NHS Fife Public Health & Wellbeing Committee

Mon 15 January 2024, 10:00 - 12:00

MS Teams

Agenda

10:00 - 10:00
0 min

1. Apologies for Absence

Alistair Morris

10:00 - 10:00
0 min

2. Declaration of Members' Interests

Alistair Morris

10:00 - 10:00
0 min

3. Minutes of Previous Meeting held on Monday 6 November 2023

Enclosed   *Alistair Morris*

📄 Item 3 - Public Health Wellbeing Committee Minutes (unconfirmed) 20231106.pdf (8 pages)

10:00 - 10:10
10 min

4. Matters Arising / Action List

Enclosed   *Alistair Morris*

📄 Item 4 - Public Health & Wellbeing Action List 20240115.pdf (2 pages)

10:10 - 10:35
25 min

5. GOVERNANCE MATTERS

5.1. Internal Controls Evaluation Report 2022/23

Enclosed   *Margo McGurk*

📄 Item 5.1 - SBAR Internal Controls Evaluation Report 2022-3.pdf (3 pages)
📄 Item 5.1 - Appendix 1 Internal Control Evaluation Report.pdf (36 pages)

5.2. Corporate Risks Aligned to Public Health & Wellbeing Committee

Enclosed   *Joy Tomlinson / Nicky Connor*

📄 Item 5.2 - SBAR Corporate Risks Aligned to Public Health & Wellbeing Committee.pdf (6 pages)
📄 Item 5.2 - Appendix 1 Summary of Corporate Risks Aligned to the Committee.pdf (6 pages)
📄 Item 5.2 - Appendix 2 Assurance Principles.pdf (1 pages)
📄 Item 5.2 - Appendix 3 Risk Matrix.pdf (2 pages)

5.3. Review of Draft Annual Workplan 2024/25

Enclosed   *Joy Tomlinson*

📄 Item 5.3 - SBAR Review of Draft Annual Workplan 2024-25.pdf (2 pages)
📄 Item 5.3 - Appendix 1 Review of Draft Annual Workplan 2024-25.pdf (4 pages)

5.4. Delivery of Annual Workplan 2023/24

Enclosed   *Joy Tomlinson*

📄 Item 5.4 - Delivery of Annual Workplan 2023-24.pdf (6 pages)

10:35 - 11:00
25 min

6. STRATEGY / PLANNING

6.1. Population Health & Wellbeing Strategy Mid-Year Review

Enclosed   *Margo McGurk*

📄 Item 6.1 - SBAR Population Health & Wellbeing Strategy Mid-Year Review.pdf (5 pages)
📄 Item 6.1 - Appendix 1 Population Health & Wellbeing Strategy Mid-Year Review.pdf (46 pages)

6.2. Post Diagnostic Support for Dementia

Enclosed   *Nicky Connor*

📄 Item 6.2 - SBAR Post Diagnostic Support for Dementia.pdf (7 pages)

6.3. Mental Health Strategy Implementation

Enclosed   *Nicky Connor*

📄 Item 6.3 - SBAR Mental Health Strategy Implementation.pdf (7 pages)

11:00 - 11:25
25 min

7. QUALITY / PERFORMANCE

7.1. Integrated Performance & Quality Report

Enclosed   *Joy Tomlinson / Nicky Connor*

📄 Item 7.1 - SBAR Integrated Performance & Quality Report.pdf (3 pages)
📄 Item 7.1 - Appendix 1 Integrated Performance & Quality Report.pdf (14 pages)

7.2. Dental Services & Oral Health Improvement

Enclosed   *Joy Tomlinson*

📄 Item 7.2 - SBAR Dental Services & Oral Health Improvement.pdf (5 pages)
📄 Item 7.2 - Appendix 1 Dental Services & Oral Health Improvement Annual Report 2023.pdf (12 pages)

7.3. Eating Well & Having a Healthy Weight and Staying Physically Active

Enclosed   *Joy Tomlinson*

📄 Item 7.3 - SBAR Eating Well & Having a Healthy Weight and Staying Physically Active.pdf (9 pages)

11:25 - 11:45
20 min

8. INEQUALITIES

8.1. Health & Inequalities Deep Dive

Enclosed   *Joy Tomlinson*

📄 Item 8.1 - SBAR Health & Inequalities Deep Dive.pdf (4 pages)
📄 Item 8.1 - Appendix 1 Health & Inequalities Deep Dive.pdf (5 pages)

8.2. Participation & Engagement Annual Report

Enclosed   *Joy Tomlinson*

📄 Item 8.2 - SBAR Participation & Engagement Annual Report 2022-23 + Appendix.pdf (6 pages)

11:45 - 11:50
5 min

9. ANNUAL REPORTS / OTHER REPORTS

9.1. Annual Climate Emergency and Sustainability Annual Report 2022/23

Enclosed   *Neil McCormick*

📄 Item 9.1 - SBAR Annual Climate Emergency and Sustainability Annual Report 2022-23.pdf (3 pages)
📄 Item 9.1 - Appendix 1 Annual Climate Emergency and Sustainability Annual Report 2022-23.pdf (26 pages)

11:50 - 11:55
5 min

10. LINKED COMMITTEE MINUTES

10.1. Equality and Human Rights Strategy Group held on 10 November 2023 (confirmed)

Enclosed

📄 Item 10.1 - Minute Cover Paper.pdf (1 pages)
📄 Item 10.1 - Equality and Human Rights Strategy Group Minutes (confirmed) 20231110.pdf (4 pages)

10.2. Public Health Assurance Committee held on 18 October 2023 (confirmed) & 6 December 2023

Enclosed

📄 Item 10.2i - Minute Cover Paper.pdf (1 pages)
📄 Item 10.2i - Public Health Assurance Committee Minutes (confirmed) 20231018.pdf (4 pages)
📄 Item 10.2ii - Minute Cover Paper.pdf (1 pages)
📄 Item 10.2ii - Public Health Assurance Committee Minutes (unconfirmed) 20231206.pdf (4 pages)

11:55 - 11:55
0 min

11. ESCALATION OF ISSUES TO NHS FIFE BOARD

11.1. To the Board in the IPQR Summary

Verbal   *Alistair Morris*

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

Verbal   *Alistair Morris*

11:55 - 12:00
5 min

12. ANY OTHER BUSINESS

12:00 - 12:00
0 min

13. DATE OF NEXT MEETING - MONDAY 4 MARCH 2024 FROM 10AM - 12PM VIA MS TEAM

Fife NHS Board

Unconfirmed

MINUTE OF THE NHS FIFE PUBLIC HEALTH & WELLBEING COMMITTEE MEETING HELD ON MONDAY 6 NOVEMBER 2023 AT 10AM VIA MS TEAMS

Present:
Alistair Morris, Non-Executive Member (Chair to item 7.3)
Arlene Wood, Non-Executive Member (Acting Chair from item 7.3, except item 7.5)
Mansoor Mahmood, 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:
Nicky Connor, Director of Health & Social Care
Sharon Crabb, Public Health Services Manager *(item 6.3 only)*
Lee Cowie, Interim Senior Manager for Mental Health *(item 7.2 only)*
Susan Fraser, Associate Director of Planning & Performance
Ben Hannan, Director of Pharmacy & Medicines
Dr Gillian MacIntosh, Head of Corporate Governance & Board Secretary
Neil McCormick, Director of Property & Asset Management
Fay Richmond, Executive Officer to the Chair & Chief Executive
Andrew Summers, Interim Head of Psychology *(item 7.3 only)*
Lorna Watson, Deputy Director of Public Health *(deputising for Dr Joy Tomlinson)*
Lucy Denvir, Consultant in Public Health *(observing)*
Hazel Thomson, Board Committee Support Officer (Minutes)

Chair's Opening Remarks

The Chair welcomed everyone to the meeting and advised that Lucy Denvir, Consultant in Public Health would be joining 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 Dr Chris McKenna, Medical Director.

2.   Declaration of Members' Interests

There was no declaration of members' interests.

3.   Minutes of Previous Meeting held on 4 September 2023

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

4.   Matters Arising / Action List

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

5.   GOVERNANCE MATTERS

5.1 Corporate Risks Aligned to Public Health & Wellbeing Committee, including Learnings from Deep Dives

The Director of Public Health advised that a review of the effectiveness of the new Corporate Risk Register process was discussed at a recent Audit & Risk Committee Development Session, and that Audit & Risk Committee Members were assured by the process. The Director of Finance & Strategy added that there were discussions at the session around the Audit & Risk Committee being required to evidence scrutiny and take assurance from the Governance Committees on the corporate risks, and that it is not the role of the Audit & Risk Committee to carry out deep dives. The Chair advised that he has carried out one-to-ones with the Audit & Risk Committee Members, under the auspice of the Non-Executive appraisal process, to encourage robust scrutiny at the Audit & Risk Committee meetings, to be able to provide the Board with the assurance required for corporate risks.

The Committee took a **"reasonable" 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.

5.2 Delivery of Annual Workplan 2023/24

Following a question from A Wood, Non-Executive Director, the Chief Executive confirmed that learnings from the deep dive are the learnings from undertaking the process, and that the Risk & Opportunities Group are carrying out that work and will report thereon to the Audit & Risk Committee. That being the case, it was agreed to remove the 'learnings from deep dives' under the Corporate Risks aligned to the Committee section within the workplan.

                                                    Action: Board Committee Support Officer

It was agreed assurance summaries be presented to the Committee from the Equality & Human Rights Strategy Group and the Public Health Assurance Committee meetings.

                                      Action: Director of Nursing / Director of Public Health

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

6.   STRATEGY / PLANNING

6.1 Population Health & Wellbeing Strategy 2023/24 - Mid-Year Review

The Director of Finance & Strategy reported that the paper presents the first mid-year review for the new Population Health & Wellbeing Strategy. It was highlighted that the

paper is still a work-in-progress in terms of aspects of the content. It was also advised that the report will focus on substantive progress statements in relation to the actions around the key ambitions within the different strategic priorities detailed in the strategy, and that what we want to achieve up until the end of March 2024 will also be added.

