTE staff. Our estate spans 130 hectares across 49 sites, with over 60% of this area equating to 84 hectares, designated as Greenspace.

As part of our commitment to becoming a net-zero health board by 2040, and in alignment with the NHS Scotland Climate Emergency & Sustainability Strategy 2022–2026, NHS Fife has prioritised sustainability across many facets of the organisation. This includes significant efforts to reduce greenhouse gas emissions and transition to more sustainable practices, wherever feasible. This report outlines our progress and highlights key initiatives undertaken to advance our sustainability objectives.

While our primary focus remains on the health and wellbeing of our patients and staff, NHS Fife recognises its role as a major public sector organisation and Anchor Institution within the region. We are committed to demonstrating environmental leadership by minimising our environmental impact and creating a more sustainable healthcare system for the people of Fife, both now and for future generations.

Leadership and Governance

NHS Fife has made significant progress towards meeting the requirements of the Climate Emergency and Sustainability Strategy, by identifying and aligning staff roles and responsibilities towards the sustainability agenda.

This year, an Energy Manager was appointed to strengthen our workforce and support the delivery of our sustainability goals. The role is vital in driving improvements in energy efficiency and advancing decarbonisation efforts across our estate. The growth of our Sustainability Team reflects the Board's commitment to allocating the necessary resources to engage with all departments across the organisation, fostering effective and lasting change.

We are also in the process of establishing an Infrastructure and Change Board to support our sustainability agenda. This programme is a key component of our Re-form, Perform, Transform (RTP) Framework, which prioritises areas for financial savings. It has since evolved to encompass sustainability projects aligned with the NHS Scotland Climate Change Emergency & Sustainability Strategy 2022–2026. These initiatives are linked to the objectives outlined in the Annual Delivery Plan (ADP), as reported to the Scottish Government.

The following table represents current roles of staff in the organisation:

Executive Director	Executive Input to Objective	Role
Non-Executive Director	Contributor and Non-Executive Board Champion for Sustainability	The role of a Non-Executive Board Champion is to ensure that the Board is aware of the key priorities and responsibilities within the strategy. The Board Champion will also lead on the development of sustainable communities and adapt to the impact of climate change.
Director of Property and Asset Management	Lead Executive	The role is Lead Executive (LE) and will create management time and capacity to co-ordinate the strategy on a day-to-day basis.
Director of Public Health	Board lead for Anchor Institution and contributor	The role will ensure that the Board is aware of the key priorities and responsibilities within the strategy. The Director of Public Health will lead the development of sustainable communities and adaptation on the impact of climate change.
Director of Pharmacy	Clinical lead for Sustainability	
Medical Director	Contributor	Lead and develop the rationale and modelling around Sustainable Care into the future including: <ul style="list-style-type: none"> • Sustainable Care Pathways • Reducing harm and waste • Medicines • Green Theatres • Supporting Primary Care
Director of Nursing	Contributor	
Director of Acute Services	Contributor	
Director of Health and Social Care	Contributor	
Director of Pharmacy and Medicines	Clinical Lead for Sustainability and Contributor	
Director of Finance and Strategy	Contributor	LE for Sustainable Goods and Services (circular economy) and consideration for PMO support for the programme and reporting regime.
Director of Workforce	Contributor	LE for staff engagement within NHS Fife staff to ensure that Climate Emergency and Sustainability is at the heart of all that we do including staff training, awareness, and communication.
Head of Sustainability	Contributor	Lead and promote improvements on NHS Fife's performance on climate change and sustainability.
Sustainability Officers	Contributor	Delivering projects and supporting NHS Fife to meet sustainability objectives.
Energy Manager	Contributor	Managing energy across the Estate and supporting NHS Fife in meeting its objectives.

Summary of Impacts

NHS Fife aims to become a net-zero organisation by 2040.

The table sets out the amount of emissions produced annually by NHS Fife:

Source	Description	2022/23 Emissions (tCO ₂ e)	2023/24 Emissions (tCO ₂ e)	Percentage Change 2022/23 to 2023/24
Building energy	Greenhouse gases produced when providing electricity and energy heat for NHS buildings	19,794.9	20,181.3	+1.95%
Non-medical F-gas	Greenhouse gases used for refrigeration and air conditioning	312.32	93.90	-69.9%
Medical gases	Greenhouse gases used in anesthetics - nitrous oxide (N ₂ O), Entonox (which contains nitrous oxide), desflurane, sevoflurane and isoflurane	1,338	1,420	+6.12%
Metered dose inhaler propellant	Greenhouse gases used as a propellant in inhalers used to treat asthma and chronic obstructive pulmonary disorder (COPD)	6,034	6,074	+0.66%
NHS fleet travel	Greenhouse gases produced by NHS vehicles	468.44	417.14	-11.5%
Waste	Greenhouse gases produced by the disposal and treatment of waste produced by the NHS	306.20	310.34	+1.35%
Water	Greenhouse gas produced from the use of water and the treatment of waste water (note this is only ten months usage due to an issue with billing)	102	104	+1.96%
Business travel	Greenhouse gases produced by staff travelling to work (using their own vehicles)	Not Available	Not Available	Not Available
Total Emissions		28,355.86	28,600.68	+0.86%
Carbon sequestration	The amount of carbon dioxide captured by woodland, trees, grassland, and shrubs growing on NHS grounds	259.70	259.70	0

The table below displays key resources NHS Fife has used over the last two years:

Source	2022/23 Use	2023/24 Use	Percentage Change 2022/23 to 2023/24
Building energy (kWh)	96,098,978	95,180,534	-0.96%
Waste (tonnes)	2,853	2,937	+2.9%
Water (cubic metres)	250,833	282,590	+12.7%

Climate Change Adaptation

Climate change exacerbates existing health risks and introduces new challenges, ranging from the spread of infectious diseases to the intensification of heatwaves and extreme weather events that will impact the health of the population, healthcare assets and services.

NHS Scotland plays a pivotal role in safeguarding the life and health of communities by developing climate-resilient health systems capable of responding to evolving threats.

The changing climate is increasing risks for health and health services. More information on these risks in the UK can be found in the UK Climate Change Committee's Health and Social Care Briefing: www.ukclimaterisk.org/independent-assessment-ccra3/briefings/

What are the main risks from climate change that the Health Board has identified through its Climate Change Risk Assessment?

- Overheating - risk to electrical equipment, patient and staff health and to delays in service provision.
- Flooding and downpours - infrastructure damage, equipment damage, staff unable to commute to work, appointment and service cancellations which all impact on patient and staff health, both mentally and physically.
- Structural damage from high winds - infrastructure damage, equipment damage and risks to the health of patients and staff.

What actions has the health board taken to reduce those risks - what has changed since the last report?

In alignment with the Scottish Climate Change Adaptation Programme and based on board assessments, primary, current and future risks identified are the impacts of extreme weather on infrastructure and service provision. The board is actively identifying areas at risk of flooding and extreme weather, with plans to implement solutions to mitigate damage and service disruption.

Over the past year, NHS Fife has taken significant steps to address these climate risks and adapt to the challenges of climate change.

Overheating in hospital wards has been identified as a key risk and NHS Fife has partnered with NHS Assure to explore effective solutions. Two wards - one at Lynebank Hospital, Dunfermline and another at Stratheden Hospital, Cupar, have been selected for pilot studies.

Technical surveys of these areas are underway, and we are exploring nature-based solutions, such as planting trees to provide shading and reduce solar radiation, which in turn, creates a cooling effect.

In addition, research has been conducted using the NHS Scotland Climate Mapping Tool to assess flooding risks on all of our sites. This research identified ten to fourteen coastal sites potentially at risk of flooding by 2080.

The Den Burn at Victoria Hospital, Kirkcaldy has been risk-assessed for flooding in collaboration with Fife Council.

To further our adaptation efforts, NHS Fife has joined the Sniffer Public Sector Climate Adaptation Network. Membership provides opportunities to gain experience from other organisations and share our own experiences, insights and challenges.

What are we doing to be prepared for the impacts of climate and increase the resilience of our healthcare assets and services?

NHS Fife is proactively strengthening the resilience of our healthcare assets and services to address the impacts of climate change. This includes embedding climate risk assessments into our resilience planning in collaboration with our Resilience Team.

We are also enhancing greenspaces around our facilities to promote biodiversity and incorporate nature-based solutions into site management practices. These efforts not only improve environmental sustainability but also help mitigate the risks of extreme weather events.

The NHS Fife Board is committed to developing a comprehensive adaptation plan based on the forthcoming Scottish National Adaptation Plan. This plan will identify our most significant climate risks and outline measures to safeguard service delivery and infrastructure from adverse weather impacts.

