


# Caring for Fife together

**NMAHP strategy 2026-2030**

---

Nurturing wellbeing,  
delivering excellence and  
transforming outcomes.





**Together,** we will not only  
meet the challenges ahead,  
we will set the standard  
and lead the way.

### **Strategy development group**

Norma Beveridge, Enya Lee, Eugene Adams, Amzu Parpia,  
Gemma MacDonald, Aidan McGlashan, Gillian Malone, Kendall Ovens,  
Louise Plunkett, Rachel Black, Tanya Lonergan, Avril Kellock, Ashley  
Norcross, Wilma Burt, Gemma Wilson, Pauline Hunter, Sarah MacDonald,  
Carly Johnston and Gillian McAuley.

© NHS Fife  
Published May 2026

This document is licensed under the Creative Commons Attribution-Noncommercial-NoDerivatives 4.0 International Licence. This allows for the copy and redistribution of this document as long as NHS Fife is fully acknowledged and given credit. The material must not be remixed, transformed or built upon in any way. To view a copy of this licence, visit <https://creativecommons.org/licenses/by-nc-nd/4.0/>

[nhsfife.org](https://nhsfife.org)

# Contents

Welcome	4
A brief overview of NHS Fife	6
Introduction	8
Strategy overview	10
People nurtured to thrive	13
Processes enabled to deliver excellence	19
Prevention leads to better outcomes	23
Leadership	27
Delivering safe, high-quality care	32
Person-centred	36
Workforce	41
Education and research	44
How the strategy will be implemented	48
Strategy deliverables 2026–2030	49

# Welcome

**As Executive Nurse Director, I am immensely proud to lead our Nursing, Midwifery, and Allied Health Professional (NMAHP) workforce. Every day, you place people at the centre of everything you do, listening to what matters most and responding with skill, compassion and professionalism to improve lives across Fife.**

Our NMAHP professionals deliver exceptional care in an increasingly complex and pressurised system. We recognise the realities you face, rising demand, workload intensity, digital transformation, variation in processes and the personal resilience required to sustain high-quality care. This strategy is grounded in those realities and in a deep respect for your expertise, commitment and contribution.

The strategy is designed for this moment. It brings clarity, direction and confidence, addressing the pressures we face head-on while creating the conditions for safer systems, stronger leadership, and a workforce empowered to work at the top of their professional contribution. Through staff care, a wellbeing focus, reliable processes, compassionate cultures and a relentless focus on prevention, we will elevate the quality, safety and experience of care and work across every setting.

Our ambition is bold. We aim to position NMAHPs in NHS Fife as national leaders in person-centred, evidence-based, data-informed and prevention-focused care. We will nurture a thriving workforce, grow exceptional leaders and demonstrate what is possible when professional excellence is matched with strategic clarity and deeply held values. Together, we will not only meet the challenges ahead but also set the standard and lead the way.

We are committed to creating a future where every individual is empowered not only to build a meaningful and progressive career but also to play an active role in shaping the direction of a truly innovative organisation. This includes working collaboratively with colleagues across the East of Scotland, through the new sub-national planning structures, to shape shared change, innovation and improvement at scale.

Our vision is for NHS Fife to lead the way in excellence, where our NMAHPs are inspired and equipped to reach their highest potential, embracing new opportunities, and driving transformation across NHS Fife and the wider region.

In Fife, one of Scotland's most scenic and vibrant regions, our dedication to excellence goes beyond professional development; it's about cultivating an environment where everyone can flourish, both personally and professionally, and build a life as well as a career.

**Together, we strive to redefine what care means, enriching lives, inspiring hope and shaping the future of health and wellbeing across our communities.**



**Gillian McAuley**  
Executive Nurse Director

# A brief overview of NHS Fife

**Fife is a diverse and growing community whose health needs are changing as people live longer with more complex conditions. We serve urban centres, rural communities and coastal towns, each with distinct strengths and challenges, including widening inequalities and increasing demand for care.**

While the Burden of Disease analysis highlights dementia, cardiometabolic disease, cancer, respiratory disease, mental health conditions and substance related harm as leading contributors to ill health and premature mortality in Fife, it is important to recognise the life course origins of this burden. Health outcomes in adulthood are strongly shaped by experiences in early childhood, adolescence and the perinatal period.

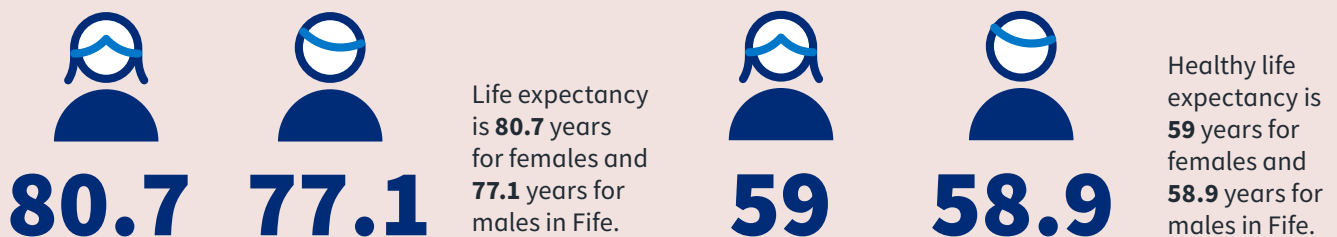
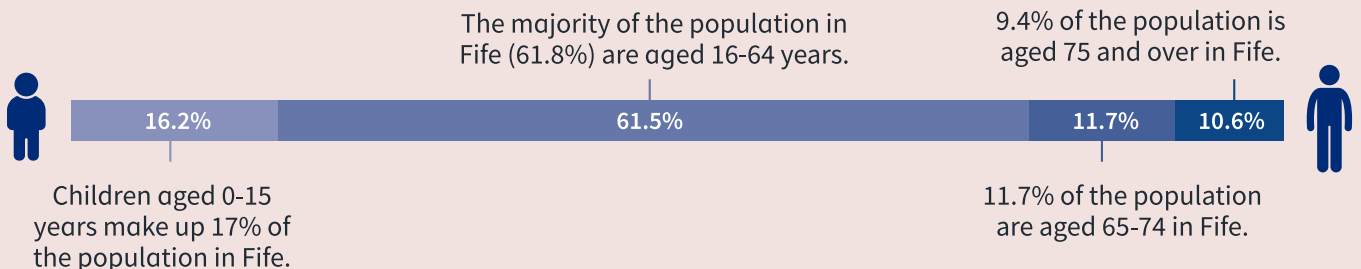
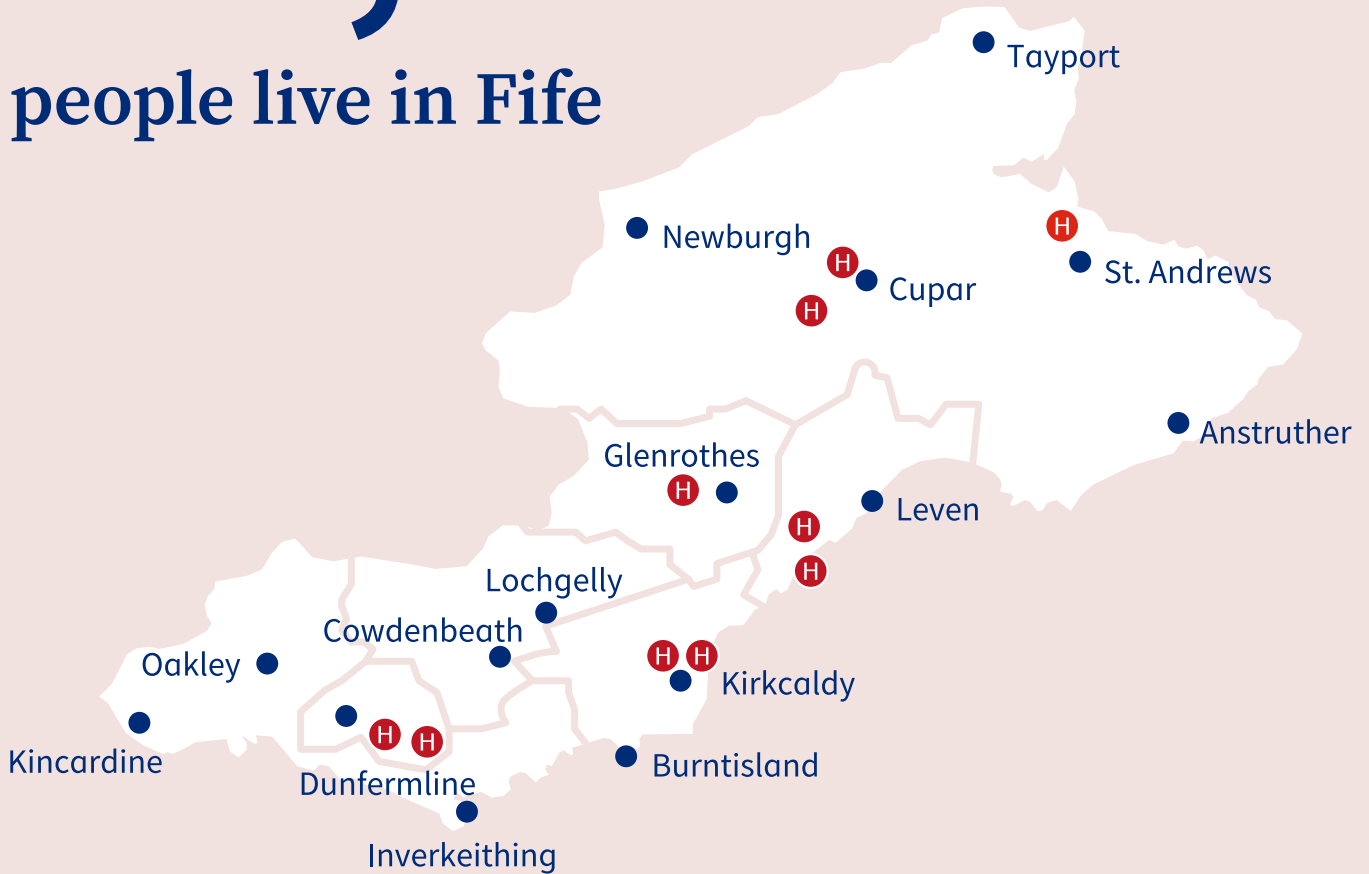
In Fife, children and young people face significant and widening challenges related to mental wellbeing, neurodevelopmental needs, poverty and adverse childhood experiences, all of which have long-term implications for population health. Similarly, maternal health before, during and after pregnancy plays a critical role in shaping outcomes for both women and babies, influencing future physical health, mental wellbeing and health inequalities. Enhancing prevention, early intervention, and family-centred support in maternity and children's services is vital for reducing disease burden and improving lifelong health. These challenges shape current practice and demand how we must adapt in the future. They also reinforce the need to keep staff wellbeing central to service delivery, recognising that how we care for our staff directly impacts the care our communities receive.