It was reported that an impact indicator is still to be developed and added to the review, and that this will be aligned to other NHS Scotland Health Boards strategic work through an analytics insight pack, which will be provided from the Scottish Government.

Feedback from members was provided. It was noted that the document was easy to read and well presented. Members observed that realistic and achievable objectives were still required. It was explained that a balance is required by ensuring that the review is high-level, and that programme delivery and objectives would be described through the Annual Delivery Plan and other routine reports. It was also noted that strategic programme boards take forward aspects of the strategy and that the level of detail is still in development. It was agreed that a caption be added to the next iteration of the review, which relates to the specific learning from engagement sessions.

Action: Director of Finance & Strategy

M Mahmood suggested carrying out early intervention within schools in terms of mental health and was directed to the 'Our Minds Matters Framework' for further information in this area. The Director of Health & Social Care agreed to ask the Child & Adolescent Mental Health Services (CAHMS) for further information around early intervention work carried out in schools.

Action: Director of Health & Social Care

The Committee took **assurance** from the report, noting that the report remains in development and will be finalised for Board consideration in November 2023.

6.2 Annual Delivery Plan (ADP) Quarter 2 Performance Report 2023/24

The Director of Finance & Strategy advised that the report describes performance against improvement actions which were agreed in the Annual Delivery Plan, using a Red Amber Green (RAG) status that was prescribed by the Scottish Government. The differentiation that the report describes actions, rather than outcomes, was highlighted. It was explained that a deliverable recorded as on track may, however, not be at the point of delivering the full intended outcome. The Chair highlighted the importance of delivering the ADP.

A Wood, Non-Executive Member, questioned if there were any public health elements that will not be delivered and subsequently create risks, and she also queried who has carried out that mapping. In response, it was advised that risks arising from non-delivery, or potential delays on aspects of the ADP, would be included within operational risk registers, or escalated to the corporate risk register if significant. The Director of Public Health highlighted non-deliverables include those which rely on external factors such as lack of resources or funding, and gave examples of non-deliverables which would be held as a risk at a national level. The Director of Health & Social care highlighted the example of the joined up working for some areas of the ADP. The Director of Finance & Strategy agreed to carry out mapping.

Action: Director of Finance & Strategy

The Chair stated that the Scottish Government will not accept non-delivery of the ADP based on lack of resources or funding. The Director of Finance & Strategy provided assurance that there is a commitment to deliver the ADP, and she highlighted that there will be areas that will be extremely challenging. The Chair suggested scaling down the deliverables and prioritising the most challenging ones. The Chief executive explained that prioritising deliverables is an adherent function of the day-to-day responsibilities of the Executive Team, and that any extremely challenging deliverables would be brought to the Committee for escalation to the Board, and potentially also brought to the attention of the Scottish Government.

The Committee **discussed** the Quarter 2 update submitted to the Scottish Government and took **assurance**.

6.3 Anchor Programme Update and Developing Strategy

The Director of Public Health introduced this item, and advised that the Scottish Government, as part of the ADP, requires the creation of a strategic delivery plan for Anchor commitments, with a draft to be submitted by 30 October 2023. A short extension to the submission timeline has been agreed until the 6th November., The final version will be submitted following presentation to Board.

S Crabb, Public Health Services Manager, who has been leading the development of the Anchor strategic plan for Fife, joined the meeting and was welcomed to the discussion.

The Public Health Services Manager reported that there has been a specific ask from the Scottish Government to report on three out of the five dimensions of the Anchor work, which are workforce, procurement, and environmental sustainability & land and assets. It was advised that the plan has been aligned with the Population Health & Wellbeing Strategy in terms of ambitions and commitments over the next four years and beyond. It was also advised that work is in progress around deliverables and milestones, and metrics, and that a tool will be developed to monitor progress. An overview on the contents of the plan was provided. It was reported that the Anchor Operational Group meet on a fortnightly basis and report into the Anchor Programme Board, and that the Anchor Institution work is promoted and refreshed to the Senior Leadership Teams on a regular basis.

Following a query from A Wood, Non-Executive Member, the Public Health Services Manager confirmed that the image on page 9 of the draft plan will be replaced with another that is more appropriate to the context of the document.

M Mahmood, Non-Executive Member queried the effectiveness of the plans detailed on page 9, for under privileged people accessing healthy food. In response, an overview was provided on the various projects that are being explored. It was advised that there is really good partnership working taking place, particularly within the Health & Social Care Partnership. Safe and affordable food is a concern, however there is a real effort to support this. The new Good Food Nation policy was also highlighted.

The Committee took **assurance** from the work progressed by the Anchor Operational Group and **noted** the planned timeline to submit the strategy to Scottish Government.

7. QUALITY / PERFORMANCE

7.1 Integrated Performance & Quality Report

The Director of Health & Social Care provided an update on smoking cessation, noting that the data is slightly out-of-date, and she provided assurance that all the actions from the previous year's report, in terms of connecting into maternity services and using data to target proactively within communities, are being addressed. It was highlighted that there are 33 clinics in the communities, and that the mobile unit is up and running and particularly targeting areas with the highest inequality. It was also reported that there is a new smoking cessation lead.

The Director of Health & Social Care also provided an update on the Covid and Flu Vaccination Programme, and she explained the reasons for being slightly below the national average on uptake. It was noted that there is a challenge with relying on the population to opt-in with the portal, and that priority groups are being identified to enable proactiveness and send out invitations; this is being overseen by the Immunisation Programme Board and actions are being taken to increase the uptake.

The Chair highlighted a specific incident and asked if there was any shortage of vaccines in a particular area. The Director of Health & Social Care advised that it may have been due to short-term logistical challenges, as there is a good national supply in general.

The Director of Public Health spoke to the immunisation section of the report: childhood 6 in 1, and reported a slight improvement in vaccine uptake, however, it was noted that this remains very slightly below target. It was advised that it is expected the increased uptake is due to the quality improvement work that has been undertaken, however caution is required as it is too soon to be certain this is a trend. In terms of the immunisation: MMR2, it was advised that there has also been a small improvement in uptake.

A Wood, Non-Executive Member, questioned the measures within the report and asked if an additional column could be added to provide the reasons for measures that are not being achieved.

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

7.2 Child & Adolescent Mental Health Services (CAMHS) Performance Update

Lee Cowie, Interim Senior Manager for Mental Health, was welcomed to the meeting and provided an update on CAMHS performance. It was reported that, due to reduced staffing levels, caused mainly by vacancies, the Scottish Government requested an updated trajectory, with the aim of achieving the target by March 2024.

The key points from the paper were highlighted and it was reported that referral numbers in the service have shown a very slight increase from the previous years. The Interim Senior Manager for Mental Health explained the significant effort the service has put in place to ensure that children and young people are receiving the right support by the right service. It was also highlighted that the clinical activity within the service

has remained very high, and an explanation was provided on the balance between new appointments and review appointments. An overview was provided on the statistics, and it was noted that significant efforts have been made to ensure no-one waits over the 35-week threshold.

It was reported that the 18-week Referral to Treatment Target (RTT) sits very close to the national average. It was advised that the largest impact on improvement and being able to sustain services is around staffing, and the ability to recruit within specialist roles.   The initiatives that have been undertaken to address the reduced capacity was described.

Assurance was provided that the service remains on track to achieve the projected trajectory, the RTT, and sustainable target by March 2024.

The Chair highlighted that the actions are being influenced by targets, and he questioned the quality aspect of the service. In response, assurance was provided that a quality service is a priority and that improvement areas are being addressed.

Following questions from A Wood, Non-Executive Member. Assurance was provided on the support in place for young people who have mental health related issues that require support and have not been accepted by CAHMS. Further detail was also provided on waiting times, review appointments and therapeutic letters.

The Committee took **assurance** from the update.

The Chair left the meeting due to internet connection issues on MS Teams. The meeting remained quorate. A Wood, Non-Executive Member, took on the role of Acting Chair for the remainder of the meeting (with the exception of item 7.5, which was covered earlier on the agenda).

7.3 Psychological Therapies (PT) Standard Update

Andrew Summers, Interim Head of Psychology, was welcomed to the meeting, and provided an update on Psychological Therapies in terms of the challenges and work being taken forward.

It was highlighted that PT covers a range of complexities and that the targets only capture a percentage of activity. An explanation was provided in relation to how targets compare differently across Scotland.

It was reported that access to PT has increased, and that there has also been progress on the longest waits. It was noted that there is a slight slippage against the Referral to Treatment Target (RTT), and the main reasons affecting performance were outlined.

The Interim Head of Psychology reported that there are a number of actions to address the recruitment issues. The improvement actions, as detailed in the paper were also highlighted.

A Wood, Non-Executive Member, queried the driver for the reduced uptake in computer Cognitive Behavioural Therapy (cCBT). It was advised that there has been a decrease

in the number of referrals requesting the cCBT option. It was also advised that digital exclusion is an issue and is being addressed.

The Committee took **assurance** from the update.

7.4 Alcohol and Drugs Partnership Strategy Development Overview

The Director of Health & Social Care provided an update and advised that the paper provides an overview on the engagement work across Fife, with people with lived experience, to help inform the development of the Fife Alcohol and Drugs Partnership Strategy. It was reported that the strategy will be aligned to the Population Health & Wellbeing Strategy and the Integration Joint Board strategic aims.

The Committee took **assurance** that there is alignment to the Population Health and Wellbeing Strategy and that there is strong engagement from NHS Fife teams in the development of this strategy, which will be shared with the Public Health and Wellbeing Committee, following approval at the Alcohol and Drugs Partnership in April 2024.

7.5 Development of a Green Health Partnership

Lucy Denvir, Consultant in Public Health, was welcomed to the meeting for this item.

A presentation was provided on the slides within appendix 2, and it was highlighted that there are a number of strategies and plans that the development of the Green Health Partnership connects with.