In partnership with Sniffer, through the Climate Ready Southeast Scotland (CRSES) Project, we are identifying regional climate risks and opportunities and exploring collaborative approaches to climate adaptation. Additionally, NHS Fife actively engages with other Boards to exchange insights, progress on adaptation plans and address common challenges.

Building Energy

We aim to use renewable heat sources in all the buildings owned by NHS Fife, by 2038.

NHS Fife has forty-six buildings including hospitals, health centres & clinics.

In 2023/24, 20,181 tonnes of CO₂ equivalent were produced by NHS Fife for the use of energy for buildings. This was an increase of 1.95 % from the year before.

In 2023/24, NHS Fife used 95,181 MWh of energy. This was a decrease of 0.01% from the year before.

In 2023/24, NHS Fife generated 351 MWh of energy from renewable technologies.

Building Energy Emissions - 2015/16, 2022/23 and 2023/24 - tCO ₂ e				
	2015/16 Energy Emissions	2022/23 Energy Emissions	2023/24 Energy Emissions	Percentage Change 2015/16 to 2023/24
Building fossil fuel emissions	16,041	15,141	14,722	-8.2%
District heat networks and biomass	218	66	34	-84.4%
Grid electricity	11,969	4,588.1	5425	-54.7%
Total	28,228	19,795	20,181	-28.5%

Building Energy Use - 2015/16, 2022/23 and 2023/24 - MWh				
	2015/16 Energy Use	2022/23 Energy Use	2023/24 Energy Use	Percentage Change 2015/16 to 2023/24
Building fossil fuel use	76,626.40	70,782.40	68,894.80	-10.1%
District heat networks and biomass	7,918	3,554.20	1,8220	-77%
Grid electricity	24,099.40	21,737.40	24,113.30	0.058%
Renewable electricity	n/a	25	351	n/a
Total	108,643.80	96,099	95,181.10	-12.4%

What did we do in 2023/24 to reduce emissions from building energy use?

In 2023/24, NHS Fife took several key steps to reduce emissions from building energy use:

- LCITP - Funded Projects - Through the Low Carbon Infrastructure Transition Programme (LCITP), we secured funding to upgrade windows and doors at the Fife College of Nursing, Kirkcaldy.

Additionally, we installed new attic insulation and upgraded heating insulation to improve energy efficiency.

- Hot Water Recovery - A hot water recovery unit was installed in the laundry at Victoria Hospital, Kirkcaldy, which is projected to deliver significant energy savings, equating to approximately £100,000 annually.
- LED Lighting Upgrades - Following the LCITP, NHS Fife allocated £500,000 from its Capital Budget to replace lighting across the estate with energy-efficient LED alternatives.

These initiatives represent our continued commitment to improving energy efficiency and reducing our carbon footprint across our facilities.

What are we doing in 2024/25 and the longer term to reduce emissions from building energy use?

From 2024/25, NHS Fife is focusing on enhancing energy management and implementing renewable technologies to further reduce emissions:

- Enhanced Data Monitoring - We aim to develop strategies for more granular monitoring of energy data. Currently, our systems do not allow us to assess the performance of individual buildings, and this improvement will provide the insights needed to target efficiency measures more effectively.
- Renewable Technology Deployment - NHS Fife will continue to engage with National Procurement teams to explore opportunities for implementing fully funded renewable energy technologies across our sites. This includes initiatives such as Battery Energy Storage Systems (BESS), additional solar photovoltaic (PV) installations, solar car parks and the exploration of off-site Power Purchase Agreements (PPAs).
- Site Rationalisation - We will look to rationalise services across our overall footprint and will work with other public sector organisations to ensure good utilisation of public sector buildings.

These efforts align with our long-term commitment to reducing emissions and transitioning to a more sustainable, energy-efficient estate.

Sustainable Care

The way NHS Fife provides care influences our environmental impact and greenhouse gas emissions.

NHS Scotland has three national priority areas for making care more sustainable:

Anaesthesia, surgery and respiratory medicine.

Anaesthesia and Surgery

Greenhouse gases are used as anaesthetics and for pain relief. These gases are nitrous oxide, Entonox (a mixture of oxygen and nitrous oxide) and the volatile gases; desflurane, sevoflurane and isoflurane.

Through improvements to anaesthetic technique and the management of medical gas delivery systems, the NHS can reduce emissions from these sources.

NHS Fife's total emissions from these gases in 2023/24 was 1,372, which is an increase of 74 from the previous year.

Emission details are set out in the tables below:

*Note: The nitrous manifolds only completely ceased use in October 2023 and then there were a number of returns which appear to have affected our figures for 2023/24. The most recent report shows no piped nitrous this year.

Nitrous Oxide and Entonox Emissions - 2018/19, 2022/23, 2023/24 - tCO₂e				
Source	2018/19 (baseline year)	2022/23	2023/24	Percentage Change 2018/19 to 2023/24
Piped nitrous oxide	188	217	336	+78.7%
Portable nitrous oxide	128	109	97	-24.23%
Piped entonox	1,064	858	831	-21.9%
Portable entonox	113	114	108	-4.42%
Total	1,493	1,298	1,372	-8.1%

Volatile Medical Gas Emissions - 2018/19, 2022/23, 2023/24 - tCO₂e				
	2018/19 (baseline year)	2022/23	2023/24	Percentage Change 2018/19 to 2023/24
Desflurane	95	-4	-	-100%
Isoflurane	6	0	1	-83.33%
Sevoflurane	51	44	47	-7.84%
Total	152	40	48	-68.42%

What did we do in 2023/24 to reduce emissions from anaesthetic gases?

In 2023, the nitrous oxide manifolds at Queen Margaret Hospital, Dunfermline and at Victoria Hospital, Kirkcaldy were decommissioned to conclude the work of the Short-life Working Group established in 2022 to address the recommendations contained in the Technical Update - Anaesthetic Nitrous Oxide System Loss and Mitigation and Management

What are we doing in 2024/25 to reduce emissions from anaesthetic gases?

An Entonox© (50/50 nitrous oxide/oxygen) Short-life Working Group has been established to address the recommendations contained in the Technical Update - Entonox© System Loss Mitigation and Management.

In July 2024, a System Loss Assessment of the Entonox piped system at Victoria Hospital, Kirkcaldy was conducted.

Following the Assessment, very minor issues were highlighted, giving assurance that we are not experiencing a system-wide loss of Entonox.

The System Loss Assessment is planned to be repeated in July 2025.

NHS Fife has undertaken a review of the clinical use of Entonox and work is ongoing to consider utilising part-full cylinders rather than return to the supplier where it is being vented into the atmosphere. Close links have been established with the cylinder supplier and we await confirmation of approval from the medicine regulator (Medicines and Healthcare Products Regulatory Agency) for Entonox cylinders to be 'top-filled' rather than vented.

Monthly report on nitrous oxide and Entonox use are reviewed by the Short-life Working group and Medical Gas Committee and we are pleased to note a reduction in CO₂ emissions as a result of this work.

A National Green Theatres Programme was officially launched in 2023 to help reduce the carbon footprint of theatres across NHS Scotland and to enable more environmentally sustainable care by:

- Collaborating closely with clinicians and professionals to develop actions that reduce carbon emissions, waste and resource use.
- Supporting other NHS Boards with the implementation, measuring and reporting of these improvements.

The Green Theatres Programme is based on actions developed by frontline staff and the Green Theatre Project at Raigmore, NHS Highland.

What are we doing in 2024/25 to make surgery more sustainable?

We continue to work with the National Green Theatre Project team and implement actions when they are published.

Many of these actions are now in practice with work on-going in other areas.

Achievements include:

- Reduction in NO₂ across sites. Manifolds are no longer in use and cylinders are only in use when necessary.
- Correct use of waste streams, including sharps disposal.
- Further enforcement of 'rubbing not scrubbing' which has been in place since 2014.
- Reduction in use of fluid warmers - fluids in warming cabinets, dated (2 weeks), supported by pharmacy colleagues.

Respiratory Medicine

Greenhouse gases are used as a propellant in metered dose inhalers used to treat asthma and COPD. Most of the emissions from inhalers are from the use of reliever inhalers - Short Acting Beta Agonists (SABAs). By helping people to manage their condition more effectively, we can improve patient care and reduce emissions.

There are also more environmentally friendly inhalers such as dry powder inhalers which can be used, where clinically appropriate. We estimate that emissions from inhalers in NHS Fife were 6074 tonnes of CO₂ equivalent in 2023/24.