We are moving into a new phase of service planning and transformation, with an increasing focus on sub national collaboration across the East of Scotland. Through new sub national planning arrangements, there is an opportunity to plan services at a scale that supports specialist provision, workforce sustainability and long term system resilience.

For our NMAHP workforce, this means being an active and influential partner within regional discussions, shaping decisions, contributing our expertise, and influencing approaches to service, workforce planning and the development of sustainable education pipelines, while ensuring the needs of Fife's communities are clearly represented.

# 374,760

people live in Fife



# Introduction

**Nursing, Midwifery and Allied Health Professionals (NMAHPs) are integral to delivering Fife’s ambitions for high-quality, safe and person-centred care. Across the organisation in a variety of care settings, NMAHPs work with individuals, families, and communities to improve outcomes, reduce health inequalities and support people to live well for longer.**

This NMAHP Strategy aligns directly with NHS Fife’s Population Health Strategy and NHS Scotland’s Service Renewal Framework, ensuring our approach to workforce, quality, prevention and person-centred and person-led care is grounded in the needs of our people and communities, building a healthier, fairer Fife for all. It also sets out a clear, coherent and outcomes-focused framework for NMAHP practice, leadership and development. It reflects national direction, local priorities and the collective responsibility of NMAHPs to contribute to sustainable services, population health and prevention-focused care.

## Strategic framework

The NMAHP Strategy is set out in three core Strategy Domains – People, Processes, and Prevention.

These domains describe what matters most for NMAHP contribution and impact:

**People** – supporting a skilled, compassionate and resilient workforce, with staff wellbeing at its core, and delivering care that is centred on the needs, rights and experiences of individuals and communities.

**Processes** – ensuring systems, pathways and ways of working, including digital and virtual approaches, enable safe, effective and timely care.

**Prevention** – strengthening early intervention, anticipatory care and population-based approaches to reduce harm, inequality and avoidable demand.

Progress across these domains is enabled through six Strategic Enablers:

**Leadership, Quality and Safety, Workforce, Education, Research and Person-Centredness.** The enablers describe how improvement is achieved, creating the conditions for consistent practice, continuous learning, innovation and sustainable change across all NMAHP roles and settings.

## How the strategy works

- The Strategy Domains provide the strategic focus and shared direction for NMAHP contribution.
- The Strategic Enablers support delivery by shaping culture, capability and system leadership.
- Golden Thread statements set out within the enablers ensure alignment with values, national ambitions and local action.

## Equality, diversity and human rights

A strong commitment to equality, diversity, inclusion, and human rights underpins this strategy. We recognise that not everyone experiences health, care, or employment in the same way, and that addressing inequality is fundamental to improving outcomes.

A human-rights-based approach informs the strategy, this means:

- designing and delivering care that is equitable, accessible and responsive
- supporting NMAHPs to recognise and address health inequalities and unwarranted variation
- creating inclusive cultures where the workforce feels valued, respected and able to thrive
- prioritising prevention and early intervention to reduce avoidable harm and disadvantage.

By embedding equality and human rights across leadership, quality and safety, workforce, education and research, the strategy ensures improvement is both effective and fair.

## A connected and coherent approach

By clearly articulating what we are seeking to achieve (the Strategy Domains), how we will deliver (the Strategic Enablers), and what guides our actions (the Golden Thread), this strategy provides a shared narrative and practical framework for action. It supports NMAHPs across NHS Fife to work collectively, consistently and with purpose, contributing to better outcomes for the population and a sustainable, empowered workforce.

# Strategy overview

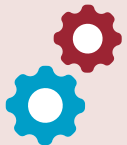
**Our vision:** A healthier Fife, living well with compassionate, high-quality care.

**Our ambition:** We will nurture a compassionate, confident and connected Nursing Midwifery and Allied Health Professional workforce who feel empowered to grow, innovate and lead. Together we will champion prevention, inclusive and meaningful positive outcomes for every person in Fife.

## Strategy domains:



People nurtured to thrive



Processes enabled to deliver excellence



Prevention leads to better outcomes

## Strategy enablers:



Our golden thread statements support alignment with values, and the equality commitments set a human rights approach.

## Equality and human rights commitment one

We are committed to a fairer Fife where every person, regardless of background, identity or circumstance, can access safe, high-quality care.

Our ambition embeds equity as a core outcome: reducing unwarranted variation, removing structural barriers, and ensuring that our processes and workforce reflect the diversity of the communities we serve.

## Our approach

The strategy was shaped through a series of 'Wee Listen' sessions, where staff participated in workshop style conversations. Their insights were themed and used by the NMAHP Strategy Development Group to identify the key components of the strategy. In parallel, the Executive Nurse Director undertook listening tours, meeting staff in their clinical environments to hear firsthand what was working well and where improvements were needed. The NMAHP Strategy Development Group was established from those who volunteered during the listening sessions and the tour. Together, these rich perspectives informed and grounded the development of the strategy. Once developed a consultation period allowed feedback and further refinement.

## What you said

**“Build compassion and kindness in everyday practice”**

**“Digital systems are not well connected and lead to duplication”**

**“Workload pressures and competing demands leading to stress and burnout”**

**“Visible compassionate and authentic leadership will help us move forward”**

**“Key pathways have grown organically rather than designed as a whole”**

**“A space where it is safe to learn and make mistakes”**

**“A culture of empowerment, kindness and collaboration where we are included in decisions”**





# People nurtured to thrive

High-quality care relies not only on skills and knowledge but also on environments and cultures that promote staff wellbeing and enable people to work safely, confidently and compassionately. Across NHS Fife, NMAHP colleagues have highlighted the importance of feeling protected, supported and empowered to raise concerns, recognising the link between wellbeing, safety, and quality of care. When our NMAHPs are nurtured to thrive psychologically, spiritually, emotionally and professionally, we enable excellence.