Following a question from the Chair, the Consultant in Public Health confirmed that the programme is a River Leven wide programme, being led by the Scottish Environment Protection Agency (SEPA), and that the first stage of focus for NHS Fife will be on the Levenmouth area. It was advised that there are additional needs in that area and a lot of interest, particularly from third sector organisations who are keen to make really good links.

Following a question from A Wood, Non-Executive Member, it was confirmed that the development of a Green Health Partnership contributes to the work of the Anchor Institutions Strategy, through the work of the Green Space Strategy.

The Committee **endorsed** support for the initiative in principle. It was **agreed** the Steering Group would report back on progress next year.

8. ANNUAL REPORTS / OTHER REPORTS

8.1 Public Health Screening Programmes Annual Report 2023

The Director of Public Health advised that a Committee Development Session took place on 24 October 2023, and that detailed discussion on the content of the report took place at that session, with some members of the screening programmes team. It was highlighted that the report demonstrates the commitment of the team and wider staff who deliver the national screening programmes in Fife. It also describes the work which is being planned to address inequalities. It was noted that work is underway for a draft Equity in screening implementation group is being established in Fife. This is

guided by the national Equity in Screening Strategy, which is being used to inform elements of addressing the health inequalities corporate risk.

The Chair queried the frequency of reporting to Committee and was advised that a mid-year report will be provided. It was also advised that the Integrated Performance & Quality Report aspects are still being worked through.

The Committee took **assurance** from the report.

8.2 Pharmaceutical Care Services Annual Report 2022/23

The Director of Pharmacy & Medicines advised that the report is produced annually as part of the regulations that cover community pharmacies in Scotland. It was advised that the report is linked to the content within the Director of Public Health Annual Report.

The Director of Pharmacy & Medicines advised that the report is a summary of the services provided and includes an analysis of where there is potentially a lack of adequate provision. A Wood, Non-Executive Member, questioned who identifies the gaps and how localities get involved in providing feedback. The Director of Pharmacy & Medicines explained the process for gathering feedback from localities and noted that the Participation & Engagement Team will reconvene in January 2024 to explore how to engage meaningfully and actively. It was also explained that any gaps in provision would go through the pharmacy consultation process.

An overview on the contents of the report was provided.

The Committee **endorsed** the contents of the report and **approved** the report for publication. The report will go onward to the Board for information.

9. ESCALATION OF ISSUES TO NHS FIFE BOARD

9.1 To the Board in the IPQR Summary

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

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

There were no matters to escalate to NHS Fife Board.

10. ANY OTHER BUSINESS

There was no other business.

Date of Next Meeting - Monday 15 January 2024 from 10am – 12pm via MS Teams.

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

PUBLIC HEALTH & WELLBEING COMMITTEE – ACTION LIST
Meeting Date: Monday 15 January 2024

NHS Fife

NO.	DATE OF MEETING	AGENDA ITEM / TOPIC	ACTION	LEAD	TIMESCALE	COMMENTS / PROGRESS	RAG
1.	06/11/23	**Population Health & Wellbeing Strategy 2023/24 - Mid-Year Review**	To ask the Child & Adolescent Mental Health Services (CAHMS) for further information around early intervention work carried out in schools.	**NC**	January 2024	A verbal update will be provided at the meeting.	In progress
2.	04/09/23	**Corporate Risks Aligned to PH&WC**	To seek clarity on the timeline regarding the potential corporate risk around future biological threats being presented to the Committee.	**JT**	March 2024	A risk scoping exercise on the longer-term risk around preparedness for future biological threats (including pandemics) has commenced. The risk will be presented to EDG in January 2024 and the appropriate governance groups and committees for consideration and a decision on whether to include in the Corporate Risk Register.	Deadline not reached
3.	04/09/23	**High Risk Pain Medicines - Patient Safety Programme**	To provide a further update back to the Committee in January 2024 on the Measures Framework and Benefits Framework, and the quantitive data that will be utilised for the programme.	**BH**	March 2024		Deadline not reached
4.	06/11/23	**Delivery of Annual Workplan 2023/24**	Assurance summaries to be presented to the Committee from the Equality & Human Rights Strategy Group and the Public Health Assurance Committee meetings.	**JT/JK GM**	March 2024	To be discussed further at Board Development Session in February 2024, as part of Board-level reflections on Blueprint survey results and desired enhancements to governance practices.	Deadline not reached
5.	04/09/23	**High Risk Pain Medicines - Patient Safety Programme**	To provide a further update back to the Committee in January 2024 on the Measures Framework and Benefits Framework, and the quantitive data that will be utilised for the programme.	**BH**	March 2024		Deadline not reached

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NO.	DATE OF MEETING	AGENDA ITEM / TOPIC	ACTION	LEAD	TIMESCALE	COMMENTS / PROGRESS	RAG
6.	04/09/23	**Alcohol & Drugs Partnership Annual Report 2022/23**	A refresh of the Alcohol & Drugs Partnership Strategy will be presented to the Committee, once available.	**NC**	TBC - once available	Anticipated to be ready for July 2024.	On hold
7.	06/11/23	**Delivery of Annual Workplan 2023/24**	To remove the 'learnings from deep dives' under the Corporate Risks aligned to the Committee section within the workplan.	**HT**	November 2023	Complete.	Closed
8.	06/11/23	**Population Health & Wellbeing Strategy 2023/24 - Mid-Year Review**	A caption to be added to the next iteration of the review, which relates to the specific learning from engagement sessions.	**MM**	January 2024	Complete.	Closed
9.	06/11/23	**Annual Delivery Plan Quarter 2 Performance Report 2023/24**	To carry out mapping in terms of public health elements that will not be delivered and subsequently create risks.	**MM**	January 2024	Complete.	Closed

NHS Fife

Meeting:	**Public Health & Wellbeing Committee**
Meeting date:	**15 January 2024**
Title:	**Internal Control Evaluation**
Responsible Executive/Non-Executive:	**M McGurk, Director of Finance & Strategy**
Report Author:	**J Lyall, Chief Internal Auditor / B Hudson, Regional Audit Manager**

1   Purpose

This report is presented for:

- Assurance

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.

This review aims to provide early warning of any significant issues that may affect the Governance Statement.

2.2   Assessment

Key Themes

Audit Scotland – NHS Scotland 2023, issued February 2023, stated that 'the NHS in Scotland faces significant and growing financial pressures. These include inflation; recurring pay pressures; ongoing Covid-19 related costs; rising energy costs; a growing capital maintenance backlog; and the need to fund the proposed National Care Service. These pressures are making a financial position that was already difficult and has been

exacerbated by the Covid-19 pandemic, even more challenging'. Internal Audit reports have recorded similar concerns and highlighted the strategic changes required. The financial risk for NHS Fife, NHSScotland and the public sector has continued to increase.

As reported in the Internal Audit Annual Report for 2022/23, the challenge now is balancing short term risks against longer term risks which can only be mitigated through strategic change. T

We previously highlighted the need for realistic workforce plans. The NHS Fife Workforce Plan 2022-2025 was published in November 2022 and work is underway to inter-relate and align financial and workforce planning via the Strategic Planning Resource Allocation (SPRA) process.

Continuing staff shortages and increased demand for staff means that effective workforce planning remains key in supporting the achievement of the Board's operational, financial and strategic objectives.

Maintaining operational performance against mandated targets remains extremely challenging. While operational improvements will have a limited impact on performance, genuinely strategic solutions must be identified, with a focus on working closely with partners to address underlying capacity and flow issues. The Board has continued to respond, and risk assess to ensure the most urgent work is prioritised.

NHS Fife continues to progress its Risk Management Framework Improvement Programme. The Board's overall approach to risk management has been revised with a new Corporate Risk Register replacing the Board Assurance Framework. Current risk scores and achievement of target scores by target dates will require careful consideration and constant monitoring to ensure they fully reflect current risk and controls and are realistic.

The Clinical Governance Strategic Framework and associated Annual Delivery Plan were approved by Fife NHS Board on 28 March 2023. The framework outlines the governance and assurance reporting routes for clinical governance throughout the full span of NHS Fife responsibilities.

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 internal audit planning process which produces the Annual Internal Audit Plan takes into account inherent and control risk for all aspects of the 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. Legal requirements are a core consideration in planning all internal audit reviews.

This report contains narrative on the overall system of Risk Management as well as detailed commentary on a number of individual risks. It will be supplemented by a detailed review of Risk Management later in this financial year.

2.3.5 Equality and Diversity, including 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

This report has no impact on the Board's likelihood of meeting the aims and targets outlined by the NHS Scotland Climate Emergency & Sustainability Strategy.

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.

2.3.8 Route to the Meeting

Audit & Risk Committee on 13 December 2023.

2.4 Recommendation

The Committee is asked take **assurance** from the Internal Control Evaluation.

3 List of appendices

Appendix 1 - Internal Control Evaluation Report.

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FTF Internal Audit Service

Internal Control Evaluation 2023/24
Report No. B08/24

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

Contents

Draft Report Issued	28 November 2023
Management Responses Received	6 December 2023
Target Audit & Risk Committee Date	13 December 2023
Final Report Issued	**07 December 2023**

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. The NHS Fife Internal Audit Plan provides cyclical coverage of all key elements of Corporate, Clinical, Staff, Financial and Information Governance.

3. Together the mid-year Internal Control Evaluation (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. This interim review gives early warning of issues and provides a holistic overview of governance within NHS Fife.

4. The draft Annual Delivery Plan (ADP) 2023/2024 was signed off by Scottish Government (SG) on 11 August 2023. The NHS Fife draft Medium Term Plan for 2023-2026, was submitted to SG on 7 July 2023, with feedback to be provided. SG guidance advised that the draft Medium Term Plan should take into consideration service changes which Boards are preparing for locally over the next 3 years, and identify through horizon scanning, issues which may require local, regional, or national planning input.

5. The ICE will be presented to the December 2023 Audit and Risk Committee, allowing the year-end process to be focused on year-end assurances and confirmation that the required actions have been implemented. The ICE provides a detailed assessment of action taken to address previous internal audit recommendations from the 2022/23 ICE and Annual Report.