Inhaler Propellant Emissions - 2018/19, 2022/23, 2023/24 - tCO₂e				
Source	2018/19 (baseline year)	2022/23	2023/24	Percentage Change 2018/19 to 2023/24
Primary Care	5,358.95	5,913.86	5,950	+10.45%
Secondary Care	112.09	121.10	124	+10.09%
Total	5,471.04	6,034.96	6,074.00	+10.45%

What did we do in 2023/24 to reduce emissions from inhalers?

- NHS Fife has identified patients who are currently on higher carbon inhalers and have moved suitable patients over to using lower carbon emission inhalers in line with the East Regional Formulary (ERF).
- We encourage the recycling of inhalers and advise patients of good inhaler techniques in order to reduce overuse and wastage. These reduction techniques are included in demonstrations and clinic reviews within Primary Care settings and GP practices.

Secondary Care are also promoting these values.

What are we doing in 2024/25 to improve patient care and reduce emissions from inhalers?

- NHS Fife will continue to promote greener prescribing and encourage DPI over MDI inhaler use.
- We will also continue to deliver education related to impact of carbon emissions within the use of MDI within PC and SC by promoting ERF.
- Before including new inhalers into our formulary, NHS Fife, as part of the East Region Formulary Committee (ERFC), ensure there is robust governance and takes into account carbon emissions of new inhalers as a key factor.
- We will promote MART and AIR therapy. The aim is to improve patient control of symptoms, wellbeing and reduce hospital admissions.

- We will continue to reduce prescribing of SABA by collaborating with our MDT colleagues to identify patients that have had 6 MDI per year. These high-risk patients will be prioritised and reviewed accordingly.

What are we doing to raise awareness with staff and patients, including primary care?

- Posters have been developed which highlight the carbon emissions with MDI and overuse of SABA.
- NHS Fife has developed new guidance charts with collaboration with NHS Borders and NHS Lothian. These guidance charts have been distributed to MDT.
- NHS Fife have developed new prescribing charts, based on the East Region Formulary.
- Guidance and posters are available on the NHS Fife Stafflink: [Hub • Blink](#). All of these materials have been distributed to MDT.
- Regular meetings take place with Primary Care colleagues, Practice Nurses etc to share awareness of the impact of MDI inhalers and the overuse of inhalers in general.
- Recycling of inhalers is promoted through shared learning and inhaler techniques are reinforced to MDT and patients through respiratory clinics and group sessions for Breathe Easy Patients.
- Respiratory MCN steering group supporting to raise awareness, education and updating guidelines.

Travel and Transport

Domestic transport (not including international aviation and shipping) produced 28.3% of Scotland's greenhouse gas emissions in 2022. Car travel contributes the most to those emissions.

NHS Scotland is supporting a shift to a healthier and more sustainable transport system where active travel and public transport are prioritised.

What did we do in 2023/24 to reduce the need to travel?

Last year we continued implementing our Agile Working Policy, enabling staff who can work from home to have the ability to do so. This also includes encouraging staff who have external meetings to take them online where possible, to reduce business travel and long journeys for in-person meetings.

What did we do in 2023/24 to improve active travel?

In 2023/24, NHS Fife made significant strides in promoting active travel and encouraging sustainable commuting options:

- Partnership with Mobilityways - We continued our collaboration with Mobilityways, which included an annual travel survey and a Commuter IQ analysis. This initiative provided valuable insights into commuting behaviour and identified alternative sustainable travel options for our staff.
- Cycling Initiatives - We focused on cycling to work and were awarded the Cycling Friendly Employer status by Cycling Scotland. To better understand staff preferences, we circulated an active travel questionnaire to gather input on changes that would encourage more active travel and cycling across the organisation.
- Partnership with Greener Kirkcaldy - We deepened our partnership with Greener Kirkcaldy to further our cycling efforts. This included hosting a cycling awareness day for staff to learn about cycling to work, local cycling routes and available support such as led rides and training.

Additionally, we held a Dr Bike event at Victoria Hospital, offering free minor bike repairs for employees.

- NHS Fife Active Travel Group - We established the NHS Fife Active Travel Group, an open space for all employees interested in active travel. This group fosters idea sharing, connects enthusiastic individuals and provides a forum for discussing active and sustainable travel initiatives at NHS Fife.
- Cycle to Work Scheme - In March, we relaunched our Cycle to Work Scheme in partnership with Halfords, increasing the scheme's limit to £3,000. This year-round offering has been well-received by staff.

What did we do in 2023/24 to improve public and community transport links to NHS sites and services?

In 2023/24, NHS Fife made several efforts to enhance public and community transport links to our sites and services:

- Staff Transport Discounts - We continued to promote discounted travel opportunities with Stagecoach and other transport providers for our staff.
- Engagement with Stagecoach - We worked closely with Stagecoach, sharing our scoping reports that detail staff travel patterns. This collaboration aims to inform potential new transport routes and adjustments to existing timetables.
- Promotion of NHS Travel Reimbursement and Community Transport - In alignment with NHS Scotland's Population Health and Wellbeing Annual Delivery Plan, NHS Fife launched additional resources to raise awareness of the NHS Travel Reimbursement Scheme and available community transport services. These initiatives aim to support patients by informing them about the options to reclaim bus travel costs and access community transport when attending appointments.
- Support for Local Welfare Teams - These initiatives have also supported local welfare teams in promoting transport schemes, helping ease the cost of living and ensuring better attendance at appointments.

What are we going to do in 2024/25 to reduce the need to travel?

In 2024/25, NHS Fife will focus on reducing the need for travel by encouraging staff to adopt a travel hierarchy when making decisions about commuting. This approach will prioritise remote working, where possible, with staff only travelling to work when absolutely necessary.

What are we going to do in 2024/25 to improve active travel?

In 2024/25, NHS Fife plans to implement a variety of initiatives to encourage active travel:

- E-Bike Scheme - We aim to launch an e-bike scheme at Victoria Hospital, Kirkcaldy funded through the Active Ways to Work Programme. This initiative will provide staff with the opportunity to hire e-bikes for a month at a time, promoting cycling as a sustainable commuting option.
- Cycle Storage Upgrades - We will apply for funding from Cycling Scotland to modernise and upgrade our cycle storage facilities. The current user pathway to the storage areas is unclear and there is insufficient space for more expensive bikes. This funding will help address these issues. Consideration is also being given to exploring improvements to shower and changing facilities.
- Promotions and Competitions - We will work with our Cycle to Work provider, Halfords, to run competitions aimed at increasing staff participation in the Scheme.
- Active Travel Days - We plan to host active travel days at our main sites, inviting various stakeholders who will provide staff with information on active travel options.
- Ongoing Support - We will continue to offer Dr Bike events and promote cycle training and led rides to further encourage cycling among staff.

What are we going to do in 2024/25 to improve public and community transport links to NHS sites and services?

In 2024/25, NHS Fife will continue its efforts to improve public and community transport links by focusing on raising awareness and engaging with transport providers and community partners:

- Promotion of Travel Reimbursement and Community Transport - We will continue to promote the NHS Travel Reimbursement Scheme and Community Transport options across the NHS workforce, public sector and third sector by ensuring patients, families and carers are aware of available support.

Impact will be measured through tracking the number of reimbursements claimed and bookings made with community transport providers.

- Engagement with Local Transport Providers - NHS Fife will engage with the local council, Stagecoach and ScotRail to improve services that better meet the needs of staff.

We are also exploring the possibility of establishing a regional transport group, bringing together NHS bodies and the local Council to collaborate on shared transport issues and infrastructure improvements.

- Partnership with SEStran - We will join forces with SEStran as part of a regional partnership to share ideas and best practices related to active travel and sustainable transport. This collaboration will help develop a coordinated strategy that links transport and health, contributing to broader public health goals.
- Transport to Health Programme - NHS Fife is participating in SEStran's Transport to Health Programme, which supports both staff and patients in exploring active travel options for commuting and attending appointments. This aligns with our commitment to reducing health inequalities, as outlined in the NHS Scotland Annual Delivery Plan 2023/24, Priority 6 - Health Inequalities, action 6.6.
- Health Promotion and Awareness - From March 2023, the Fife Health Promotion Service has delivered a promotional campaign to raise awareness of the NHS Fife Travel Expenses leaflet and posters. These materials have been distributed across Primary Care, community services and NHS acute sites.

Additionally, transport support has been incorporated into the Health Promotion Poverty Awareness Training as part of our workforce development on health inequalities.

- Community Transport Services Promotion - A newly developed leaflet and poster, in partnership with community transport charities and the public sector, has been launched to promote available patient transport services across Fife.
- We are working to remove all petrol and diesel fuelled cars from our fleet.