When staff experience autonomy, belonging and contribution, have appropriate control over their work, feel valued and included, and know their skills make a difference, they are more likely to act on risks, speak up early, engage in improvement, and deliver care they are proud of.



**Strategic intent:** Our ambition is to create an environment where safety is embedded in the culture, systems, and daily practice of every team. Staff feel competent, confident and supported; empowered to escalate risk; and able to influence care and engage in improvement.

## Autonomy

Capability and authority to use professional judgement, by implementing the following:

### Competence and confidence

- Regular simulation and clinical skills training.
- Structured orientation, preceptorship and competency programmes for newly qualified staff.
- Protected time for mandatory training, continued professional development (CPD) and supervision.
- Pathways for Advanced Practice and leadership development.
- Engagement in Quality Improvement activity.

## Safe staffing and workload protection

- Evidence-based staffing standards applied across settings.
- Real-time staffing oversight and application of professional judgement tools.
- Protected break times, effective rostering and workload planning.
- Succession planning to maintain resilience and service continuity.

**Outcome:** Staff feel able and empowered to pause, escalate and act in the interests of patient safety.

## Belonging

Feeling psychologically safe, respected, and supported, by implementing the following:

### Psychological safety and belonging

- Celebrate successes, spread innovation, learning and good practice.
- Foster cultures where staff feel safe to raise concerns, report incidents and ask for help.
- Use structured debriefs to enable reflective learning and problem solving.
- Recognise and value good practice improvement and teamwork.
- Promote leadership that is accessible, inclusive, and responsive.

### Professional support and wellbeing

- Access wellbeing tools, spiritual care, and support services.
- Practice in a trauma-informed way in line with relevant frameworks.
- Proactive team wellbeing initiatives and peer support.
- Structured reflective practice, including Values-Based Reflective Practice.

### Wellbeing as a safety indicator

- Annual engagement surveys with actionable follow-up.
- Appraisals integrating wellbeing and professional development.
- Monitoring absence, turnover and return-to-work support.

**Outcome:** Belonging strengthens trust, retention, and psychological safety across teams.

## Contribution

Maximise the contributions of every team member on the delivery of care and improvement by implementing the following:

### Ensure

- Regular team and structured safety meetings.
- Participation in audits, QI projects, and governance forums.
- Visibility of leadership through walkabouts, shadowing, and engagement.
- Distributed leadership across professions and grades.
- Leadership and compassionate leadership training and development.

**Outcome:** Staff insights inform continuous improvement and decision-making, enabling meaningful engagement and proactive safety culture.

## People in context and success measures

### How people will support our broader strategy

People are central to the delivery of safe, preventative, and high-quality care. This includes not only the people we care for but also our staff, who must be cared for, listened to, and supported. When staff are valued as people as well as professionals, they are enabled to reflect, learn, and act with confidence in complex environments. Creating the conditions for our people to thrive is therefore fundamental to patient safety, service quality, and sustainable improvement.

## **We will know we are succeeding when:**

- Staff confidently use professional judgement and escalate concerns appropriately.
- Teams report feeling psychologically safe, valued, and supported.
- Learning from incidents is visible and embedded in practice.
- Staffing decisions are transparent, responsive to acuity, and aligned to skill mix.
- Protected time for training, reflection, and wellbeing is consistently available.
- Leaders are visible, compassionate, and supportive.
- Staff are proud of the care they deliver.

### **Equalities and human rights commitment two**

We commit to creating an environment where every NMAHP feels they belong, with fair access to development, safe [staffing conditions](#), and [supportive leadership](#).

We will actively challenge prejudice and discrimination, bias and inequity by fostering inclusive team cultures, supporting diverse leadership pathways, and using wellbeing data to identify and reduce inequality across the workforce.







# Processes enabled to deliver excellence

High quality care relies not only on professional expertise and compassion, but also on the systems that enable staff to work efficiently and safely. As NHS Fife modernises and redesigns services, there is a clear opportunity to strengthen and streamline our processes. Our NMAHPs will shape systems and processes that enhance safety and efficiency, and enable excellent, preventative, person-centred care.

**Strategic Intent:** Our ambition is to establish intuitive, reliable systems that release time for care, remove avoidable burden, and enable staff to work at their best. Through a connected Quality Management System, modern digital infrastructure and consistent pathways, we will create the conditions for safer, more efficient and more person-centred practice.



## Building reliable, safe and predictable care processes

- Adopt clear, evidence-based ways of working across settings.
- Redesign and standardise all handover and escalation routines so information flows reliably, enabling safer decisions, and smoother transitions.
- Embed a proactive safety culture, expanding the use of real-time tools such as safety huddles, early warning systems, and predictive insights to anticipate risk before it emerges.

## Creating digital systems that work for staff

- Move toward a more unified digital environment with fewer separate systems.
- Streamline documentation so that NMAHP care is documented concisely and collectively.
- Ensure digital systems provide clear, real-time information, enhancing clinical decision-making, coordination, and communication across teams.
- Maximise the use of Artificial Intelligence at all levels to release time to care and improve NMAHP efficiency.

## Strengthening integration across services

- Co-design NMAHP pathways collaboratively across acute, community, and HSCP services across the life span.
- Expand interdisciplinary working practices and multidisciplinary problem solving.
- Build a consistent understanding of roles and shared expectations, ensuring every profession operates from the same standards and towards the same outcomes.

## Resolving long standing barriers

- Reduce administrative burden, replacing inefficient processes with automated, streamlined, and digitally enabled workflows
- Optimise physical flow and operational design, improving movement of people and staff wherever estate flexibility allows.
- Create once-for-Fife approaches that strengthen consistency, safety and efficiency.

# Process in context and success measures

## How processes support our broader strategy

Streamlined, dependable systems release time for meaningful connection, anticipatory care and prevention-focused practice. When pathways are clear, information flows reliably and digital tools support decision-making, clinicians are better able to act early and prevent avoidable harm.

### We will know we are succeeding when:

- Staff consistently spend significantly more time on direct, person-centred care, supported by efficient systems that remove avoidable effort.
- People experience seamless, coordinated journeys, with fewer delays, clearer transitions and predictable processes across all care settings.
- Care processes are standardised, reliable and transparent, enabling safer decisions and reducing variation across pathways.
- Administrative burden is markedly reduced, with fewer workarounds and more automated, well-designed workflows supporting staff.
- Digital tools are recognised by staff as transformative, intuitive, and enabling better decisions – with information accessible in real time and integrated across teams.
- Teams report higher confidence in prevention-focused practice, enabled by the time, data, and system stability required to work proactively.

### Equality and human rights commitment three

#### **Equality and human rights is integral to designing reliable, safe and person-centred processes.**

We will ensure that pathways, digital tools and documentation are accessible, culturally appropriate, and free from bias. We will engage with diverse staff and communities when redesigning processes, and will use Equality Impact Assessments to ensure our decisions do not discriminate against or proportionately disadvantage people with key protected characteristics.



# Prevention leads to better outcomes

Prevention is central to improving population health, reducing inequalities and limiting future burden of disease in Fife. A life-course approach recognises that many of the conditions contributing most to ill health are preventable or modifiable when action is taken early.

For NHS Fife, prevention means acting earlier, working differently and focusing effort where it can have the greatest long-term impact for individuals, families and communities. Prevention of harm to people in our care is also central to our prevention ambition.



**Strategic intent:** Our ambition is to embed prevention and early intervention as a core function of every NMAHP role. We will act earlier, work proactively across the life course, and focus our collective expertise where it can have the greatest long-term impact for individuals, families and communities.

## Prevent avoidable harm in care

Strengthen recognition and response to patient deterioration, sepsis, falls, pressure injury, venous thromboembolism and medication harm.