6. This review will be a key component of the opinion we provide in our Annual Internal Audit Report and will inform the 2024/25 Internal Audit planning process.

7. 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

8. Ongoing and required developments and recommended actions are included at Section 2.

9. The Annual Internal Audit Report was issued on 19 June 2023 and was informed by detailed review of formal evidence sources including Board, Standing Committee, Executive Directors Group (EDG), and other papers.

10. As well as identifying key themes, the Internal Audit Annual Report made six specific recommendations in the following areas

    *   Ongoing development of risk management, risk appetite, deep dives, Key Performance Indicators (KPIs) and clarification and formalisation of the joint risk management process with Fife IJB.

    *   Requirement to provide a year-end assessment to the Staff Governance Committee (SGC) concluding on implementation of the strands of the Staff Governance Standard and action required to achieve full compliance.

- Requirement for the SGC Annual Assurance Statement to include a statement confirming the Whistleblowing Champion's opinion on the adequacy of NHS Fife's whistleblowing arrangements.

- Requirement to present a financial sustainability action plan to the Finance, Performance and Resources Committee (FPRC) and Board, demonstrating clear links to the Population Health and Well Being Strategy (PHWS), the Workforce and Digital & Information strategies, and service redesign and transformation.

- Requirement to record, monitor and have contingency plans in place to manage the risk of a sudden cessation for brokerage, which, unmitigated, could impact on service provision.

- Requirement to identify and report to the CGC on those elements of the 2019-2024 Digital & Information (D&I) Strategy which will not be delivered by 31 March 2024, stating the impact upon NHS Fife's strategic ambitions and how this is being addressed in the next D&I Strategy. The next iteration should also include at the outset a resourcing and financial assessment to assess its likelihood of being delivered within the stated timescale and the risks associated with non-delivery.

11. Outstanding actions from previous ICE and Annual Internal Audit Report recommendations are shown in table 1. 11 actions have been completed since the issue of our Annual Internal Audit Report.

12. Overall, there has been good progress on actions to address recommendations from the 2022/23 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.

13. 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.

14. 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

15. 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.

16. Audit Scotland – NHS Scotland 2022, issued February 2023, stated that 'the NHS in Scotland faces significant and growing financial pressures. These include inflation; recurring pay pressures; ongoing Covid-19 related costs; rising energy costs; a growing capital maintenance backlog; and the need to fund the proposed National Care Service. These pressures are making a financial position that was already difficult and has been exacerbated by the Covid-19 pandemic, even more challenging'. Internal Audit reports have recorded similar concerns and highlighted the strategic changes required. The financial risk for NHS Fife, NHSScotland and the public sector has continued to increase.

17. As reported in the Internal Audit Annual Report for 2021/22, the challenge now is balancing short term risks against longer term risks which can only be mitigated through strategic change. The shape of future strategy will be dependent on a number of complex factors, with some subject to change. However the Board has continued to respond, and risk assess, to ensure the most urgent work is prioritised.

18. We previously highlighted the risks associated with the National Workforce Strategy for Health and Social Care and the need for realistic plans. The NHS Fife Workforce Plan 2022-2025 was published in November 2022 and work is underway to inter-relate and align financial and workforce planning via the Strategic Planning Resource Allocation (SPRA) process. Workforce risks remain very high across NHSScotland, and the current risk and target risk scores will require careful consideration to ensure they reflect local, national and international pressures and the extent to which these are and can be mitigated locally.

19. Continuing staff shortages and increased demand for staff means that effective workforce planning remains key in supporting the achievement of the Board's operational, financial and strategic objectives.

20. Maintaining operational performance against mandated targets remains extremely challenging. While operational improvements will have a limited impact on performance, genuinely strategic solutions must be identified, with a focus on working closely with partners to address underlying capacity and flow issues.

21. NHS Fife continues to progress its Risk Management Framework Improvement Programme. The Board's overall approach to risk management has been revised with a new Corporate Risk Register replacing the Board Assurance Framework. A Risks and Opportunities Group continues to meet and aims to embed an effective organisational risk management framework and culture, including assurance mapping principles. Current risk scores and achievement of target scores by target dates will require constant monitoring to ensure they fully reflect current risk and controls and are realistic.

22. The Clinical Governance Strategic Framework and associated Annual Delivery Plan were approved by Fife NHS Board on 28 March 2023. The framework outlines the governance and assurance reporting routes for clinical governance throughout the full span of NHS Fife responsibilities.

23. This report contains a number of 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:

- Following the approval of the PHWS in March 2023, NHS Fife has moved to the delivery stage with associated reporting to the Board and Committees.
- Reporting continues on OPEL (Operational Pressures Escalation Levels) on the NHS Fife intranet, to support proactive management of increased activity, and the related impact on capacity and flow.
- Approval of the Whole System Property and Asset Management Strategy at the September 2023 Board meeting.
- Approval of the Five-year Medium Term Financial Plan by the NHS Fife Board in March 2023.
- An updated approach to achievement of savings with 3 horizon levels for in year and the future.
- SG sign off of the 2023/24 Annual Delivery Plan (ADP) on 11 August 2023.
- Approval of the Risk Management Framework in August 2023 and ongoing development of Risk Management arrangements, including a Corporate Risk Reporting tool and Risk Summary Dashboard as guidance for risk owners.
- Approval of the Clinical Governance Strategic Framework by Fife NHS Board in March 2023 and the implementation of elements of associated Delivery Plan.

- Ongoing work to implement the Health & Care (Staffing) (Scotland) Act 2019 (Safe Staffing Legislation).

- Whistleblowing directives issued by the Independent National Whistleblowing Officer continue to be implemented by NHS Fife, with improvements being made to the procedures for completing investigations and reporting thereon.

- Continuing development of the Integrated Performance Quality Report (IPQR).

ACTION

24. 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

25. 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 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 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. b. Deep Dive Reports to include: • 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. 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. 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 provision of assurance consistent with the IJB Risk Management Strategy. ***Action Owner: Director of Finance & Strategy*** **Original target implementation date 31 March 2024.**	a. Corporate Risks papers presented to each standing committee state if risks are within or outwith risk appetite. Review of the Board's risk appetite has not taken place yet. 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. b. The Risks and Opportunities Group (ROG) is progressing changes to the deep dive process, and these should be evident in deep dive papers presented to Standing Committees in the remainder of 2023/24. c. The development of KPIs for the risk management process is a work in progress. d. 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).	On track
2. Staff Governance Standards a. A year-end report to be presented to the Staff Governance Committee providing year-end feedback on: • The action taken on each strand of the Staff Governance Standards during 2023/24. • Reflection on how successfully and effectively these have been implemented.	a. The Annual Internal Audit Report for 2022/23 (B06/24) was presented to SGC on 20 July 2023 and the minutes record: *'The Director of Finance & Strategy highlighted the Staff Governance section within the report and was pleased to advise that there were only two recommendations, both in the lower category, which merit attention'* b. As per 2a above	On track

• What actions are being taken forward into 2024/25, plus the further coverage planned for each strand during 2024/25. b. The Staff Governance Committee Annual Report and Statement of Assurance to include a conclusion on compliance with the different strands of the Staff Governance Standards based on the paper referred to in 2a above. *Action Owner: Director of Workforce* **Original target implementation date 31 March 2024.**	Internal Audit is monitoring implementation of these recommendations as part of the Audit Follow-up process and will contact management closer to the implementation date to confirm reporting will be completed as agreed.	
3. Whistleblowing The Staff Governance Committee Annual Report and Statement of Assurance including a statement confirming the Whistleblowing Champion's opinion on the adequacy NHS Fife's whistleblowing arrangements. *Action Owner: Director of Workforce* **Original target implementation date 31 March 2024.**	As per 2a above Internal Audit is monitoring implementation of this recommendation as part of the Audit Follow-up process and will contact management closer to the implementation date to confirm reporting will be completed as agreed.	On track

4. Financial Sustainability Action Plan
 	
A Financial Sustainability Action Plan to be presented to the FPRC which:
 	
• Demonstrates clear links to the Population Health and Well Being Strategy, the Workforce and Digital & Information strategies, and service redesign and transformation.
 	
• Includes the following overtly to the required savings:
 	
    o a clear process and timetable for the setting and implementation of organisation priorities
 	
    o a clear methodology for agreeing areas for de-prioritisation.
 	
    o a robust process for identifying and delivering service change.
 	
• Includes the process for formal monitoring of operational and strategic savings programmes.
 	
• Includes provision of overt positive assurance to the Board that NHS Fife has the capacity and capability (both in terms of planning and operations) to drive transformational change, whilst maintaining business as usual and delivering savings, both in the short and longer term.
 	
• Includes a clear delineation of the cultural changes required to ensure that financial sustainability receives sufficient priority both strategically and operationally, in the face of competing pressures and conflicting Scottish Government priorities.
 	
Action Owner: Director of Finance & Strategy
	The Financial Performance and Sustainability Report includes actions aimed at achieving financial sustainability and has been presented to EDG, FPRC and Fife NHS Board.
	
	The Financial Performance and Sustainability Report links to the Annual Delivery Plan which links to the Corporate Objectives which are aligned to the Public Health & Wellbeing Strategy.
	
	The process to determine corporate objectives for 2024/25 will include the setting and implementation of organisation priorities and de-prioritisation will be included in this.
	
	The broader service change objectives are aligned with the other significant change programmes.
	