The following table sets out how many renewable powered and fossil fuel vehicles were in NHS Fife fleet at the end of March 2023 and March 2024:

	March 2023		March 2024		Difference in % Zero Tailpipe Emission Vehicles
	Total Vehicles	% Zero Tailpipe Emission Vehicles	Total Vehicles	% Zero Tailpipe Emission Vehicles	
Cars	55	13	57	25	63%
Light commercial vehicles	78	27	69	31	14%
Heavy vehicles	0	0	0	0	0.00%
Specialist vehicles	2	2	2	2	0.00%

The following table sets out how many bicycles and eBikes were in NHS Fife's fleet at the end of March 2023 and March 2024:

	March 2023	March 2024	Percentage Change
Bicycles	0	0	0
eBikes	0	0	0

The following table sets out the distance travelled by our cars, vans and heavy vehicles in 2023/24:

Distance travelled, miles	Cars	Light commercial vehicles	Heavy vehicles	Specialist vehicles	Total
2023/24	3,278,658	Not available	NA	NA	3,278,658

Business travel is staff travelling as part of their work in either their own vehicles or public transport. It covers travel costs which are reimbursable and does not cover commuting to and from work. The table below shows our emissions from business travel by transport type.

Business Travel Emissions, tCO ₂ e	Cars	Public Transport	Flights	Total
2023/24	816	27	Not available	843

Greenspace and Biodiversity

Biodiversity

Biodiversity, or the wide variety of living organisms within an environment, has declined at a rapid rate in the last 50 years. Evidence demonstrates that these trends are attributed to human activities, such as land use change, habitat degradation and fragmentation, pollution and the impacts of climate change. The State of Nature report published in 2023 has highlighted the decline of nature across Scotland, with 11% of species now classed as threatened with extinction.

Public bodies in Scotland have a duty under the Nature Conservation (Scotland) Act 2004 ([Nature Conservation Scotland Act 2004](#)) to further the conservation of biodiversity, taking care of nature all around us. Furthermore, the Wildlife and Natural Environment (Scotland) Act 2011 ([Wildlife and Natural Environment Scotland Act 2011](#)) requires every public body to summarise their activities to meet this duty, through the production of a publicly available report.

What actions have been taken to identify, protect and enhance biodiversity across your organisation?

In the past year, NHS Fife has worked with a variety of partners to protect and enhance biodiversity across our estate. These partnerships include Fife Council, Fife Coast and Countryside Trust (FCCT), Scottish Natural Heritage and the Fife Environmental Partnership, allowing the sharing of sustainability opportunities, improved community links and to gaining expert advice on biodiversity enhancement.

Key actions we have taken include:

- [Collaboration with Local Biodiversity Groups](#) - NHS Fife maintains strong connections with the Fife Biodiversity Partnership and the Fife Local Biodiversity Action Plan (LBAP), which guide our efforts to protect local wildlife.
- [Greenspace Strategy](#) - Our 2030 Greenspace Strategy, developed in collaboration with the FCCT, is central to safeguarding and enhancing biodiversity across NHS Fife sites. This includes updating our greenspace management processes to support the creation of wildflower meadows, which provide a greater biodiversity benefit by reducing mowed grass areas.
- [Nature-Based Solutions](#) - Last year, NHS Fife visited Edinburgh Botanic Gardens to learn about implementing nature-based solutions which will also enhance biodiversity across our sites.
- [Biodiversity Audits](#) - We have conducted biodiversity audits at our main sites, which will inform future biodiversity initiatives and help track improvements over time.
- [Tree Planting Initiatives](#) - NHS Fife organised the Akin Oak Tree Project which resulted in the planting of twelve oak trees across our sites to contribute to long-term environmental sustainability.
- [No Mow May](#) - In line with our commitment to biodiversity, NHS Fife participated in the No Mow May initiative, halting grass cutting at selected sites for the month to allow for the growth of wildflowers and support local wildlife.

What actions have been taken to contribute to the NHS Scotland Estate Mapping programme, or to develop an internal mapping programme?

In August 2022, NHS Fife undertook a comprehensive mapping of our entire estate using ESRI GIS technology. This digital map provides an accurate and detailed record of our natural capital, helping us to better understand the location and types of greenspaces across our sites. This mapping will allow for more effective management of these spaces in the future.

Key actions include:

- Mapping of Estate - NHS Fife used ESRI GIS technology to create a digital map of our estate, providing a clear record of our greenspaces and their characteristics.
- Collaboration with Public Health Scotland - We shared our estate mapping data with Public Health Scotland, contributing to the broader NHS Scotland Estate Mapping Programme. This will support the development of future mapping projects and help improve the management of NHS greenspaces across Scotland.

What actions have been taken to mainstream biodiversity across the organisation?

The development of our 2030 Greenspace Strategy has been a key step in mainstreaming biodiversity across NHS Fife. This strategy has enabled us to identify shared opportunities and foster partnership working by providing a platform for NHS Fife employees who wish to contribute to greenspace and biodiversity improvements.

Key actions include:

- 2030 Greenspace Strategy - The strategy has provided a clear framework for integrating biodiversity into our operations, aligning all relevant efforts and ensuring that biodiversity considerations are embedded in our decision-making processes.
- Employee Involvement - By creating accessible opportunities for staff engagement in biodiversity and greenspace initiatives, we have encouraged active participation from employees at all levels of the organisation.
- Estate Mapping - The integration of our mapped estate with the Greenspace Strategy has allowed us to make more informed decisions about greenspace development, ensuring a more coordinated approach to biodiversity enhancement moving forward.

How have nature-based solutions been used to address the climate and biodiversity emergencies?

In response to the climate and biodiversity crises, NHS Fife has been exploring nature-based solutions to adapt to identified climate risks. Our focus has been on incorporating these solutions into both climate adaptation and biodiversity enhancement efforts.

Key actions include:

- Overheating in Wards - As overheating is a major risk at some of our sites, we have identified the wards most at risk and are working with NHS Assure to conduct technical surveys in these areas. These surveys aim to explore nature-based solutions such as tree planting to provide shade and reduce temperatures.
- Flood Management - We are also looking at how nature-based solutions can be integrated into our flood management plans for high-risk areas, such as using natural barriers to help mitigate flooding and protect our infrastructure.

What actions have been undertaken to raise awareness, engagement and understanding of biodiversity and nature?

NHS Fife has taken several steps to raise awareness and engage staff, the public and community groups on biodiversity and nature. Our initiatives aim to foster greater understanding and participation in biodiversity efforts across the organisation and within the local community.

Key actions include:

- Internal Awareness - We regularly share project successes related to climate, sustainability and nature on our staff intranet, as well as promoting relevant events and initiatives, such as nature-related days.
- Public Engagement - We have created a dedicated page on our NHS Fife public website to highlight our greenspace efforts and regularly updating the sustainability hub with new information on our biodiversity and greenspace activities.
- Community Collaboration - In March 2024, we hosted a successful event alongside FCCAN, inviting community groups to learn about how they can engage with our green estate and start greenspace projects. This event led to new partnerships with local groups and has supported the development of our 2030 Greenspace Strategy.
- ESRI UK Feature - NHS Fife was featured in the ESRI UK newsletter and magazine, where we highlighted our 2022 mapping project and how this mapping data will guide future development of our greenspace and biodiversity efforts.

These actions help raise awareness, build engagement, and foster understanding of biodiversity and nature, both within NHS Fife and in our broader community.

What surveys, monitoring or assessment of biodiversity have been undertaken? If you have – have systems been developed to continue monitoring long-term?

Over the past year, NHS Fife has undertaken Greenspace and Biodiversity Audits for our main sites. These Audits assess how greenspaces are currently being used and identify potential projects to support and enhance existing biodiversity while encouraging new species.

Key actions include:

- Greenspace and Biodiversity Audits - These audits have provided valuable insight into the current state of biodiversity on our sites, helping us identify areas for improvement and projects that will foster biodiversity growth.

- Ongoing Monitoring - Progress will be monitored through our mapping work and the development of our Greenspace Strategy, ensuring that we can track improvements and adapt as needed.
- Future Surveys - We are in discussions with NHS Assure regarding the possibility of conducting UKHab surveys at our main sites. However, we are currently awaiting a decision on national funding before proceeding with these surveys.

These efforts lay the foundation for continued long-term monitoring of biodiversity, ensuring that we can track and adapt our strategies to improve biodiversity across NHS Fife.

Greenspace

Following the publication of the NHS Fife Greenspace Strategy, the Sustainability team has undertaken several key projects to assess and enhance the Board's green estate. These initiatives focus on adapting and using these spaces to benefit staff, patients, the wider community, generate green energy and support biodiversity. The projects align with the themes of energy, wellbeing, food, climate, nature and skills outlined in the Greenspace Strategy.