- Implement safer, standardised electronic systems (such as HEPMA, digitalised care planning) to reduce the risk of human error and missed information during transitions of care.
- Ensure staff training is regularly updated and competency is maintained.
- Assess risk at every appropriate opportunity using validated risk assessment tools to support early identification and intervention.
- Strengthen staff ability to recognise clinical deterioration across the life span and in all clinical settings before triggers are reached.
- Adopt consistent, standardised processes for treatment escalation plans.
- Embed ‘good conversations’ and documentation of future/anticipatory care Plans (FCP/ACP), ideally established before any acute hospital admission.

## Reduce preventable illness in the community

- Promote awareness and use of voluntary and community support, ensuring individuals, families, carers and parents-to-be know how and where to access information about services available within their communities.
- Support people with the knowledge and confidence to recognise changes in health or wellbeing, including changes in a child’s health or during pregnancy, and when care can no longer be safely managed at home.
- Encourage early help-seeking and anticipatory support, particularly at key life stages, reducing the likelihood of crisis situations.
- Use population health data to identify individuals, families and groups at higher risk of deterioration or hospital admission, enabling proactive and preventative care across the life course, including early years and maternity.
- Provide timely access to new treatments, enhanced monitoring and additional support where required, including during pregnancy, infancy, childhood and key transition points, to help prevent avoidable acute admissions.

## In partnership with public health and community services

- Liaise with local services to address the social determinants of health and support early intervention approaches, including support for children, families and pregnant women, and community-led alcohol and drug support groups.
- Promote lifestyle and behavior-change initiatives that improve physical health, reduce obesity and support mental wellbeing across the life course, including pre-conception, pregnancy and early years.
- Strengthening collaboration with local agencies across the voluntary, independent and third sectors to support coordinated, family-centered service delivery within communities.
- Work in partnership to reach individuals and families closer to their homes, delivering care and support in familiar and trusted community settings.

## Prevention in context and success measures

We will prioritise prevention across all stages of life, with particular emphasis on:

### Maternity and the early years

Supporting maternal physical and mental health before, during and after pregnancy, and giving children the best start in life through early intervention, attachment-focused care and proportionate universalism.

### Children and young people

Promoting emotional wellbeing, healthy development and resilience; addressing neurodevelopmental and mental health needs early; and mitigating the impacts of poverty and adverse childhood experiences.

### Adults and older people

Reducing risk and preventing progression of long-term conditions; supporting healthy ageing; and delaying or preventing frailty, dementia and loss of independence.

### What NMAHPs do to prevent harm and promote health

NMAHPs play a central role in prevention through NMAHP-led services, people and family education, and community outreach programmes. This includes supporting children, young people and women during pregnancy and early parenthood, enabling people to manage long-term conditions, and promoting mental health and emotional wellbeing.

Prevention also contributes to improved population health through targeted interventions for high-risk groups, collaboration with community and voluntary organisations, and anticipatory care approaches such as risk stratification and proactive case management. Collectively, these actions help reduce health inequalities, improve health outcomes, and support people to live healthier lives for longer.

**We will know we are succeeding when:**

- People are supported earlier, reducing avoidable harm and escalation.
- Improved staff wellbeing indicators linked to reduced preventable harm and enhanced continuity of care.
- Inequalities in outcomes for children, families and communities begin to narrow.
- Demand for acute and crisis-led services is reduced over time.
- Individuals and families feel enabled to manage their health and wellbeing.

**Equality and human rights commitment four**

**We recognise that health inequalities are preventable.**

Our prevention ambition prioritises targeted support for populations facing the greatest barriers, including children, young people and pregnant women, ensuring equitable access to screening, early intervention and community-based support. We will not replicate existing patterns of unequal access.



# Leadership

## The thread that connects people, process and prevention

NMAHP leadership is the critical enabler of this strategy. How we lead determines whether our people thrive, our processes work, and our ambition for prevention becomes reality. In NHS Fife, our approach to leadership is grounded in Our Leadership Way, a shared framework that describes how we lead at every level.

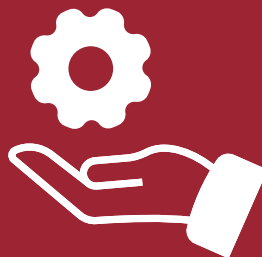
Our Leadership Way provides a shared language and philosophy for leadership at every level, recognising that leadership is not defined by role or title, but by how we influence, support and work with others to improve care and advance our shared purpose.

**The three components of Our Leadership Way – compassionate, adaptive and collaborative – connect directly with the three domains of this strategy: leading our people, leading our processes, and leading for prevention.**

Culture  
shapers



System  
improvers



Health  
advocates



## Leading our people — compassionate, inclusive and empowering

Clinical leaders at every level create the conditions where our NMAHP workforce feel valued, supported and able to perform at their best.

Grounded in Michael West’s Compassionate Leadership Framework, we clinically lead through attending, understanding, empathising and helping. Behaviours that strengthen psychological safety and reinforce our culture of belonging and contribution.

Attending

Understanding

Empathising

Helping

Our approach is also shaped by the principle of Intelligent Kindness: a deliberate, relational and values-based way of working that nurtures trust, reduces harm and builds the human connections essential to safe care.

Together, these commitments ensure our clinical leadership is compassionate, inclusive and empowering creating environments where people can flourish and care can thrive.

### **Leaders will:**

- Model empathy, active listening and respect
- Foster inclusive cultures where every voice matters
- Support professional development and leadership growth
- Enable staff to work to their full potential

By leading in this way, we nurture a resilient, skilled and engaged workforce who are empowered to deliver high quality, preventative care and to lead improvement in their own areas of practice.

## Leading our processes — adaptive, curious and improvement-focused

Effective clinical leadership is essential to designing and sustaining processes that enable safe, efficient and person-centred care. Through adaptive leadership, we encourage curiosity, learning and improvement as core responsibilities, not optional extras.

**By leading adaptively, we create processes that free up time for care, reduce avoidable harm, and support staff to focus on what matters most to patients and communities.**

## Leading for prevention — collaborative, system-focused and future-oriented

Prevention requires clinical leadership that looks beyond organisational boundaries and immediate pressures. Through collaborative leadership, we work across professions, services, sectors and communities to address the upstream causes of ill health and reduce avoidable harm.

**By leading collaboratively, we shift from a system that reacts to harm and illness to one that anticipates, prevents and promotes health across the lifespan.**

## Leadership at every level

Our Leadership Way makes clear that **leadership is everyone's responsibility**. Every nurse, midwife and AHP has a role in shaping culture, improving care and advancing prevention. This strategy will be supported by investment in leadership development at every career stage, from newly qualified practitioners to executive leaders.

This approach to leadership reflects and brings to life NHS Fife's values in how we work every day. In doing so, leadership becomes not just what we do, but how we live our values in service of patients, families, communities and each other.

## Leadership development

Leadership development within NHS Fife will be explicitly aligned to Our Leadership Way locally and to national Scottish frameworks, including Leading Excellence in Care and Public Service Delivery Scotland, Nursing and Midwifery Leadership Framework, and the Allied Health Professions Leadership Capability Framework.

These frameworks provide a shared evidence-based foundation for compassionate, improvement-focused and system-aware leadership, supporting leaders to translate values into action, lead quality improvement and navigate complexity.

By collaborating with other boards, particularly those in the East of Scotland, we will create pathways for staff to experience different workplaces and approaches, actively supporting personal development and broadening leadership capability across the system.

Our Strategy will set clear expectations for the leadership behaviours, capabilities and values we seek in those we recruit. Recruitment to NMAHP roles will be explicitly aligned to this strategy, ensuring every appointment strengthens our collective leadership capacity.

**Golden thread statement:** Leadership creates the conditions for people to thrive, processes to improve and prevention to take hold. How we lead determines the quality, safety and experience of care every day.

### Equality and human rights commitment five

Leaders at every level play a critical role in promoting inclusive cultures.

We commit to modelling compassionate, anti-discriminatory leadership behaviours, strengthening diversity in leadership roles, and ensuring decisions reflect the lived experiences of our staff and communities.

We will develop leaders who champion equity and actively challenge bias and systemic disadvantage.

## What leadership development looks like

Structured leadership programmes aligned to career stage and role, from Band 5 onwards.