	The Financial Improvement and Sustainability Board is monitoring actions being taken to improve efficiency savings performance.
		Completed

Original target implementation date 31 March 2024		
5. Brokerage Contingency Planning. NHS Fife to record, monitor and have contingency plans in place to manage the risk of a sudden cessation for brokerage, which, unmitigated, could impact on service provision. *Action Owner: Director of Finance & Strategy* **Original target implementation date 30 September 2023**	NHS Fife is in dialogue with SG who are aware of the potential brokerage required at Year-End.	Completed
6. Digital & Information Strategy 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. 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. *Action Owner: Associate Director of Digital & Information* **Original target implementation date 31 July 2024.**	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). b. The D&I Strategy update to CGC on 3 November 2023 confirmed that this will be supported by a financial framework.	On track

ICE Report 2022/23 (B08/23) - Update of Progress Against Actions		
Agreed Management Actions with Dates	**Progress with agreed Management Actions**	**Assurance Against Progress**
1. Committee Assurances a. The Board's action list, which is currently maintained and followed up by the Corporate Governance & Board Administration team, will be tabled for review at future Board meetings. b. Risk sections within the SBAR papers presented to the Standing Committees and the Board should fully articulate the risks associated with the report, the linkage to the relevant Corporate or Operational risk and any related consequences. c. SBARs on Policy Updates to include a risk assessment on each policy which has passed the renew date, highlighting the risks and possible consequences of the policy not being reviewed within the timescale and superseded policies will be removed from Stafflink. *Action Owner: Head of Corporate Governance & Board Secretary* **Original target implementation date 30 June 2023.**	a. The Board's Action List was included on the agenda for its meetings on 31 January and 28 March 2023 and a comparison of the two Action Lists shows that it is being updated between meetings (Complete). b. The revised SBAR template and associated guidance were issued in November 2023, so time is needed to evidence the use of these in practice at Board and Committee meetings. An extended timescale to 31 March 2024 has been agreed to allow this. c. Discussion on the policies that have lapsed review dates took place at EDG on 2 November 2023 and a risk-based approach to prioritise the review and update policies was agreed and relevant assurances regarding this were provided by the relevant responsible Executive Directors. FPRC were notified of this on 14 November 2023 (Complete).	Minor slippage on agreed timelines

2. Risk Management a. Risk Management KPIs to be presented for approval and reported to the Audit and Risk Committee. b. Risk appetite to be overtly reflected in the corporate risk register updates to standing committees, particularly within target scores, when risks are updated and reviewed. *Action Owner: Director of Finance & Strategy* **Original target implementation date 30 June 2023.**	a. KPIs for Risk Management are still being updated and a date for presentation to ARC has not yet been agreed This recommendation has been superseded by B06/24 Point 1c. b. The Corporate Risk Register presented to ARC on 15 March 2023 includes the risk appetite for each strategic priority and indicates for each risk whether the current risk rating is above, below or within that risk appetite. This format will be used for presentation to all Standing Committees.	Completed
3. Clinical Governance and Assurance re Services Delegated to the Integration Joint Board a. Regular reporting to the Clinical Governance Oversight Group (CGOG) providing assurance that recommendations made following external body visits are being progressed through service action plans to completion. b. Reporting on risk associated with Adult and Child Protection to the CGOG. *Action Owner: Director of Health and Social Care Partnerships* **Original target implementation dates a - 30 April 2023 & b – 31 July 2023.**	a. Inspections and methodology reported to CGOG on 18 April 2023 and future reporting scheduled in CGOG 2023/24 workplan. b. Report on risk 10 regarding Adult and Child Protection was presented to the CGOG meeting on 20 June 2023.	Completed
4. Clinical Governance Strategic Framework & Clinical Governance Risk Management a. The Clinical Governance Strategic Framework (CGSF) to be presented to Fife NHS Board for approval. b. Adult and Child Protection and the latest guidance (Scottish Government's NHS Public Protection Accountability and Assurance Framework to be considered as part of the 2023/24 workplan for the Clinical Governance Strategic Framework. c. The Terms of Reference for the CGOG to be amended to include a specific responsibility regarding consideration of external reviews and whether appropriate action has been undertaken to address any recommendations made. d. A meeting of the Organisational Learning Group (OLG) to be held focused on how to build in the consideration of issues identified in external reports into future OLG agendas and the analysis that would need to be undertaken to provide the OLG with the information to discharge their responsibility as per its Terms of Reference item 2.4 regarding consideration of whether internal controls and associated reporting mechanisms need to be improved if they did not identify issues highlighted in inspections undertaken by external regulators/auditors. e. Minutes of OLG meetings to be routinely presented to the CGOG.	a. The CGSF was approved by Fife NHS Board on 28 March 2023. b. The Mid-Year Update on the Clinical Governance Strategic Framework presented to CGOG on 24 October 2023 and CGC on 3 November 2023 includes reference to the Scottish Government's NHS Public Protection Accountability and Assurance Framework. c. CGOG Terms of Reference was appropriately updated and was noted by CGOG on 24 October 2023 acknowledging their acceptance of the changes made. d. A review of the OLG commissioned by the Chief Executive has concluded and the recommendations made supersede this recommendation. e. The minutes of the OLG meeting held on 18 August 2023 were included on the CGOG Agenda for its meeting on 24 October 2023. f. The updated CRR presented to EDG on 17 August 2023 includes the revised wording of the risk. The Director of Acute Services advised that the scoring is reviewed regularly and was last updated at the end of April. The risk	Completed

f. The description of risk 7 on the CRR to be updated to more accurately describe the risk associated with deferred treatment due to late presentation due to the pandemic (eg: changing the '*could*' in 'This time delay could impact clinical outcomes for the population of Fife' to '*will*'). and the scoring of this risk to be revised to take account of the related performance information. g. The anticipated deep dive analysis to be undertaken on risk 7 to be prioritised and to be undertaken in a manner that clearly explains the scale of the risk and better describes the controls in place. h. The alignment of Risk 7 to be reconsidered with specific consideration given to whether assurance on its management should be provided to the CGC. i. The difficulties in meeting targets for Serious Adverse Events Reviews to be reported to the CGC. *Action Owner: Medical Director* **Original target implementation date 31 August 2023.**	was scored at 16 High when reported to FPRC in November 2022 and is reported as 20 High to FPRC in May 2023. g. The deep dive into risk 7 has been undertaken and was presented to FPRC on 14 March 2023 and CGC on 7 July 2023. The deep dive into the related CRR 5 was undertaken and presented to EDG on and was presented to CGC on 5 May 2023. h. The alignment of risk 7 is to continue to be to FPRC but it was presented to CGC on 7 July 2023. i. The narrative included in the IPQR presented to CGC on 3 March 2023 highlighted the performance issues regarding the Adverse Events Management Process and the action being taken to address this.	
10. IG&S Incident Reporting to CGC The IG&S update report for the Clinical Governance Committee to be updated to include a section for IG Incident Management including: o Reasons for any instances of non-compliance with the 72-hour statutory timescale for reporting to the ICO and what has been done to prevent this from happening in future. o Sufficient information to allow an opinion on whether any of the incidents reported to date should be considered for disclosure within the Board's Governance statement. *Action Owner: Associate Director of Digital and Information* **Original target implementation date 31 May 2023.** **Extended to 29 February 2024 (TBC)**	IG&SSG Updates to CGC on 3 March and 8 September 2023 – (both Item 9.1) - Summary of Incident Reporting in the period including assurance regarding compliance with the 72-hour timescale for reporting to the ICO but does not include a statement regarding whether or not any of the incidents will warrant disclosure in the Board's Governance statement. This is to be included in the update presented to CGC on 12 January 2024.	Minor slippage on agreed timelines
11. D&I Strategy Risk • D&I Workforce Plan to be added to the Corporate Risk Register as a mitigation to risk 18 – regarding the D&I Strategy to allow assessment of its implementation and effectiveness. *Action Owner: Associate Director of Digital and Information* **Original target implementation date 31 May 2023.** **Extended to 30 November 2023**	The risk report presented to CGC on 8 September 2023 includes the following as mitigation against corporate risk 18: '*Active review of the Strategy deliverables against current strategic objectives. This includes financial and workforce planning*'.	Complete

CORPORATE GOVERNANCE

> **Corporate Risks:**
>
> **Risk 1 – Population Health and Wellbeing Strategy – Moderate (12); Target (12) Moderate by March 2024 - 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 (10) Moderate by March 2024 - Within Risk 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.

Governance Arrangements

The Code of Corporate Governance was updated and approved at the May 2023 Board meeting.

Board and Committee Development Sessions covered a diverse range of topics and are critical for gaining further insight into key areas. The Annual Internal Audit Report 2022/23 (B06/24) highlighted that learning and key actions from these sessions should be recorded with formal outputs to ensure that actions are taken forward. The Board Secretary has advised that notes are taken on Development Sessions where appropriate and these used as part of the planning and design of topics under development.

The ARC members attended training sessions on the Annual Accounts, the role & function of the ARC and Risk Management. The CGC have considered Medical Education, Addiction Services, the Research relationship between NHS Fife and the University of St Andrews and Optimal Clinical Outcomes. The Public and Wellbeing Committee has considered topics which include Child and Adolescent Mental Health Service and Psychological therapies and Integrated Screening. The Staff Governance Committee has considered continuously improving a safe working environment, promoting the health and wellbeing of staff, and iMatters.

Self- Assessment

The second edition (November 2022) of the Blueprint for Good Governance was presented to the March 2023 ARC. It describes the latest good governance practice including active and collaborative governance. A National survey for Board members, (self-assessment) is closing on 1 December 2023 and a Development Session will be held in February 2024 to reflect on the outcomes of the National Survey.

In March 2023 Governance Committees completed self-assessments and identified improvements which are being progressed within the Committee Action Lists. We will review the progress of the identified improvements and comment in the Internal Audit Annual Report 2023/24 (B06/25).

Committee Assurance

Standing Committees review their Terms of References annually. Internal audit review of Standing Committee papers found that where serious issues are reported, for example adverse findings from an inspection by a regulator, the papers do not conclude on whether the issue is likely to warrant disclosure in the Board's Governance Statement. A process should be introduced to prompt consideration by committee members, throughout the year, of issues that may warrant disclosure in the Board's Governance Statement.

Policies

A General Policies and Procedures paper presented to the 2 November 2023 EDG provided an update of the status of policies as at October 2023. 36 (64%) of the 56 General Policies were up to date, 12 (21%) were beyond their due date and review work was underway within departments for 8 (14%) of General Policies. We noted good practice in that the paper reported the potential risk management implications of overdue policies and the EDG will take a risk-based approach to prioritise out-of-date policies that are significantly beyond their due date.