Key Projects and Achievements:

- Greenspace Assessments - Greenspace and biodiversity audits have been completed at our main sites, identifying current usage and potential projects that can support biodiversity and benefit staff, patients, and the community.
- Green Energy - We are exploring how our greenspaces can contribute to the generation of green energy as part of our sustainability goals.
- Staff and Community Engagement:
 - We have hosted engagement events with local community groups and developed a suite of documents to guide the best use of our green spaces and manage future projects.
 - NHS Fife participated in the Tree in the Park event alongside other local organisations and businesses.
 - We have joined the Dunfermline Greenspace Forum, strengthening collaboration on greenspace and sustainability initiatives.
- Oak Tree Planting - The Oak Tree Planting Project was successfully delivered across NHS Fife, contributing to biodiversity and staff wellbeing.
- Greenspace Management - We have updated our greenspace management processes in collaboration with the Fife Coast and Countryside Trust (FCCT). As part of this, we are reducing the amount of mowed grass on NHS Fife sites to encourage the establishment of wildflower meadows, which have a higher biodiversity net benefit.

Ongoing Projects:

- We continue discussions with Fife Council to identify the best use of land owned by NHS Fife for gardening allotments, which supports the Fife Council Allotment Strategy and the Food4Fife Strategy.

All of these efforts are tracked through our project and action tracker to monitor progress against the goals set out in the NHS Fife Greenspace Strategy.

The table below outlines any key greenspace projects and their benefits.

Project Details	Benefits of Project	Details of Project
Akin Oak Tree Project	Biodiversity	We collaborated with employees of the Project to plant twelve oak trees across several of our sites as part of a Fife wide tree planting project
Staff AU2 Courtyard	Biodiversity, health and wellbeing	Upgrade to a garden that will facilitate OT inpatient rehabilitation. Look at ways to incorporate different planters, trees and feeders that will enhance biodiversity whilst maintaining patient benefits. The project has been fully designed and will be finished by January 2025.
Allotments	Health and wellbeing, community growing space, biodiversity	We have started initial discussions with Fife Council to look at the possibility of adding allotments on several of our sites. We are at the initial stages and next steps will involve identifying sites.
Levenmouth Green Health Partnership	Health and wellbeing, community benefit, nature and biodiversity	We are part of the Green Health Partnership, aiming to make better use of our outdoor green estate as a health-promoting resource. This partnership is still in its infancy, only being developed in 2023.

Sustainable Procurement, Circular Economy and Waste

Earth Overshoot Day marks the date when our demand for resources exceeds what earth can regenerate in that year. In 2024, Global Earth Overshoot Day is 1 August, a day earlier than in 2023.

For the UK, the picture is more worrying. In 2024, the UK's Earth Overshoot Day was 3 June. The current level of consumption of materials is not sustainable and is the root cause of the triple planetary crises of climate change, biodiversity loss and pollution.

We aim to reduce the impact that our use of resources has on the environment through adopting circular economy principles, fostering a culture of stewardship and working with other UK health services to maximise our contribution to reducing supply chain emissions to net-zero by 2045.

What did we do in 2023/24 to reduce the environmental impact and the quantity of the goods and services we buy?

In 2023/24, NHS Fife launched the Warp-it System, a web-based platform for the re-distribution of surplus furniture and equipment across public sector organisations.

The initiative has provided multiple environmental and financial benefits by enabling the reuse of existing resources rather than purchasing new items. The system has helped to reduce procurement costs, decrease manufacturing needs, lower waste disposal costs and generate significant carbon savings.

In 2024/25, NHS Fife will continue to promote the Warp-it System and encourage all staff members to actively make use of it, maximising its environmental and financial benefits.

We are also exploring the possibility of creating a place-based approach to Warp-it, with a vision to develop a Fife-wide system in collaboration with Fife Council, Fife College and the University of St Andrews.

Additionally, the Procurement and Sustainability teams will work together to develop a framework for assessing and managing Scope-3 emissions. This will involve using data tools from NHS National Procurement Services to identify our largest suppliers, track their net-zero and sustainability plans and create a targeted action plan focused on carbon reduction and cost savings.

Furthermore, we are committed to reducing waste production and improving our recycling rates across NHS Fife, aiming for a more sustainable waste management approach.

The table below sets out information on the waste we produce and its destination for the last three years:

Type	2021/22 (tonnes)	2022/23 (tonnes)	2023/24 (tonnes)	Percentage change 2021/22 to 2023/24
Waste to landfill	34.50	35.70	-	-100%
Waste to incineration	1,185	1,290	1286	+8.5%
Recycled waste	691.10	713.90	787	+13.98%
Food waste	79.20	55.40	87	+9.85%
Clinical waste	846.90	758	777	-8.25%

Comment on waste to landfill figure: The reports we receive outline that the destination of our waste is all energy for waste and therefore we no longer obtain a landfill figure. Our current contractor does not put any waste to landfill. It is extremely minimal.

We have set targets to reduce the amount of waste we produce, and the tables below provide information on our performance against those targets:

Reduce domestic waste by a minimum of 15%, and greater where possible compared to 2012/2013 by 2025	
Target - reduce domestic waste by	307 tonnes
Performance - domestic waste reduced by	60 tonnes
Outcome	Not achieved yet
Further reduction required	247 tonnes

Ensure that no more than 5%, and less where possible, of all domestic waste is sent to landfill by 2025	
Target - reduce waste sent to landfill by	1,792 tonnes
Performance - waste sent to landfill reduced by	1,886 tonnes
Outcome	Achieved
Further reduction required	0 tonnes

Reduce the food waste produced by 33% compared to 2015/16 by 2025	
Target - reduce food waste by	80 tonnes
Performance - food waste reduced by	156 tonnes
Outcome	Achieved
Further reduction required	0 tonnes

Ensure that 70% of all domestic waste is recycled or composted by 2025	
Target - recycle or compost	1,392 tonnes

Performance - recycled or composted	874 tonnes
Outcome	Not achieved yet
Further increase required	519 tonnes

What did we do in 2023/24 to reduce our waste?

In 2023/24, our primary focus has been on better identifying and distinguishing between clinical waste and other types of waste. By doing so, we can reduce unnecessary spending on clinical waste disposal and promote recycling. For example, clinical packaging, which is often sterile but not necessarily classified as clinical waste, was frequently being disposed of incorrectly. Through improved waste categorisation and staff training, we aim to reduce waste sent to landfill and increase recycling rates across NHS Fife.

What are we doing in 2024/25 to reduce our waste?

In 2024/25, our focus will be on enhancing communication and staff engagement around waste reduction. This will involve launching roadshows and updating training to ensure it is current, mandatory and accessible for all staff.

We plan to conduct a test of change on clinical waste in wards, aiming to reduce the amount of clinical waste generated.

Additionally, we will continue to promote recycling and encourage a return to pre-pandemic waste management behaviours.

We will also seek funding to improve waste segregation by providing new waste bins across our sites.

Environmental Stewardship

Environmental Stewardship includes any activities which may adversely impact land, air and water, either through the unsustainable use of resources or the generation of waste and pollution.

Having an Environmental Management System (EMS) in place provides a framework that helps to achieve our environmental goals through consistent review, evaluation and improvement of our environmental performance.

What steps did we take in 2023/24 to develop and implement our EMS?

In 2023/24, NHS Fife took significant steps toward developing and implementing an Environmental Management System (EMS).

A resolute Sustainability Officer was appointed to oversee the implementation process. As a result, the NHS Fife EMS policy was approved and published in April 2024.

Following the publication of the policy, the team has been working closely with high-risk departments to evaluate current operations and identify areas for improvement regarding environmental compliance.

Additionally, work has started on the creation of the EMS legal register and aspects and impacts register, which are expected to take approximately one year to complete given current resourcing levels.

Although we have made considerable progress, EMS has not yet been fully implemented to ISO14001 standards at any of our sites.

What steps will we take in 2024/25 to further develop and implement our EMS?

In 2024/25, NHS Fife will continue to develop and implement our Environmental Management System (EMS) with several key actions:

- Finalise the creation of the EMS aspects and impacts register.
- Establish an EMS governance group to oversee ongoing implementation and improvements.
- Begin assessing environmental compliance across departments, focusing on areas with high waste, resource use or energy consumption.
- Develop a SharePoint hub to centralise EMS resources and information for the Board.

What did we do in 2023/24 to reduce our environmental impacts and improve environmental performance?