- Mentoring, coaching and reverse mentoring to build understanding of different lived experiences.
- Action learning sets and peer leadership networks across NHS Fife and East of Scotland.
- Secondments and rotational opportunities to broaden experience and perspective.
- Collaboration with universities and national bodies on research and leadership education.
- Clear expectations of leadership behaviours embedded in recruitment and appraisal.
- Recognition of informal leadership contributions in team improvement and culture change.



# Delivering safe, high-quality care

**Safety and quality are the key foundations of NMAHP roles, as well as how we deliver and continually improve care across NHS Fife.**

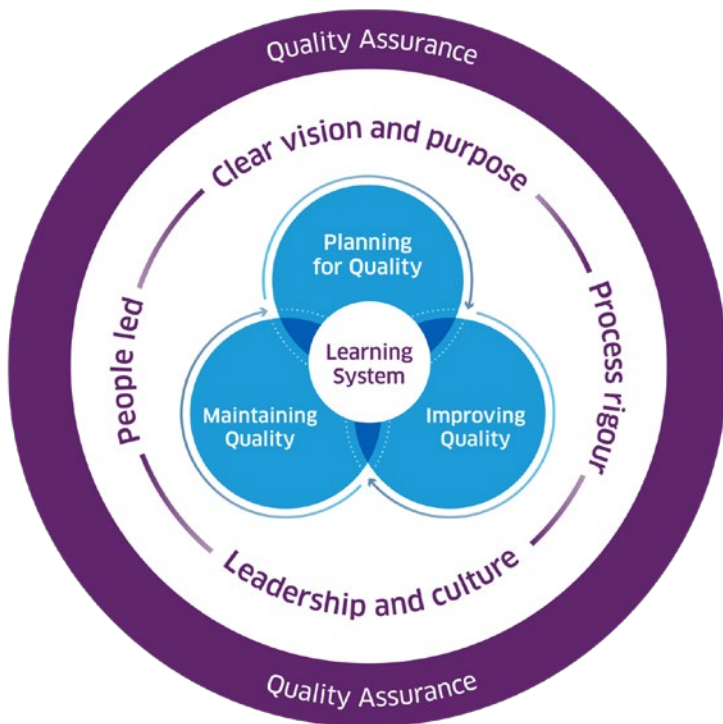
Our approach aligns with Healthcare Improvement Scotland's Excellence in Care framework, the Scottish Patient Safety Programme, including the Essentials of Safe Care, and NHS Fife's Quality Management System (QMS). Collectively, these provide a consistent, evidence-based framework for delivering safe, reliable care for every person, in every setting, every time. These frameworks emphasise person centredness, effective communication, leadership at all levels, and reliable processes. Principles that directly reflect our strategic focus on People, Processes and Prevention.

**By embedding these principles into everyday practice, we strengthen shared understanding, reduce unwarranted variation and build a culture where learning, transparency and continuous improvement are integral to how we work. This ensures that safety is not an isolated programme of work, but a core part of our identity as a health and care system.**

## Our safety and quality approach

NHS Fife is strengthening a coherent Quality Management System (QMS) that brings governance, assurance, improvement and learning into one connected approach. This system integrates intelligence from patient safety, care assurance, incident review, quality improvement and workforce data.

The QMS enables early identification of risk, systematic learning from incidents, and proactive improvement across wards, services and the whole system. It ensures safety is actively managed, continually evaluated and visibly owned at every level.



## What safety and quality looks like for NMAHPs

### **People: safety through capability, wellbeing and culture**

Ensuring staff have the knowledge, skills, psychological safety and support to deliver safe care – and the authority to raise concerns without fear.

### **Process: safety by design, reliability by default**

Building standardised, evidence-based pathways and systems that reduce variation, prevent error and enable consistent, reliable care.

### **Prevention: safety through anticipation and early intervention**

Strengthening early warning systems, recognition of deterioration, and proactive risk management so harm is prevented before it occurs.

Safety is the outcome of aligned people, processes and priorities, shaped by how NMAHPs lead and how we work together every day.

## Our quality and safety commitments

A person-centred focus, where quality is defined through the experience and outcomes of people and families using services.

- Leadership at all levels that promotes a culture of safety, openness, and learning.
- Safe and reliable clinical and care processes, underpinned by evidence and continuous improvement.
- Effective communication and teamwork, recognising our collective role in preventing harm and improving care.
- A robust quality assurance framework that integrates data triangulation, improvement huddles and improvement science to drive learning, reliability and better outcomes.

**Through the QMS, we ensure data and lived experience are used to:**

- Identify priorities for improvement at team, service and system level.
- Support teams to test and embed change.
- Provide proportionate assurance from frontline care to service and Board level.

This approach helps us go beyond just meeting requirements. It improves compliance, strengthens system reliability, and embeds learning and improvement. Even in the context of ongoing complexity and pressure.

**Golden thread statement:** Safety, quality and care assurance are strengthened when thriving people deliver reliable processes that enable prevention. Prevention reduces harm, improves outcomes, and builds public trust.

### Equality and human rights commitment six

**Safety and equity are inseparable.**

We will ensure care is reliably safe for every person by identifying and reducing inequalities in access, outcomes, experience and risk. This includes using data to understand variation, promoting just culture and ensuring our quality systems are sensitive to the needs and experiences of all communities.



My name is  
I prefer to be called

Mobility:

Visitors - please discuss  
with ward staff before  
giving any items of  
food or drink

Allergies/intolerances:

Food texture:

Fluid consistency:

Should I am sitting upright and start when eating drinking and for 30  
minutes after each meal

I need the following help when eating and  
drinking:

# Person-centred

**Alongside person-centred care, NHS Fife is committed to person-led, values-based health and care, where people are actively involved in decisions about their care and enabled to maintain independence, dignity and choice.**

Families and carers are recognised as partners in care, contributing insight, continuity and advocacy. This is particularly important for people living with altered cognition, where understanding unmet need and supporting decision making with carers is essential to delivering compassionate, anticipatory care.

Person centred care in NHS Fife is guided by the internationally recognised McCormack & McCance Framework, which emphasises therapeutic relationships, skilled and compassionate practitioners, supportive systems, and enabling care environments.

By strengthening staff capability, ensuring reliable care processes, and promoting anticipatory, inclusive models of care, we create the conditions for truly person centred practice to thrive.

## Our person-centred approach

This strategy embeds person-centredness for our patients, families and staff by focussing on what matters:

- **Seeing the person first** – understanding each individual’s goals, fears, cultural identity, unmet need and what matters most to them.
- **Using therapeutic relationships as a core intervention** – listening well, involving families, fostering trust, and supporting shared decision-making.
- **Creating environments where staff are empowered and supported** – because person-centred care flourishes when practitioners feel valued, psychologically safe and able to practise with compassion.
- **Designing processes that help, not hinder** – reducing administrative burden, improving communication, and enabling meaningful time with patients through reliable, human-centred systems.
- **Promoting dignity, equality and inclusion** – recognising that person-centred care requires equity, anti-discriminatory practice and improved access for all communities.

# The person-centred practice framework

The strategy adopts the four core components of the person-centred practice framework:

## Prerequisites

Ensuring staff have the knowledge, skills, values and wellbeing required to deliver compassionate care. Supported through clinical education and a leadership culture that nurtures compassion and psychological safety.