Internal Audit will undertake a review of Policies and Procedures as part of the 2023/24 audit plan, to ensure that the update of policies is risk-assessed, delivered and monitored appropriately and that updated policies are published effectively, and superseded versions removed from circulation.

Culture and Values

A Board Development Session in April 2023 focussed on Culture, Values and the Role of the Board. The NHS Fife Code of Corporate Governance refers to culture and values, and we have evidenced examples of the Board and its officers embracing and promoting these values.

Strategy

The Public Health & Wellbeing Strategy (PHWS) was approved at the March 2023 Board meeting. The Public Health and Wellbeing Committee (PHWC) has oversight of the delivery of the PHWS and a Mid-Year Report to the November 2023 meeting provided a six-monthly update on delivery. Progress during the first 6 months was provided (to September 2023) with planned activity to the end of March 2024 highlighted. The report uses the three-horizons framework to plan the first year, medium-term and longer-term objectives, to describe how ongoing work will collectively contribute to the system change required.

The internal audit B14/23 on Strategic Planning, will evaluate the development of the Strategic Plan.

Operational Planning

The draft ADP 2023-24 is in line with SG guidance and was presented to the Board before submission to SG by end of July 2023, and subsequent approval on 11 August 2023. It was approved by the Board in September 2023. There are three ADP related submissions: the draft ADP1, the draft ADP2 (spreadsheet with detailed actions, milestones and risks) and the draft Medium-Term Plan (MTP) 2023/26, which was submitted to Scottish Government on 7 July 2023. Quarterly updates on ADP delivery are reported to the FPRC.

We commended the OPEL tool within our B08/23 Internal Control Evaluation report. OPEL supports management of increased activity, and the related impact on capacity and flow and scores continue to be reported on a daily basis on Stafflink to provide organisational awareness of the extreme pressures within the system and the high-risk environment the Board operates within.

Assurance Mapping

Committee Assurance Principles were endorsed by the NHS Fife ARC in May 2021. Internal Audit will continue to promote the use of the assurance principles through continued leadership of the Assurance Mapping Group, chaired by the Chief Internal Auditor, attendance at the Risks and Opportunities Group, and though internal audits.

Integration

The Integration Scheme was reviewed and approved by NHS Fife Board in September 2021. A Ministerial Strategic Group (MSG) published a report in 2019 outlining proposals to develop the features of good Integration. An MSG self-assessment was carried out by the Fife Health and Social Care Partnership and reported to the NHS Fife Finance, Performance and Resources Committee (PRC)

in January 2023. Sixteen key features were established, 6 were partially established. Internal Audit would expect an update report is provided to a future NHS Fife Finance, PRC meeting.

Performance

The Integrated Performance & Quality Report (IPQR) has continued to be reviewed and enhanced by the IPQR group, which was set up following the Board's Active Governance Workshop held in November 2021. The IPQR report now provides a Public Health and Wellbeing section and Statistical Process Control charts where relevant. This demonstrates improved connectivity through inclusion of Corporate Risks aligned to strategic priorities. Providing extracts of the IPQR for each Standing Committee has facilitated focussed scrutiny of the performance areas most relevant to each. The November 2023 IPQR included uptake of Covid and Flu winter vaccination programme and staff vacancies.

The Board, the FPRC, the SGC, the CGC and the PHWC have received regular performance reports against a range of key measures (Scottish Government and local targets). Projected & Actual Activity for Patient TTG, New Outpatients and Diagnostics are also reported.

The latest IPQR presented to the November 2023 Board meeting highlighted:

- Eight indicators are on schedule to meet Standard/Delivery trajectory: Inpatient Falls, Inpatient Falls with Harm; Pressure Ulcers; SAB HAI/HCAI; C Diff; IVF Treatment Waiting Times; Freedom of Information Requests and Antenatal access.

- The Cancer 31 Day DTT current performance is at 90.6% with a target of 95%, which is a decrease in performance from last year.

- The Cancer 62 Day DTT current performance is 77.1% against a target of 95%, which has decreased in performance since last year.

- The following indicators show an Amber status, which is behind the target but within 5% of the Standard/Delivery trajectory: Cancer 31 Day DTT; Major/Extreme Adverse Events - % Closed on Time; Detect Cancer Early; Immunisation 6 in 1 at Age 12 months and Immunisation MMR2 AT 5 Years.

- Twelve indicators are not achieving target but are performing within the Mid-Range quartile for benchmarking: Cancer 62 Day RTT, S1 Complaints Closed in Month on Time, S2 Complaints Closed in Month on Time; 4-Hour Emergency Access (A&E) & (ED); Patient TTG%; New Outpatients; Diagnostics; Sickness Absence; CAMHS Waiting Times; Psychological Therapies Waiting Times (Statistical Process Control has identified this as an outlier and negatively outside the control limits) and Drugs & Alcohol Waiting Times.

- Performance in September for the 4-Hour Emergency Access decreased from 79% to 73.3%, significantly below the 95% national target and just below the 24-month average of 73.9%.

The pressures on the system are making performance against a range of targets challenging for NHS Fife in common with the entirety of NHSScotland.

Risk Management

The Risk Management Framework 2023-2025 was approved at the September 2023 Board meeting, following consideration by the ARC in August 2023. A delivery plan is being developed to support the implementation of the Framework.

More than 60% of the Corporate Risk scores are above risk appetite, meaning that action to bring risk scores within appetite and within a short timeframe are required. The annual review of risk appetite

has not yet taken place. Within the context of the unprecedented challenging external environment we are of the opinion that risk appetite needs to be revisited.

The implementation of Deep Dive risk reviews is designed to provide Governance Committees with assurance on the appropriate management of risk. We commend the paper to the 2 November 2023 EDG, where recommended criteria for undertaking a Deep Dive review was agreed. The triggers for invoking a Deep Dive review were outlined as, Proposed New, Deteriorating and Static, Corporate Risks, and Proposed De-escalation of a risk. Internal Audit will review these arrangements, including a review the full Deep Dive process, within B14/24 Risk Management this year.

The Risk and Opportunities Group (ROG) continues to meet to provide leadership and promote and embed an effective risk management culture.

Risk management dashboard operational guidance and a demonstration of the Risk Summary Dashboard was provided to the 2 November 2023 EDG. The dashboard is designed to guide risk owners through a series of activities to facilitate effective risk management. The implementation approach for the ROG to take this forward was agreed by the EDG. KPIs for operational risks have been developed and will continue to be refined as part of the ROG agenda.

Action Point Reference 1 – Governance Statement Disclosures

Finding:

Papers have been presented to each standing committee that highlight serious issues, but they have not concluded on, or prompted discussion on, whether these issues are likely to require disclosure in the Board's Governance Statement.

Audit Recommendation:

A process should be implemented that ensures serious issues are highlighted to all Standing Committees and members are prompted to agree if the issue warrants disclosure in the Board's Governance Statement. This may include a direction in the SBAR supporting the relevant paper, along with providing members with the key considerations for deciding upon disclosures from the relevant section of the Scottish Public Finance Manual:

- '*might the issue prejudice achievement of the business plan or other priorities?*
- *could the issue undermine the integrity or reputation of the organisation?*
- *what view does the audit committee take on the issue?*
- *what advice or opinions have internal audit and/or external audit given?*
- *might the issue make it harder to resist fraud or other misuse of resources?*
- *does the issue put a significant programme or project at risk?*
- *could the issue divert resources from another significant aspect of the business?*
- *could the issue have a material impact on the accounts?*
- *might financial stability, security or data integrity be put at risk?*'

A register of potential disclosures should be maintained and considered at year-end when preparing the Board's Governance Statement.

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:

Standing Committees each reflect on their year's business at the point of reviewing their annual assurance report. Significant work has been taken forward in recent years to enhance the content and detail of these reports, ensuring that the information provided within is comprehensive, robust and relevant for the purpose of providing assurance to the Board. It is at that point where committees discuss and decide on any potential disclosures, reflecting on the year's business overall and the movement of potential disclosure issues throughout the year (some in-year issues can be satisfactorily resolved by year-end, for instance).

In totality, the consideration of each Standing Committee's assurance statement influences the content and conclusions of the Governance Statement, which is discussed in draft and agreed with the Audit & Risk Committee. We believe the process in place at present is robust and appropriately reflective, without the need for a rolling issue list to be created, or additional changes to the SBAR template.

Section 2   Ongoing and Required Developments and Actions

Action by:	Date of expected completion:
Head of Corporate Governance & Board Secretary	N/A

CLINICAL GOVERNANCE

Corporate Risks:

Risk 3 – COVID-19 Pandemic – Moderate (9); Target (12) Moderate by October 2023 – Below Risk Appetite

There is an ongoing risk to the health of the population, particularly the clinically vulnerable, the elderly and those living in care homes, that if we are unable to protect people through vaccination and other public health control measures to break the chain of transmission or to respond to a new variant, this will result in mild-to-moderate illness in the majority of the population, but complications requiring hospital care and severe disease, including death in a minority of the population.

Risk 5 - Optimal Clinical Outcomes – High Risk (15);Target (10) Moderate by March 2024 – Within Risk Appetite

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 9 - Quality & Safety – High Risk (15);Target (10) Moderate by March 2024 – Above 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.

Risk 16 - Off-Site Area Sterilisation and Disinfection Unit Service – Moderate Risk (12);Target (6) Low by April 2026 – Within Risk Appetite

There is a risk that by continuing to use a single offsite service Area Sterilisation Disinfection Unit (ASDU), our ability to control the supply and standard of equipment required to deliver a safe and effective service will deteriorate.

Risk 17 & 18 are aligned with the Clinical Governance Committee but are considered under the Information Governance section below.

Risk 7 is aligned with the Finance Performance and Risk Committee. We recommended that consideration be given to aligning this risk to the Clinical Governance Committee. This was considered but it was felt appropriate that the risk remained aligned to the FP&RC. The Clinical Governance Committee was updated on the deep dive into this risk at its 7 July 2023 meeting.