In 2023/24, NHS Fife engaged in a range of initiatives aimed at reducing our environmental impacts and improving our overall environmental performance:

- Environmental Policy and EMS Development - We published our Environmental Policy and continued developing our Environmental Management System (EMS). Although we are early in the EMS journey, we have made significant strides in establishing an effective system.
- Waste Management Improvement - We developed a new tool for recording and managing waste data. This tool provides valuable insights into our waste figures and helps identify areas where improvements can be made.
- Collaborative Efforts Across the Organisation - We fostered collaboration between clinical and non-clinical teams to promote sustainable practices in various work areas. This has helped to embed environmental awareness and action throughout the organization.
- Energy Billing and Validation - We brought energy billing and validation in-house, enabling better control and understanding of our energy usage. This move allows us to monitor our energy portfolio more effectively, spot billing discrepancies and identify areas for efficiency improvements.

What are we doing in 2024/25 to reduce our environmental impacts and improve environmental performance?

In 2024/25, NHS Fife is taking several proactive steps to further reduce our environmental impacts and enhance our environmental performance:

- Pilot Projects for Climate Risks - Building on the planning and research conducted in 2023/24, we are initiating pilot projects to address key risks, such as overheating in wards and the creation of flood management plans and severe weather frameworks for high-risk sites.
- Expanding Primary Care Engagement - We aim to extend our environmental initiatives into primary care by creating a Greener GP's Network across Fife. This will focus on reducing the environmental impacts of Primary Care settings and engaging local practices in sustainability efforts.
- Granular Energy Metering - We will install additional energy meters across our sites to gain a more detailed understanding of energy consumption at the building level. This will enable us to identify specific areas where energy reduction measures can be targeted, helping to improve overall energy efficiency.
- Sustainability Ambassadors Network - We will launch a network of Sustainability Ambassadors to engage staff in sustainability initiatives and raise environmental awareness. This network will help support improved environmental performance across various departments and contribute to a culture of sustainability within the Board.

What factors have prevented implementation of EMS to ISO14001 Standard for any sites in NHS Fife's estate which have not yet reached that standard?

Several factors have contributed to the delay in implementing the EMS to the ISO14001 standard across NHS Fife's estate:

- Limited Board-Specific Guidance - There is currently a lack of standardized, board-specific guidance on how to implement an EMS, as each NHS Board has different governance structures and processes. This has resulted in varied approaches to EMS implementation across the organization.
- Newly Created EMS Role - In 2023, a dedicated EMS role was created to support the implementation of the EMS in NHS Fife.

Despite these challenges, we are making progress towards the implementation of a robust EMS framework and are focused on overcoming these barriers in the coming year.

Sustainable Construction

Where there is a need for new healthcare facilities, we want both the buildings and grounds to be safe, nature-rich, sustainable, resilient and accessible.

What did we do in 2023/24 to make our construction projects more environmentally sustainable and our future plans?

In 2023/24, NHS Fife focused on considering the long-term impacts of new developments and refurbishment works.

Key steps included:

- Refurbishment over New Build - Given budgetary constraints, construction inflation and the need to meet zero-carbon targets, we prioritized refurbishment of existing assets over new-build projects when feasible. Refurbishing existing buildings is more cost-effective and helps reduce embodied carbon, aligning with Scottish Government's Whole System Planning directive to maximize the use of our existing built assets.
- Sustainable Design and Construction (SDaC) Guide - For projects above our delegated limits (currently £5m), we adhered to the Sustainable Design and Construction (SDaC) Guide (SHTN 02-01). This guide helps ensure that our construction projects meet sustainability standards, incorporating environmental considerations into every phase.
- Material Reuse and Energy Efficiency in Refurbishments - During refurbishment projects, we focused on reusing materials and equipment where possible. We prioritized improving the energy efficiency of our assets by integrating energy-saving technologies such as LED lighting.
- BREEAM Accreditation - The recently completed National Treatment Centre achieved a 'very good' rating under BREEAM 2018 (a predecessor to SHTN 02-01), demonstrating our commitment to sustainable construction practices.

Additionally, our proposed health and wellbeing centers in Lochgelly and Kincardine were developed using the SHTN 02-01 framework, ensuring they align with sustainable design principles.

Future Plans - Moving forward, NHS Fife will continue to be selective in our approach to new construction projects, opting for refurbishment where possible and ensuring that all projects adhere to sustainable design principles to meet zero-carbon targets and improve environmental performance across our estate.

Sustainable Communities

The climate emergency undermines the foundations of good health and deepens inequalities for our most deprived communities.

The NHS touches every community in Scotland. We have a responsibility to use our abilities as a large employer, a major buyer and one of the most recognised brands in the world - an anchor organisation - to protect and support our communities' health and wellbeing.

What are we doing to act as an Anchor Institution for our local community?

We are part of NHS Fife's Anchor Operational Group and are using the Progression Framework to monitor the implementation of key objectives. These objectives relate to what we can do in practice specifically relating to environment, sustainability & assets.

Actions are broken down into the following categories:

- Climate emergency & response
- Environmental Policy and EMS
- Waste, resource use and pollution
- Energy use, efficiency and resource
- Unnecessary use of plastic and reduction in single-use plastic
- Transport
- Building & infrastructure
- Natural environment, green infrastructure & environment
- Community use of facilities and outdoor estates and 'good' neighbour role
- Strategic planning, regeneration and good design of infrastructure

The NHS Fife Board is fulfilling its duty as an Anchor Institution by influencing and engaging with the local community in many ways, and much of this work is highlighted throughout this report.

In addition, please see several ways we have positively engaged with the local Fife community:

- Membership on the Green Health Partnership Steering Group. This partnership aims to find ways to make the most of green health opportunities, bringing together health, social care, environment, leisure, sport and active travel to make more use of local green space as a health-promoting resource.
- Allowing community groups to use our greenspace for community projects. We recently hosted a greenspace event with the Fife Community Climate Action Network (FCCAN) where we invited local community groups to hear about how they can use our land and the types of projects they could start.
- Working collaboratively with Fife Council to use our greenspace for allotments. These allotments will be available for individuals in the community as well as community groups.

Finally, we have published our anchor strategy 'Living well, working well and flourishing in Fife.' This strategy aims to support NHS Fife in maximising our social and economic impact in the local community.

What are we doing to improve the resilience of our local community to climate change?

NHS Fife is actively working to improve the resilience of the local community to climate change through several collaborative initiatives and targeted actions:

- Climate Change Risk Assessment - NHS Fife developed a comprehensive Climate Change Risk Assessment to identify and understand the key climate risks facing our operations and the wider community. This assessment enables us to pinpoint areas where we can mitigate the effects of climate change, such as flooding, rising temperatures and coastal change.
- Partnership with Fife Council - We work closely with Fife Council on climate adaptation initiatives to ensure a co-ordinated approach to addressing the region's climate risks. This collaboration strengthens our collective ability to adapt to climate challenges and implement effective solutions.
- Climate-Ready South-East Scotland (CRSES) Advisory Group - NHS Fife is a member of the CRSES Advisory Group, which is developing south-east Scotland's first Regional Climate Risk Assessment. This Regional Assessment will help identify priority areas for adaptation, ensuring that climate resilience strategies are region-specific and tailored to local needs.
- FCCAN (Fife Communities Climate Action Network) - As part of FCCAN, NHS Fife is fostering community connections and promoting the sharing of local knowledge and experience. This helps strengthen the resilience of communities in Fife, empowering local groups to take climate action and collaborate on solutions to climate-related challenges.

Conclusion

In 2023/24, NHS Fife has made significant strides toward integrating sustainability and environmental stewardship into its operations, reflecting our commitment to addressing climate change and biodiversity loss.

We have made notable progress in reducing the environmental impact of travel through promoting active travel initiatives and enhancing public and community transport links, particularly through hosting active travel events and improving patient transport services.

In terms of biodiversity, NHS Fife has been proactive in planting oak trees, reducing grass cutting to encourage wildflower growth and collaborating with partners to protect and enhance local ecosystems.

Our 2030 Greenspace Strategy has been pivotal in providing a structured approach to developing our greenspace as well as mainstreaming biodiversity efforts across the Board.

Efforts to reduce waste have focused on improving waste segregation, minimising clinical waste and fostering a culture of recycling, with future initiatives centred around staff engagement and mandatory training.

Our work on environmental management systems (EMS) is progressing, with the establishment of a resolute Sustainability Officer and the development of key policy documents to guide our actions. This aligns with our broader efforts to reduce waste, improve energy efficiency and create a more sustainable operational framework.

NHS Fife's approach to sustainable construction has prioritised refurbishment over new builds where possible, utilising resources efficiently while aligning with Scottish Government directives.

In addition, our role as an Anchor Institution in the local community has been strengthened through partnerships with local organisations, making use of green spaces for community projects, allotments, and climate adaptation initiatives.