## The care environment

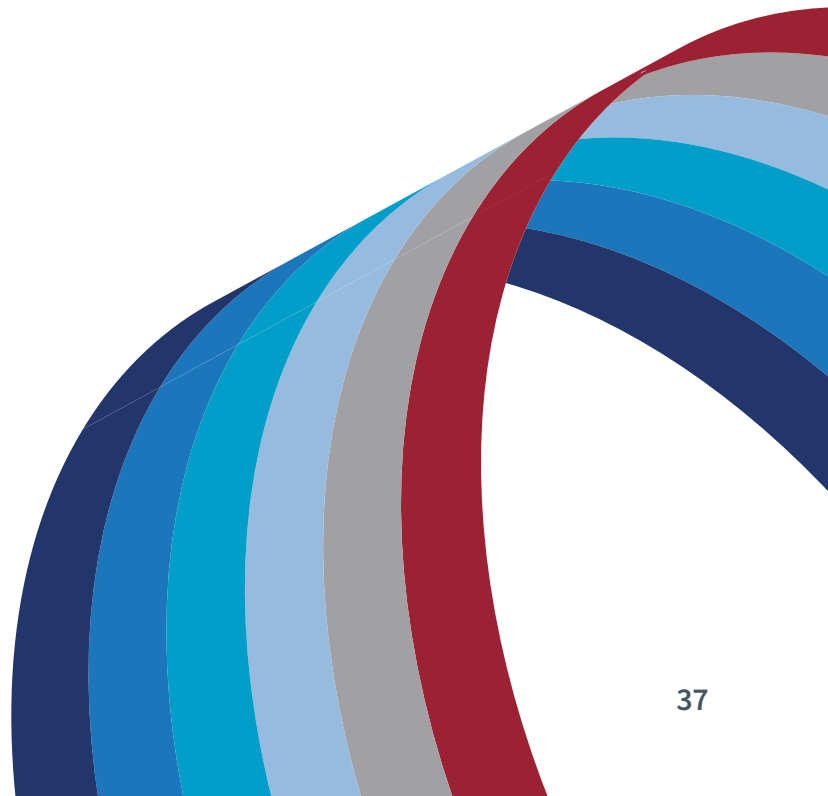
Building cultures, systems and relationships that enable shared decision-making and partnership. Underpinned by a Quality Management System, inclusive digital tools, and leadership behaviours aligned to Our Leadership Way.

## Person-centred Processes

Co-creating care through shared decision-making, good communication, and holistic assessment. Evidenced through transformation of care processes and monitored through care assurance.

## Outcomes

Achieving satisfaction, involvement, wellbeing and dignity for people, families and communities. Measured through patient-reported experience and outcomes, safety and quality indicators, and reduction in inequalities.



## How we will understand and measure person-centred care

Person-centred care is defined not by intention, but by how it is experienced by people, families and carers. NHS Fife will use the national Excellence in Care relational Patient Reported Experience Measures (PREMs) to understand and improve how care is experienced.

The PREMs focus on relational aspects of care — feeling listened to, involved, supported, and experiencing coordinated, compassionate care. These measures provide a consistent way to hear people's voices and identify where improvement is most needed.

### A person-centred NHS Fife means:

- Every interaction reflects dignity, compassion and respect, and we understand how people experience our care using this to inform learning.
- People, families and carers are active partners, enabled to lead shared decisions about their care and support, building on their strengths, preferences and capabilities.
- Care is shaped around what matters to the person, with shared decision-making and compassionate recognition of changing needs.
- Staff feel valued, supported and able to work to their full potential, recognising that staff wellbeing directly influences patient experience.
- Digital solutions enhance person-centredness, improving access, communication and continuity of care.
- Inequalities are actively addressed, ensuring that no individual or community faces barriers to optimal care.

**Golden thread statement:** Person centred care is our culture — shaping how we work, listen, understand, and design care. It connects People, Processes and Prevention to ensure every improvement strengthens the relationship between those delivering care and those receiving it.



## **Equality and human rights commitment seven**

### **Person-centredness is rooted in equality and human rights.**

We commit to ensuring that every interaction is respectful of identity, culture, language, values and lived experience. We will improve access, offer culturally responsive care, and ensure that people from all communities can actively participate in decisions about their health and care.



OCCUPATIONAL THERAPIST

NHS SCOTLAND

# Workforce

## **Building capacity, stability, wellbeing and a culture where people thrive.**

Our workforce strategy is grounded in a clear understanding of the current and future health and care needs of the population of Fife, recognising patterns of inequality, burden of disease and changing demographics.

We take a deliberate and evidence-informed approach to identifying current, emerging and new NMAHP roles, including those required to support virtual care, digital transformation and the responsible application of artificial intelligence.

## **Our workforce approach**

NHS Fife's approach to workforce is grounded in the Health and Care (Staffing) (Scotland) Act 2019, and in strategic planning that aligns the capability, capacity and deployment of the NMAHP workforce to population health need, service models and quality ambitions.

Our workforce approach is underpinned by three principles:

### **1. Safety and reliability as standard**

Safe staffing and real-time visibility of risk are fundamental to our workforce model. Through workforce assurance, escalation frameworks and data-informed decision-making, we support timely action and protect both staff and people in our care.

### **2. Culture and wellbeing as core infrastructure**

Workforce sustainability depends on people feeling valued, psychologically safe and able to contribute meaningfully. We promote compassionate and inclusive leadership, create opportunities for career development, and treat staff wellbeing as a strategic priority, not an afterthought.

### **3. Development and adaptability across the career span**

NMAHPs are supported to learn, specialise, innovate and lead throughout their careers. Through interprofessional and multiprofessional working, mentoring, relationship-based team development and clear progression pathways, we invest in our people as the foundation of everything we do.

## A workforce built on safety, assurance and evidence

- **Strategic workforce planning informed by population health**, inequalities and burden of disease, aligning NMAHP roles, skills and deployment to current and future demand.
- **Workforce intelligence and real-time staffing visibility**, enabling proactive risk management, informed decision-making and effective deployment at team, service and system level.
- **Workforce models that prioritise sustainability**, skills mix and value, supporting interdisciplinary and multidisciplinary working and flexible responses to emerging models of care.
- **Development of generic competencies** that build confidence in interdisciplinary working, system awareness and professional practice.
- **Capability development that enables NMAHPs** to work confidently in digitally enabled, virtual and data-supported models of care, including readiness for AI-enabled decision support.
- **Continued development of advanced and enhanced NMAHP** roles, aligned to national Transforming Roles and Advanced Practice guidance.
- **Career-long workforce development** aligned to local and national frameworks, supporting consistent capability, progression and role clarity.
- **Professional supervision models** embedded as core infrastructure, supporting safety, wellbeing, reflective practice and professional development.

## Workforce as an anchor Institution ambition

As an anchor institution, NHS Fife has a defining role in attracting and retaining local talent, widening access to health careers for under-represented groups, and supporting economic wellbeing through secure jobs and compassionate employment. Workforce is therefore not simply an organisational function, it is a population health intervention.

**Golden thread statement:** A strong, supported and skilled workforce delivers reliable care, reduces harm and creates the capacity for prevention. When our people thrive, our care thrives.



### **Equality and human rights commitment eight**

**We will build a workforce that reflects the diversity of Fife and creates equitable opportunities for recruitment, retention and progression.**

We commit to removing barriers for under-represented groups, widening access to health careers, strengthening flexible pathways, and ensuring fair treatment at every stage of employment.

# Education and research

## Building capability, opportunity and community wealth.

Education and research is fundamental to achieving our strategic ambition for safe, high-quality, person-centred and preventative care. In NHS Fife, education is health: investing in the knowledge, skills and confidence of our NMAHP workforce directly improves outcomes for people, families and communities.

Our approach reflects the NHS Fife ambition to act as an Anchor Institution – an organisation that grows local talent, supports economic participation, reduces inequalities, and strengthens communities.



## Our education and research approach

NHS Fife is dedicated to building a learning organisation where every nurse, midwife, and AHP can access high-quality, inclusive, and career-long educational development. We recognise that education and research are not add-ons to practice – they are the means by which practice improves, professions evolve and outcomes get better.

NMAHPs play a vital role in generating research, mobilising knowledge, and advancing professional expertise, and we will continue to strengthen both educational and research capabilities across all roles.

This includes:

- **Career-long education, mentorship and quality improvement capability**, supporting safe practice, professional growth and system improvement.
- **A broad range of high-quality educational opportunities** across the career span, supporting generalist, specialist, advanced, leadership and clinical-academic development.
- **Links to academic partners and national programmes**, building on professional leadership education, research experience and recognised contributions to person-centred practice.
- **All NMAHPs are supported to engage with research** through participation, critical appraisal and application of evidence in practice.
- **Clinical-academic and advanced roles are enabled to lead and co-produce research** aligned to service priorities, quality improvement and prevention.
- **Education pathways** to build research literacy, evaluation skills and confidence to contribute to studies and improvement work.
- **Academic partnerships**, including with universities and regional and national collaborators, are used to grow supervision, placements, joint appointments and funded opportunities.