Risk 7 - Access to Outpatient, Diagnostic and Treatment Services - High Risk (20);Target No target due to uncertainty over level of funding – Above Risk Appetite

There is a risk that due to demand exceeding capacity, compounded by unscheduled care pressures, NHS Fife will see deterioration in achieving waiting time standards. This time delay will impact clinical outcomes for the population of Fife.

Clinical Governance Framework

The Clinical Governance Strategic Framework was approved by Fife NHS Board on 28 March 2023 and the annual delivery plan and progress update was presented to the Clinical Governance Oversight Group (CGOG) in October 2023, setting out the workstreams, objectives, leads, timescales and their status.

The only item reported as having slipped was the Risk Management Policy which is being revised following Board approval of the NHS Fife Risk Management Framework at the end of August 2023.

A Fife Health and Social Care Partnership (HSCP) Clinical & Care Governance Strategic Framework is in development and is to be presented to the IJB for approval by January 2024. This will outline arrangements for providing strategic direction and assurance on health and social care to the IJB, Fife Council and NHS Fife. This framework will complement the existing NHS Fife Clinical Governance Strategic Framework which describes HSCP Clinical and Care Governance Assurance Arrangements.

Fife IJB report F06/22 - Clinical and Care Governance was issued on 31 October 2023 and provided reasonable assurance on developments to Clinical and Care Governance Assurance processes and made two significant and three moderate recommendations. The significant findings related to the reporting of assurance regarding the management of the corporate risk recorded regarding Child and Adult Protection and establishing regular reporting on Adult and Child Protection to Fife Council's People and Communities Scrutiny Committee and the IJB's Quality and Communities Committee and SLT Governance and Assurance.

Clinical Governance Committee

Updated CGC Terms of Reference (ToR) were included in the Code of Corporate Governance approved by Fife NHS Board on 30 May 2023 and include a membership change related to patients' representative, responsibility for oversight of patient experience and feedback mechanisms and other administrative items.

The CGC 2023/24 annual workplan is presented to each CGC meeting with the latest update indicating that CGC should receive all items in 2023/24.

Clinical Risk Management

The four corporate risks detailed at the start of this section have been aligned to the CGC, as have two Information Governance risks.

Risk 7 - Access to Outpatient, Diagnostic and Treatment Services is aligned to the Finance Performance and Risk Committee. Internal audit previously recommended this risk should be aligned to the CGC, but we were advised that the risk would remain aligned to the FPRC. However, the CGC was updated on the deep dive into this risk on 7 July 2023.

The CGC has also considered deep dive assurance reports for risks 9, 16 and 18 in 2023/24 and reviewed the corporate risks aligned to the Committee on 8 September 2023 and 3 November 2023.

Clinical Performance Reporting

The latest IPQR presented to CGC on 3 November 2023 highlighted the following areas which are not achieving target, with the SBAR providing detailed narrative and actions to improve:

- Adverse Events - August 2023 – 48.4% LAER/SAERs closed on time against a target of 50%:
- Escherichia Coli Bacteraemia (ECB) (HAI/HCAI) - August 2023 – 38.4 HAI/HCAI per 100,000 Occupied Bed Days against a target of 33.0
- Complaints (Stage 1 & Stage 2) - August 2023 - Stage 1 closed in month on time 42.6% against a target of 80% & Stage 2 closed in month on time 11.1% against a target of 50%. (A project and improvement plan is being developed by the Patient Experience Team in conjunction with a Senior Project Manager to improve performance in this area).

Quality Performance Indicators (QPIs) included in the Clinical Governance Strategic Framework are reported to the CGC along with details of remedial action being taken to address any indicators that were performing below target with the exception of:

- Adverse Events Improvement Actions (70% target for closure of actions within timescales)

- Complaint Closed- Stage 1 (80% target) – The summary table on the IPQR reported 42% for this, significantly below the target of 80% but there is no narrative included in the Clinical Governance section and any remedial action being taken (there is narrative regarding Stage 2 performance and improvement actions).

External Review

External Inspection Reports are included on an Activity Tracker document routinely considered by the Clinical Governance Oversight Group (CGOG).

In response to a recommendation in our 2022/23 ICE report (B08/23) a HSCP Inspection Update is presented to each CGOG meeting as a standing agenda item.

We commend the presentation of the papers on the HIS inspection and the Fatal Accident Enquiry to the CGC. These papers highlighted the serious issues raised to CGC members but, in common with other standing committees, did not include a conclusion on whether they require to be included as disclosures in the Board's Governance Statement at year-end and the members of the CGC were not asked to consider this. A recommendation relevant to this is included in the Corporate Governance section above at Action Plan Point 1.

The Cabinet Secretary requested all Boards in Scotland provide assurance that their processes and systems for the early identification, reporting and robust timely investigation of patient and staff safety concerns are fully effective. The NHS Fife Chief Executive commissioned a review of the Organisational Learning Group (OLG) which had a remit to ensure that the learning gained from events is used to optimise patient safety, outcomes and experience and to enhance staff wellbeing and job satisfaction. Our 2022/23 ICE report recommended that the OLG need to consider the effectiveness of internal control and reporting systems in relation to adverse findings in external reports.

Healthcare improvement Scotland (HIS) Inspection Report

HIS undertook an unannounced inspection on Acute Hospital Safe Delivery of Care at Victoria Hospital between 31 July and 2 August 2023 and reported serious concerns about the condition of the healthcare-built environment within the older building of the hospital and stated nine requirements and made two recommendations. The initial findings from the inspection were reported to CGC in September 2023 ahead of the publication of the final report on 26 October 2023. This update informed CGC that NHS Fife took immediate action to address issues identified by relocating a ward to another area in the hospital and bringing forward a planned programme of ward refurbishment. The timing of the publication of the final report did not allow enough time for an update to be provided to the CGC meeting in November 2023 but an update on progress to address the findings in the report is to be provided to the January 2024 CGC meeting. We are advised by the Director of Nursing that this update will consider the effectiveness of internal control and reporting systems (ie why corrective action wasn't undertaken before the issues were highlighted by HIS and what improvements need to be made to ensure that should similar issues occur, Senior Management are promptly notified).

Fatal Accident Enquiry

CGC were updated on the outcome of the fatal accident enquiry into death of a patient in the intensive care unit (ICU) at Victoria Hospital in October 2019. The report identified three specific shortcomings in the care of the patient and stated that had any one of the three been undertaken properly this might realistically have resulted in the death being avoided. The action plan to address the 8 recommendations made in the report was presented to CGC and the status of the actions is to be monitored by the Acute Services Division CGC which reports into CGOG.

Significant Adverse Events

The revised Adverse Events Policy (reviewed February 2023) is available on Stafflink and includes a flowchart of the revised process which links to further Adverse Events Management Resources on Stafflink.

The target related to closing SAERs within timescale has only been achieved in 1 month of the 5 reported to date. Actions designed to improve this are being implemented and are reported as being on track for implementation by 31 March 2024.

Duty of Candour (DoC)

The latest DoC Annual Report presented to the CGC on 3 March 2023 related to the financial year 2021/22 and included an update on DoC activity in 2022/23 to date. We have been advised by management that the 2022/23 DoC annual report for presentation to CGC in March 2024 will include an update on DoC activity in 2023/24.

Action Point Reference 2 – Performance Monitoring
Finding:
Quality Performance Indicators (QPIs) included in the Clinical Governance Strategic Framework should be reported to the CGC along with evidence of review and remedial action. We confirmed that reporting on QPIs to CGC or CGOG is evident in 2023/24 and that remedial action was reported where required, with the following exceptions: • Adverse Events Improvement Actions (70% target for closure of actions within timescales) – not included in the IPQR or the Adverse Events reporting to CGOG • Complaint Closed- Stage 1 (80% target) – the summary table on the IPQR reported 42% for this significantly below the target of 80% but there is no narrative on this and on remedial action included in the Clinical Governance section.
Audit Recommendation:
Performance reporting for the Clinical Governance Strategic Framework QPIs referred to in the finding above should be added to the performance reporting to CGC.
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:
Adverse Events: The action closure rate was added to IPQR from January 2023. The initial target was set at 70%, however it quickly became apparent that we would not be able to meet this until improvements were made to the actions module on Datix and some training and education was devised and delivered. This was escalated through to CGOG on 20 June along with an overview of the short and long term goal for the improvements required. There was agreement to have a staggered approach to achieving the target. The target was reduced to 50% to be achieved by March 2024, at which time it would be reassessed and increased to the 70% if appropriate. An update on the short term goals was provided in August 2023, both of which will have been captured in the minutes. **Actions on Stage 1 Complaints:** The Patient Experience Team (PET) are working with services to improve the compliance of Stage 1 complaints, focusing on ensuring these are resolved locally at the service level via telephone or face-to-face, aiming to reduce the number of Stage 1 written complaint responses required. A new Stage 1 template has been created and tested within Acute to raise awareness of these complaints being resolved locally and highlight lessons learned. The PET dashboard has been launched, raising awareness and providing up-to-date data regarding all open, Stage 1, Stage 2, enquiries and concerns.

A new weekly complaint report has been created and highlights the compliance target of 80% for Stage 1s and the previous month's data for Acute and H&SCP and whether the target has been achieved. A PET staff page has been created on Blink to raise awareness of the PET and the complaints process. There is greater engagement with PET and Services, focusing on open complaints, providing support, advice, and training. Roles and responsibilities with PET have been streamlined, releasing time for the support officers to focus on stage 1 complaints, concerns, and enquiries. PET will link with Planning and Performance Team to include narrative in IPQR.	
Action by:	**Date of expected completion:**
Director of Nursing / Planning & Performance Team	**31 December 2023**

STAFF GOVERNANCE

> **Corporate Risks:**
>
> **Risk 11 - Workforce Planning and Delivery – High Risk (16); Target (8) Moderate by March 2025 – Above Risk Appetite**
>
> There is a risk that if we do not implement effective strategic and operational workforce planning, we will not deliver the capacity and capability required to effectively.
>
> **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 (12); Target (9) Moderate (no date given) – 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

The SGC approved revised Terms of Reference in March 2023 and updates on the progress of the 2023/24 SGC workplan are reported to each meeting.