Looking ahead, NHS Fife is committed to continuing this momentum in 2024/25, with plans to further refine waste management practices, advance our EMS, reduce energy consumption and enhance the resilience of both our healthcare services and local communities to the climate emergency.

By embedding sustainability across all levels of our organisation, we are not only safeguarding the health and well-being of our patients and staff but also contributing to a more sustainable and resilient future for the communities we serve.

EQUALITY & HUMAN RIGHTS STEERING GROUP

(Meeting on 7 November 2024)

Enclosed are the minutes for the NHS Fife Equality and Human Rights Steering Group that met on 07.11.24. Discussion points within this meeting are: Anti-Racism Discussion, Workforce Update including LGBT Network, Equality Outcomes and Inequalities.

CONFIRMED MINUTE OF THE EQUALITY AND HUMAN RIGHTS STEERING GROUP HELD ON 7TH NOVEMBER AT 2.30PM VIA TEAMS

CO-CHAIRS:

Janette Keenan, Director of Nursing (Executive Lead for Equality and Human Rights) and Isla Bumba, Equality and Human Rights Lead

PRESENT:

Gordon Strang	Interim Lead Chaplain	GS
Isla Bumba	Equality and Human Rights Lead	IS
Jamie Doyle	Head of Nursing (Corporate Acute)	JD
Janette Keenan	Director of Nursing	JK
John Smith	Porter Manager	JS
Matt Valenti	Information Governance & Security Lead	MV
Karen Whatton	Lead Nurse – Care Home Assurance and Support	KW
Brian McKenna	Human Resources Manager	BM
Fiona Smit	Pharmacy Technician	FS
Debbie McGirr	Speak Up/Whistleblowing Co-ordinator	DM
Steven Knapman	Business Intelligence Lead	SK
Louise Radcliffe	FHSCP Organisational Development and Culture Specialist	LR
Karen Whatton	Care Home Assurance and Support Nursing	KW
Sally O'Brien	Head of Nursing Care Home Assurance and FNP Lead	SO
Mhairi Gilmour	Public Health Scientist	MG

Heather Kirkbride Administrator Equality and Human Rights Team (Minutes)

APOLOGIES:

Aileen Lawrie	Director of Midwifery
Jackie Millen	Interim Learning & Development Manager Organisational Development Officer
Kerry Duffy	PPP Operational Contract Manger, Estates Central
Lorna Watson	Consultant in Public Health Medicine
Olivia Robertson	Senior Manager Children's Services & Rheumatology
Rhona Waugh	Head of Workforce, Planning and Staff Wellbeing
Sade Abiola	Senior Clinical Pharmacist
Torifnn Thorbjornsen	Head of Information Management
Zahida Ramzan	Policy Coordinator, Fife Council

1. ANTI-RACISM DISCUSSION

- NHS Fife is committed to implementing the Anti-Racism Strategy, which aligns with Workforce objectives
- JK will meet with the NHS Fife Chief Executive (CE) to discuss further steps.

NHS Grampian Anti-Racism Presentation:

- The presentation was well-received by staff, with positive feedback on the CE's personable video appearance.
- The Nigerian Independence Day event at the ARI canteen was particularly appreciated.

Staff Inclusion and Networks:

- FS noted NHS Grampian's successful staff networks, suggesting NHS Fife should consider re-establishing similar networks.
- During Black History Month, NHS Fife staff were directed to the dedicated blink page. FS recommended creating original content to show greater support.
- FS emphasized learning from Grampian's approach and including individuals from ethnic backgrounds and other protected characteristics.
- JK agreed on the need for more senior leadership involvement and incorporating input from existing staff, including the 99 recently employed internationally qualified nurses
- IB highlighted the importance of staff trust, noting NHS Grampian's initial challenges with staff networks and the positive impact of the CE video.
- DM suggested including less senior staff in the steering group to enhance engagement.

Transparency and Communication:

- FS expressed concerns about the group's perceived secrecy and inquired about the dissemination of minutes.
- DM stated that to effectively engage with staff from these groups, it is essential to include them in steering groups like this one. She suggested that adopting a bottom-up approach might be more engaging by having staff from less senior levels attend.
- JK clarified that minutes are sent to the Public Health and Wellbeing Committee (PHWC) and Staff Governance Committee. The group includes JK and the Area Partnership Forum (APF).
- The Board holds regular Equality and Human Rights development sessions. Last year, the Diverse Ethnicity Staff survey was presented to the APF and other governance committees.
- JK will liaise with Practice Development to potentially include international nurses or new radiographers in the group.

Roles and Representation:

- MG inquired about the roles of group members. JK stated that members should raise awareness within their teams and bring agenda items to the group.
- FS noted the absence of Pharmacy representation. JK mentioned the group's restructuring due to poor attendance and outcomes, and IB suggested introducing volunteer members to represent protected characteristics. IB and JK will review this.
- JK acknowledged the small size of the NHS Fife Equalities team and commended their efforts.
- Staff Communications:
 - It was requested that RL review staff communications to better publicize the group and its remit.

2. WORKFORCE UPDATE INCLUDING LGBT+ NETWORK

BM provided the Workforce update:

- The Workforce Equality subgroup met in October. At the meeting there was excitement on the Anti-Racism forthcoming presentation by NHS Grampian.
- The NHS Fife Equality Workforce report has been published. In the report we compare our workforce to the wider community we serve. To be circulated to the group
- We are utilising the census information as it gets published which results in us reviewing our documentation and updating where needed.
- E-Learning resource and mandatory training that is available on Turas is being updated and reviewed.
- There have been discussions around the non-pay award last year.
- Discussion around protected Learning time

MV provided the LGBT Plus Network Update:

- The network has held two formal meetings and one planning meeting.
- The network is open to LGBT Plus individuals and allies.
- A survey conducted earlier in the year indicated significant interest in the network, with over 100 staff members expressing interest.
- The network aims to provide a safe space for staff who may not be out at work.
- The goal is for the network to become self-sustaining over time, with NHS Fife providing initial support.
- The network will eventually transition to being employee-led.
- It is hoped that the network will evolve organically, with plans to replicate successful elements in other staff networks, such as a potential disabled employee network.
- NHS Fife Communications team are setting up a dedicated page possibility in the Equality and Human Rights for the networks and there is a team channel setup. JS commented that not all staff have access to computers so information like poster etc will need to be sent out to key staff members for onwards distribution/display.
- Running pop up stalls throughout NHS Fife promoting the network.

Feedback from the survey highlighted several areas of interest:

- Involvement in local events and places.
- Peer support training and services.
- Safe spaces for socializing and networking.
- Participation in policy and practice development within NHS Fife.

Meetings:

- Future meetings will not always be on Fridays or at lunchtime to accommodate more participants.
- Meetings will not always be held at the Victoria Hospital.
- Efforts will be made to avoid scheduling meetings during school holidays.

Membership:

- Yasmin Morgan has been appointed as the Vice Chair of the network and MV as the Chair.
- Yasmin and MV have a meeting scheduled with IB and RW to discuss the network's future coordination.
- The network is looking for a secretary.
- Discussions are ongoing with LR about potential collaboration for this network and others.
- Individuals from partner organisations without an LGBT+ network may join NHS Fife's network, with some restrictions during NHS-specific business.

Additional Points:

- MV asked members to contribute any ideas on making their workplace more inclusive via this link: <https://forms.office.com/e/H5Na5RA523>
Suggestions included adding pronouns to email signatures and contact cards.
- MV emphasized the support from the Executive Leadership group, JK, and other executive directors, despite the network being in its early stages, as encouraging. He expressed his appreciation and thanked everyone involved.
- The network's development and activities will continue to be shared with the group.
- GS commented on applying the learning to other networks and expressed interest in setting up a network for faith groups, as he has been approached by such groups.

3. MINUTE AND ACTION TRACKER



E&HR Meeting
Tracker -LIVE

4. ANY OTHER BUSINESS/ITEMS TO ADD TO NEXT MEETING

4.1 Equality Outcomes

- Progress has been made on the Equality Outcomes (EO) Final Report which is almost finished. The draft version will be shared with the group for feedback soon.
- EO Mainstreaming Plan 2025-2029 is progressing but requires more work. NHS Fife are required to include Equality Outcomes in the plan. IB presented her proposed EOs to the group.
- An EO focused on trans issues is being considered. NHS Fife is developing both a patient-focused and a workforce Trans policy.