## Education as an anchor role

As one of Fife's largest employers, NHS Fife has both the responsibility and the opportunity to shape the health, prosperity and wellbeing of the region. Education underpins our anchor role by:

- **Growing local talent pipelines** from school, college and university into nursing, midwifery and AHP careers.
- **Working with local partners** (schools, colleges, universities) to widen participation and remove barriers to health careers.
- **Creating good, meaningful work** that supports economic stability, reduces inequalities and improves community wellbeing.
- **Providing clear career journeys**, including advanced practice, research pathways, specialist roles and leadership development.
- **Investing in staff capability**, which strengthens retention, belonging and long-term workforce sustainability.

By embedding education within our anchor mission, we ensure that NHS Fife contributes to a thriving local economy while developing a resilient NMAHP workforce capable of delivering high quality care. Education and research drives capability and confidence across all pillars of our strategy:

**Golden thread statement:** Education and research build curiosity, capability and confidence – enabling NMAHPs to generate, use and share evidence that improves care, strengthens prevention and delivers better outcomes for the people of Fife.

## What good looks like

- A learning culture that is visible, supported and resourced.
- A workforce with clear progression, strong retention and equitable access to opportunities.
- Communities that benefit from increased employment, skills and engagement with NHS Fife.
- Clinical teams confident in their abilities, delivering safer, more person-centred and preventative care.
- A system where education is understood as a strategic investment in people, in health outcomes, and in the future of Fife.



### **Equality and human rights commitment nine**

#### **Education is a key driver of equity.**

We will ensure learning opportunities are inclusive, accessible, and fully assessed using Equality Impact Assessments. We will embed equality and human rights principles in clinical education, leadership development, and quality improvement, and ensure our research prioritises the needs of those facing greatest inequality.

# How the strategy will be implemented

The implementation of the NMAHP Strategy will be driven through strong, visible and connected leadership across all professions. NMAHP leaders will take an active role in communicating the strategy, embedding it in team conversations, and making its ambitions real in everyday practice.

A dedicated Strategy Implementation Group will provide coordination, oversight and momentum, supported by a series of Strategy Summer Roadshows designed to bring the strategy directly to our people — creating opportunities for conversation, connection and shared commitment.

Leaders across the NMAHP community will lead workstreams to ensure the delivery of key work programmes supported through NHS Fife's transformation plan.

Annual key deliverables will be integrated into NMAHP objectives and aligned to the Board's Annual Delivery Plan, ensuring strategic coherence and accountability across the system. Progress will be captured and reported through a clear monitoring and evaluation framework, with regular updates shared transparently across the organisation.

The Strategy will also be used to strengthen recruitment by clearly articulating our vision and professional offer, while successes will be shared widely through conference posters, publications and national networks, positioning NHS Fife as a leader in NMAHP practice and innovation.

## Acknowledgements

It would not have been possible to develop this Strategy without the voices of NMAHPs who engaged in the listening tours, focus groups facilitated by Tommy Whitelaw from the Alliance Scotland and the Wee Listen sessions. Their honest, thoughtful and often deeply personal contributions shaped the direction, tone and ambitions of this strategy.

The feedback from all key stakeholders during the consultation period was warmly welcomed and shaped the final version.

# Strategy deliverables

## 2026–2030

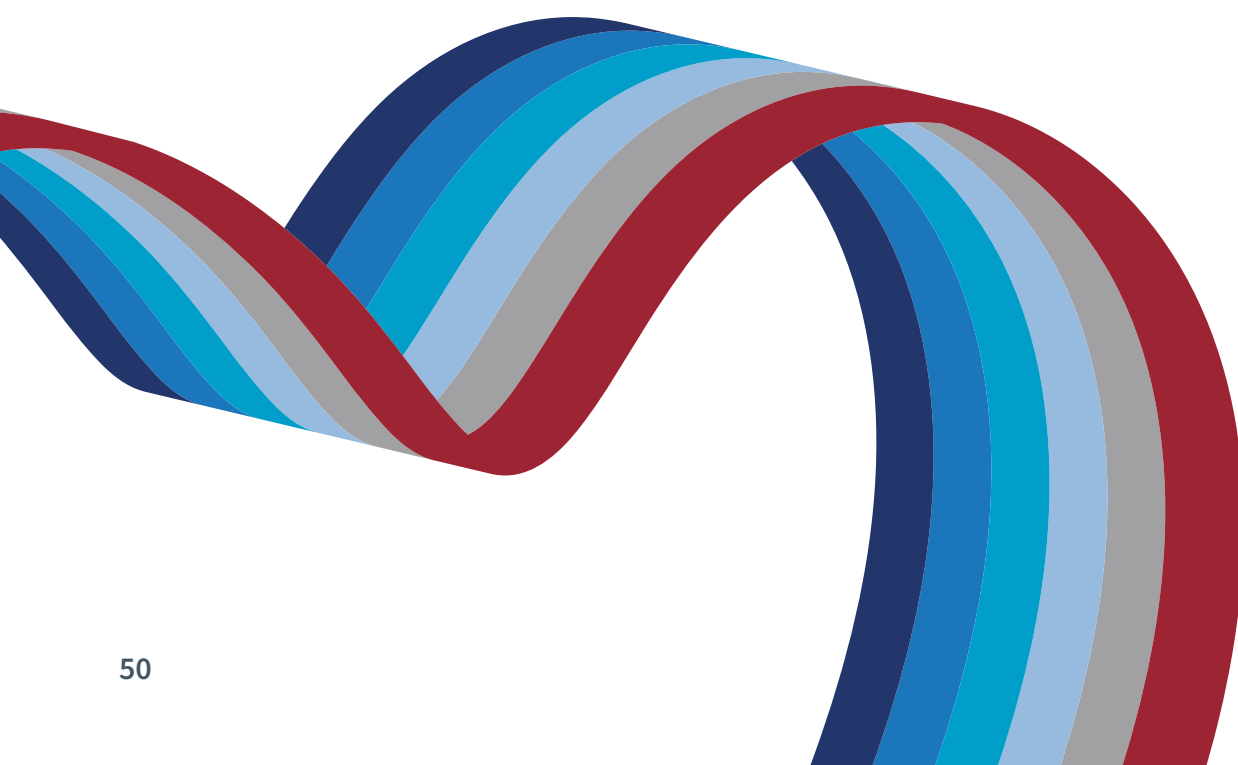
The following pages set out the annual deliverables and success measures for each year of the strategy, covering both Domain Deliverables (People, Processes and Prevention) and Enabler Deliverables (Leadership, Quality and Safety, Workforce, Education, Research and Person-Centredness).

### Year 2026/27 — Foundations and launch year

#### Domain deliverables

<b>People</b>	Implement structured orientation, mentorship, leadership and competency programmes for newly qualified NMAHP staff. Introduce Fabulous Friday Feedback to embed kindness, recognition and psychological safety.	90% of newly qualified NMAHP staff enrolled in programmes by March 2027.  Fabulous Friday Feedback shows a $\geq 50\%$ increase in positive submissions from baseline month.
	Establish psychological safety practices including debriefs, values-based reflective practice and across priority teams.	$\geq 70\%$ of priority teams use debriefs and values based reflective practice.  Psychological Safety Index improves from baseline by $\geq 10\%$ (baseline measured Q2 2026/27).
	Baseline and assess psychological safety and wellbeing as safety indicators.	
	Undertake an AHP workforce review.	
<b>Processes</b>	Standardise handover and escalation routines within all settings, where appropriate to care area, introduce bedside handovers aligned to Excellence in Care and Essentials of Safe Care.	$\geq 80\%$ compliance with standardised handover model in audits across clinical areas (baseline = pre implementation audit).  10% of ward settings will have introduced bedside handovers.

<b>Processes</b>	Begin documentation streamlining by identifying duplicate NMAHP documentation and administration steps with a focus on releasing time to care.	10% reduction in duplicated documentation steps within pilot areas by Q4 (baseline mapping completed Q2).
<b>Prevention</b>	Embed early discussions/ documentation of 'good conversations', FCPs in two priority pathways. Scale virtual capacity including Near Me and remote monitoring.	20% increase in FCPs within target cohorts vs baseline. 20% increase in use of Near Me/ virtual monitoring vs baseline month.
	Implement standardised early-deterioration refresher training. Across the life course including maternity, children, adults and older people.	≥75% of NMAHPs complete deterioration recognition refresher by March 2027 (baseline = initial compliance).



## Enabler

<b>Leadership</b>	Roll out Our Leadership Way behaviours; introduce compassionate and intelligent kindness leadership sessions; launch Nursing Now Challenge and visible leadership walkabouts.	500+ NMAHP staff complete leadership orientation sessions by year end (baseline = 0).
<b>Quality and Safety</b>	Implement early version of the Quality Management System (QMS), integrating incident learning, excellence reporting and improvement huddles. Build foundational QI capability.	QMS pilot live in ≥3 services, reporting monthly.
<b>Workforce</b>	Deploy real-time staffing visibility and professional judgement tools across all inpatient sites. Reduce reliance on supplementary staffing and strengthen workforce assurance.	Safe Staffing dashboards active in 100% of inpatient wards. 10% reduction in supplementary staffing.
<b>Education</b>	Test Earn as You Learn and Gingerbread pipelines; strengthen links with colleges and universities; expand access to simulation and trauma-informed education.	Demonstrated vacancy reduction among NMAHP roles. ≥85% attendance of newly qualified NMAHPs in simulation sessions.
<b>Research</b>	Establish baseline of NMAHP research literacy, participation and capability across services.	Baseline research engagement report completed and used to set 2027/28 targets.
<b>Person Centredness</b>	Develop a person-centred Framework in pilot wards.  Introduce unmet needs assessment for those with altered cognition and complex needs.	Pilot wards show improved Person Centred indicators in Q4 audits.  Unmet needs tool used in ≥10 wards by year end.

# Year 2027/28 — Building consistency and scaling

## Domain deliverables

<b>People</b>	Align workforce models to new service models, particularly community, preventative and virtual care. Embed protected CPD time and supervision structures.	Teams report ≥70% access to quarterly protected CPD time.  Workforce alignment to community based delivery evidenced in service workforce plans.
	Embed wellbeing initiatives (reverse mentoring, gratitude trees, reflective practice, wellbeing indicators).	Absence and turnover reduce by ≥5% in participating teams vs 2026/27 baseline.  100% of teams use wellbeing data in quarterly reviews.
<b>Processes</b>	Redesign documentation and standardised handover across acute and community teams.	≥90% compliance with redesigned handover in all settings.
	Introduce unified NMAHP documentation prototype reducing systems and duplication.	10% reduction in documentation time in prototype areas (baseline = time in motion study).
<b>Prevention</b>	Expand prevention clinics, anticipatory care and community management to reduce Ambulatory Care Sensitive Condition (ACSC) admissions.	5% reduction in ACSC admissions vs baseline (service activity data).
	Strengthen virtual and Hospital at Home models; improve screening uptake in areas of highest deprivation.	Hospital at Home/virtual capacity leads to 25% reduction in avoidable admissions for targeted cohorts; 100% compliance with DWD.  15% increase in screening uptake in target SIMD areas.

## Enabler

<b>Leadership</b>	Roll out compassionate and intelligent kindness leadership across Bands 6–8a; test regional leadership academy with NHS Lothian.	<p>≥60% completion rate across Bands 6–8a.</p> <p>Positive movement in psychological safety score (≥10% improvement).</p>
<b>Quality and Safety</b>	Full implementation of care assurance aligned to Safe Delivery Standards. Build QI pathways with St Andrews University & IHI.	<p>100% of adult inpatient areas report quarterly care assurance data.</p> <p>New QI pathways established; participation documented annually.</p>
<b>Workforce</b>	Embed safe staffing governance aligned with the Act across inpatient care.	≥95% compliance with staffing standards.
<b>Education</b>	Strengthen multiprofessional learning, expand advanced practice pathways, introduce “Stay and Grow”, develop NMAHP career routes.	<p>20% increase in participation in advanced/enhanced roles vs baseline.</p> <p>Stay and Grow conversations documented for ≥70% of eligible staff.</p>
<b>Research</b>	Begin NMAHP led small scale research with academic partners.	≥5 new NMAHP led studies initiated.
<b>Person Centredness</b>	Standardise shared decision making across all care settings and introduce Person Centred Accreditation.	<p>“What matters to you” documented in ≥80% of targeted cases.</p> <p>30% of Clinical areas achieve accreditation.</p>

# Year 2028/29 — Integration, reliability and system improvement

## Domain deliverables

<b>People</b>	Implement values based reflective practice in all NMAHP teams.	≥90% of teams undertake monthly reflective practice sessions.
	Develop a mature culture of belonging with wellbeing metrics used consistently as early warning indicators.	100% of service leads integrate wellbeing data into risk reviews.
<b>Processes</b>	Fully unify NMAHP digital documentation across major pathways (“one Fife” approach).	30% reduction in documentation time; ≥85% user satisfaction score.
	Expand predictive safety tools (early warning dashboards, real time indicators).	≥95% of wards use predictive tools daily.
<b>Prevention</b>	Scale anticipatory care across Fife, particularly Long Term Condition management.	20% increase in annual LTC reviews. 10% reduction in deterioration related admissions.
	Strengthen population health data use for targeted interventions.	All divisions using risk stratification for priority cohorts.

## Enabler

<b>Leadership</b>	Fully embed adaptive leadership behaviours across senior NMAHP roles.	Improved governance feedback and leadership reflections demonstrating behavioural adoption.
<b>Quality and Safety</b>	Mature QMS with real time learning embedded across sites.	100% compliance with QMS audit processes.
<b>Workforce</b>	Implement generic competencies across multidisciplinary pathways.	Competency framework embedded across all key NMAHP pathways.
<b>Education</b>	Broad uptake of clinical academic pathways and Educational Frameworks; expand links with St Andrews University.	25% increase in NMAHPs undertaking academic modules.
<b>Research</b>	Deliver medium scale collaborative studies and apply evidence.	5-7 studies completed with demonstrated practice change.
<b>Person Centredness</b>	Embed person led care across all services. With clinical settings achieving and sustaining accreditation.	PROMS/PREMS show measurable improvements in involvement and experience year on year.

## Year 2029/30 — Full realisation of strategic ambition

### Domain deliverables

<b>People</b>	Fully empowered NMAHP workforce with embedded autonomy, belonging and contribution.	Sustained high scores in psychological safety, wellbeing and staff pride metrics.
	Fully integrated supervision and leadership support model.	100% of teams have structured supervision and leadership development plans.
<b>Processes</b>	One coherent, reliable operating system across Fife (handover, documentation, digital, safety).	Standardised processes sustained in ≥95% of teams; measurable reduction in variation/delay.
	Widespread use of AI enabled tools releasing time to care.	20% increase in direct care time vs 2027/28 baseline.
<b>Prevention</b>	Prevention first system model embedded across Fife; strong Hospital at Home model.	Demonstrated reduction in avoidable harm; improved outcomes; reduced inequality; shift in balance of care towards community.
	Community empowerment mainstreamed (self management, early help seeking, accessible materials).	≥90% of services use co designed materials/support tools.

## Enabler

<b>Leadership</b>	Mature implementation of Our Leadership Way with compassionate, inclusive, adaptive culture.	Leadership behaviours evident in 100% of team reviews.
<b>Quality and Safety</b>	Fully embedded care assurance and safety system with predictive, anticipatory focus.	Reduction across all harm categories; clear Board level assurance pathways.
<b>Workforce</b>	Sustainable, inclusive, place based NMAHP workforce pipeline aligned to anchor institution ambitions.	15% increase in local recruitment; significantly improved retention trends.
<b>Education</b>	NHS Fife recognised as a leading learning system with strong advanced-practice and academic pathways.	External recognition achieved; sustained growth in workforce capability.
<b>Research</b>	Mature NMAHP research culture contributing nationally.	Annual research outputs increase year on year with evidenced impact.
<b>Person Centredness</b>	Fully realised person led accredited model with equity embedded across all services.	Significant PROMS/PREMS improvement and reduction in inequality measures.

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

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

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



**NHS Fife**

Queen Margaret Hospital,  
Whitefield Road, Dunfermline,  
KY12 0SU

**nhsfife.org**