4.2 General Inequalities & the Groups Remit

- MG raised the issue around health inequalities and marginalized groups,
- querying whether it was within this groups remit to consider other vulnerable groups in addition to protected characteristics, highlighting that the Stage 2 EQIA forms already cover areas like poverty and substance use.
- .
- Discussion was had around exploring which aspects of equalities and inequalities relate to the different governance groups throughout fife.
- The group discussed avoiding duplication of other groups' work. JK emphasized not adding to IB's workload.
- It was agreed to discuss this work at future meetings as agenda items and to consider the proposal, reviewing the group's role and remit going forward.
- A Fairer Financial Decisions paper was developed as part of Reform, Transform, and Perform (RTP), based on work by NHS Lothian. A report was sent to EDG, but we are not aware if further action has been taken since.
-
- MG also mentioned that a development session was being set up to establish if there is a requirement for a specific health inclusion network in Fife. IB requested to be invited, the session will be held in early December.
- FS stated Pharmacy could help to which MG agreed and thanked FS.
-
- IB stated that there had been valuable conversations around the role, remit and membership of this group which she will review and bring an updated version to the next meeting.

4.3 Neurodiversity Event

LR informed the group about the upcoming neurodiversity event:

- The event will be held on December 2nd in Kirkcaldy from 1:30 PM to 3:30 PM.
- This initiative was inspired by the overwhelming response to an article published about neurodivergent staff experiences. The article led to a significant number of staff reaching out, expressing that it was the first time they felt seen and asking about next steps.
- EH from Fife Centre for Equalities has supported this work.
- A room has been identified for the event that can accommodate up to 88 people, but the plan is to keep the event to around 60 attendees.

- The event session is being designed by members of their Employee Resource Group, many of whom are neurodivergent. It is important that community members shape the sessions, as they have lived experience.
- An invite link will be sent to IB for distribution to the group.

5. DATE OF NEXT MEETING

The next meeting will take place on Tuesday 4th February 2025 at 2.30pm via MS Teams

PUBLIC HEALTH ASSURANCE GROUP

(Meeting on 23 October 2024)

No issues were raised for escalation to the Public Health & Wellbeing Committee.

Department of Public Health

Bankhead Central Office, Glenrothes, KY7 6GH

Confirmed minute of the Public Health Assurance Committee Meeting (PHAC) held on Wednesday 23 October 2024 at 2.30pm via Microsoft Teams

Present:

Joy Tomlinson (Chair)	Director of Public Health
Kemi Oyedeji (OO)	Consultant in Public Health Medicine
Emma O’Keefe (EOK)	Consultant in Dental Public Health
Aileen Boags (AB)	Lead Pharmacist PH & Community Pharmacy Services
Esther Curnock (EC)	Consultant in Public Health Medicine
Duncan Fortescue-Webb (DFW)	Consultant in Public Health Medicine
Sharon Crabb (SCr)	Public Health Service Manager

In Attendance:

Cathy Cooke (CCo)	Public Health Scientist
Rishma Maini (RM)	Consultant in Public Health Medicine
Sally O’Brien (SOB)	Head of Nursing, Health & Social Care Partnership
Brenda Ward (BW)	Executive Assistant to Director of Public Health

ACTION

1. **Welcome and Apologies**
The Chair welcomed everyone to the meeting and apologies for absence were noted from Lynn Barker and Sue Cameron.
2. **Minute of previous meetings held on 21 August 2024**
The minute of the previous meeting was agreed as an accurate record.
3. **Review of Action Log**
The action log was discussed by the Committee, actions were updated and closed where complete.
4. **Public Health Assurance Annual Workplan 2024**
The Public Health Assurance Annual Workplan 2024 was reviewed by the Committee and the Committee were asked by the Chair to feedback on any gaps or additional papers.
5. **PHAC Terms of Reference**
The Chair said the PHAC Terms of Reference circulated with the papers included a minor update to the governance structure which now includes the East Region Health Protection Service as a direct report to the Committee.

The Chair asked the Committee to consider the frequency of the PHAC meetings and proposed a change from bi-monthly meetings to quarterly with ad-hoc meetings scheduled to discuss any urgent issues. The Committee were asked if the meeting frequency reduction would cause any difficulties with reporting and no objections were raised.

The Committee **approved** the updated Terms of Reference.

6. Identified Near Misses, Critical Incidents & Learning

No Items were raised.

7. Emerging Issues

No Items were raised.

8. New prospective risks

8.1 New Risk - Tuberculosis

FB provided the Committee with an overview of the new proposed risk on Tuberculosis for NHS Fife. The paper outlined whilst Fife is a low incidence area within Scotland there is a national surveillance and data reporting an increase of incidents across Scotland with cases becoming more complex and requiring enhanced case management. The Chair thanked FB for preparing the report and said the Tuberculosis is a national issue with a pattern emerging across Scotland and Fife have an opportunity to learn from other Boards. The Committee agreed the next step would be for FB to arrange a multi-disciplinary Deep Dive Review with representation from Public Health, Health Protection, Clinical, Pediatrics and Pharmacy.

The Committee **noted** the report.

9. Corporate Risks

9.1 Health Inequalities Risk

RM provided the Committee with a high-level overview of the work underway to address Health Inequalities throughout the organisation and the Committee were asked to consider reducing the current risk score from High 20 (Likelihood 5, Consequence 4). The Committee discussed the risk level and **agreed** the Likelihood level could be reduced from level 5 to level 4 with the Consequence remaining at level 4. The overall risk level would therefore remain High on the Corporate Risk Register but the risk would reduce from level 20 to level 16 (Likelihood 4; Consequence 4). The step down in the Likelihood level is a result of the wide range of sources of evidence available and the mitigations currently in place throughout the organisation.

The Committee **approved** the verbal report

10. Review of current risks on Public Health Register

10.1 Risk 528 Pandemic Framework Group

The Committee **agreed** the risk update provided by DFW, the risk status level would remain at Moderate 12 and the risk will be reviewed at the PHAC meeting on 26 February 2025.

10.2 Risk 2222 No Cervix Exclusion – Cervical Screening Incident

The Committee **agreed** the risk update provided by OO and the recommendation for the for Risk 2222 to be closed as the Cervical Exclusion Audit for Fife has been concluded. OO advised following the audit the key message for the Committee is to date no patients have come to harm because of inappropriate exclusion from screening.

The Chair said the NHS Fife Cervical Exclusion Audit Report (2023/24 Wider Cohort) circulated with the papers was noted at the EDG meeting on 18 October 2024 and will be taken forward to the PHWC meeting on 11 November 2024 for review and approval.

- 10.3 Risk 2974 Business Continuity Management Systems
The Committee **agreed** the risk update provided by Chair (on behalf of Sue Cameron), the risk status level would remain at Moderate 9 and the risk will be reviewed at the PHAC meeting on 26 February 2025.
- 10.4 Risk 3026 Respiratory Infections for vulnerable settings
The Committee **agreed** the risk update provided by DFW, the risk status level would remain at Moderate 12 and the risk will be reviewed at the PHAC meeting on 26 February 2025.
- 10.5 Risk 3027 Emerging infectious disease
The Committee **agreed** the risk update provided by DFW, the risk status level would remain at Moderate 9 and the risk will be reviewed at the PHAC meeting in February 2025.

11. Annual Report to Governance Committees

- 11.1 Public Health Screening Programmes Annual Report 2024
CCo provided the Committee with a high-level overview of the Public Health Screening Programmes Annual Report 2024 which includes information on the six national screening programmes in Fife (Abdominal Aortic Aneurysm, Bowel, Breast, Cervical, Diabetic and Pregnancy and Newborn). The Chair said the Public Health Screening Programmes Annual Report 2024 was noted at the EDG meeting on 18 October 2024 and will be presented at the PHWC meeting on 11 November for review and approval.

The Committee **approved** the report.

- 11.2 Joint Health Protection Plan 2024
DFW presented the updated Joint Health Protection Plan (JHPP) to the Committee which provides an overview of Health Protection priorities (Communicable Disease and Environmental Health), provision and preparedness for NHS Board area covering the period 01 April 2024 to 31 March 2026. The Chair said the JHPP report was noted at the EDG meeting on 18 October 2024 and will be taken to PHWC on 11 November to PHWC for review and approval.

The Committee **approved** the report.

12. Governance Reporting

No items were raised.

13. For Information

- 13.1 Public Health Annual Delivery Plan Report
The Public Health elements of the Annual Delivery Plan Report was shared with the Committee for information.

The Committee **noted** the content of the report.

- 13.2 PHAC Meeting Schedule 2025
This item was discussed under item 5.

14. **AOCB**
No items were raised.
15. **Any issues to escalate to Public Health & Wellbeing Committee**
No items were put forward.
16. **Date of Next Meeting**
Wednesday 18 December 2024 at 2:30pm via MS Teams