Workforce Strategy/Planning

The NHS Fife Workforce Plan 2022-2025, agreed by the Board and Scottish Government (SG), was published in November 2022. Internal Audit will comment on the plan within internal audit B17/23 – Workforce Planning, which will be presented to the SGC once finalised. Work to capture information on the identifying and meeting future workforce requirements is ongoing, with the granular information to be obtained by service-based workforce plan templates.

An update on the Three-Year Workforce Plan 2022-25 was presented to the September 2023 SGC meeting with an action plan to address both SG feedback and the recommendations from the Internal Audit Annual Report 2022/23 (B06/24). The majority of the actions are scheduled for completion by March 2024, with the timescale for one action to be confirmed.

The Workforce Plan should provide an opportunity to identify strategic solutions to critical workforce risks and a coherent, cohesive and proportionate response to extreme pressures is needed. The Medium Term Plan 2023-26 highlights the positive steps being taken by NHS Fife to develop and sustain its workforce.

Risk Management

The SGC has oversight of the Workforce Delivery & Planning and Staff Health & Wellbeing corporate risks, both of which have a current high rating. The planned date to reduce the risk score from high to moderate for both risks has been changed to the end of March 2025 (previously March 2023). Whilst these target dates are more realistic, due to the pressures within the system achievability of these dates may need to be reconsidered over time.

A paper on implementation of the Health & Care (Staffing) (Scotland) Act 2019 (Safe Staffing Legislation) was presented to the 14 September 2023 SGC meeting, to update it on the action being

taken to comply with this legislation, which has to be fully implemented by 1 April 2024. To help manage this a new corporate risk has been created, which will be reported to the SGC.

Staff Governance Standards

The SG do not require a staff governance action plan for 2023/24 and no further guidance on Staff Governance Standard (SGS) monitoring procedures has been issued. NHS Fife does ensure the principles of the SGS are followed through:

- SGC workplan reports on the strands of the SGS are presented.
- Signposting other papers to the strand of the SGSs to which they relate.
- Board Development Days.

A date for reporting on the Well-Informed strand has yet to be confirmed.

The Internal Audit Annual Report 2022/23 concluded that further improvements could be made to monitoring and reporting on compliance with the SGS with progress on track for financial year end reporting.

A copy of the 2022/23 Annual Monitoring Return was presented to the 9 November 2023 SGC meeting prior to submission to the SG.   For 2021/22 the SG provided feedback on suggested topics for further consideration, which were highlighted to the SGC. The SGC has not been provided with an update on whether action was taken in response to them, and we recommend that this is done.

A workforce policy update to the November 2023 SGC covered development and maintenance of local HR policies and Once for Scotland Workforce Policies. To raise awareness of workforce policies a number of briefing sessions have been held across various sites and virtually over the month of October 2023 with more scheduled for November 2023.

Staff Experience

An update paper on the Annual Delivery Plan (ADP) 2023/24 was presented to the 14 September 2023 SGC meeting to enable monitoring of workforce aspects, with the ADP a standing agenda item at the SGC. Nursing and midwifery staffing issues including the number of registered nurses needed and those entering the workforce, a decrease in for nursing courses in Scotland in 2023 and significant vacancy challenges within NHS Fife.

The September 2023 SGC was informed that iMatters engagement for 2023 had improved and was 66% compared to a national figure of 59%.

Whistleblowing

Implementation of whistleblowing arrangements and reporting was reviewed in Internal Audit Report B18-23. Steps are being taken to fully implement the directives of the Independent National Whistleblowing Officer, including quarterly and annual reporting of whistleblowing instances, investigation and implementation of lessons learned.

Recommendations made by Internal Audit have yet to be fully implemented and are being monitored through the Audit Follow-Up Protocol. This includes a recommendation that the SGC Annual Statement of Assurance 2023/24 includes an overt opinion on the adequacy of existing whistleblowing arrangements, supported by a concluding statement from the Whistleblowing Champion.

Remuneration Committee

The Remuneration Committee (RC) reviewed its terms of reference at its March 2023 meeting and completed a self-assessment of its performance.

Appraisals

The RC reviewed the completion of the 2022/23 performance appraisal process for the Executive and Senior Manager Cohort at its May and June 2023 meetings. The RC approved the 2022/23 objective setting process for the Executive and Senior Management Cohort at its June 2023 meeting. The RC agreed the Chief Executive's 2023/24 objectives at its May 2023 meeting and the 2023/24 Executive Cohort objectives at its July 2023 meeting. The RC also agreed that, due to the importance of ensuring that there is sufficient robust evidence to support the performance rating applied to each member of staff, the RC would further consider the appraisal process at a future date. We recommend this is built into the RC workplan.

The completion of annual Agenda for Change appraisals was 40% as at 31 October 2023, demonstrating a slight continuous improvement (38% at 31 March 2023 and 33% at 31 October 2022), but highlighting that more action to improve staff engagement is required. The SGC was advised that the appraisal performance is being monitored and actions to support staff engagement continue, with current initiatives to increase the focus on this process and sustain improvement ongoing.

Presentation of the 2022/23 Annual Report on Medical Consultant and GP appraisals to the November 2023 SGC has been delayed until the January 2024 meeting, due to the need to collate additional information on the appraisal strategic framework.

Core Skills Training

Core training compliance at 31 October 2023 was 63% (57% in May 2023) against the target of 80%, as reported to the November 2023 SGC meeting.

The SGC was advised of work to increase compliance to the 80% target by 31 March 2024, including:

- Developing compliance improvement trajectories across services to target and prioritise activity.
- Further engagement with training owners to establish delivery plans and improve levels of staff attendance/completion.
- The roll out of enhanced manager reporting to support compliance monitoring activity.
- Completion of a full core training compliance review to develop and refine the programme to improve role specific training requirement.

Sickness Reporting

Sickness absence is now reported to the SGC on a regular basis through the Promoting Attendance update reports, which detailed work being undertaken towards improving attendance and wellbeing. This is supplemented by summary data in the IPQR presented to each SGC. The absence rate at 30 September 2023 was 6.93%, which compares with a Scottish average of 5.94% and the target of 4%. The committee was advised that a range of support packages are being made available to help support the mental health of staff, including resources available on the Healthy Working Lives website, plus the Live Positive - Stress Management Toolkit. An Attendance Management training programme continues to be delivered in partnership to groups of managers within NHS Fife.

Action Point Reference 3 – SG Annual Monitoring Return
Finding:
The Scottish Government (SG) Annual Monitoring Return update to the 20 July 2023 SGC advised that the same 'streamlined' approach would be adopted for the 2022/23 return as in 2021/22, with the SG providing feedback on topics it feels Boards should concentrate on.
The SGC was advised of SG feedback on the 2021/22 Return and areas that NHS Fife may wish to feed into the Staff Governance Plan and subsequent Return for 2022/2023. An example included feedback received from iMatter roadshows 'Have a natter because iMatter'.
The SGC has not been advised as to whether the reported matters have been progressed and these areas do not feature specifically in the 2022/23 Annual Monitoring return presented to the 9 November 2023 SGC meeting.
Audit Recommendation:
Future updates to the SGC within the Annual Monitoring Return should include an update on action to address SG feedback from previous years.
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:
We note the recommendations and will work with the Staff Governance Committee chair to progress the necessary updates

Action by:	**Date of expected completion:**
Director of Workforce	**31 March 2024**

FINANCIAL GOVERNANCE

Corporate Risks:

Risk 13 Delivery of a Balanced In-Year Financial Position – High Risk (16); Target (8) Moderate by March 2025 – Above Risk Appetite

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 2023/24 without further planned brokerage from Scottish Government.

Risk 14 Delivery of Recurring Financial Balance over the Medium-Term – High Risk (16); Target (12) Moderate by March 2024 – Above Risk Appetite

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 – Moderate (12); Target (8) Moderate by April 2026 – Within Risk Appetite

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.

Medium Term Financial Plan (MTFP)

The SG issued formal guidance on financial planning covering the financial years 2023/24 to 2025/26 with final plans to be submitted to SG by 16 March 2023. The guidance required that Boards currently unable to deliver financial balance in 2022-23 without support from SG develop a Financial Recovery Plan to demonstrate how balance will be achieved within three years.

In agreement with SG, NHS Fife developed a 5-year plan on the basis that it provides a more realistic and credible timescale within which NHS Fife can achieve financial sustainability and commence brokerage repayments for the financial support received in the years 2022/25.

The MTFP was endorsed by the FPRC (Reserved Business) on 14 March 2023, followed by Board approval (Reserved Business) on 28 March 2023. It provides clarity on funding and expenditure assumptions with areas of greatest risk and uncertainty highlighted. It presents a range of potential scenarios which demonstrate the impact of changes to key parameters, with a £10.9m financial gap identified for 2023/24.

MFTP – SG Response and Brokerage Required

The SG acknowledged the position outlined in the MTFP in March 2023, with the Board advised to undertake the following actions:

- Provide an update on progress against actions set out in the financial recovery plan, including the work carried out in collaboration with the IJB and regional partners.
- Develop a plan to deliver 3% recurring savings in 2023-24 and develop options to meet any unidentified or high-risk savings balance.
- Develop other measures to be taken to further reduce the financial gap.
- Review key underlying drivers of the deficit and specific risks as presented within the Financial Plan.
- Focus on addressing Covid-19 legacy costs, including additional bed capacity.

The NHS Fife Financial Improvement and Sustainability Programme aims to mitigate the financial gap and deliver against the SG actions. Financial reporting to the Board and FPRC has highlighted that currently there is a high possibility that NHS Fife will require a level of brokerage from the SG

to deliver the identified financial gap of £10.9m it is however now clear that the in-year financial gap is materially increasing, the latest forecast is £23m, this position has been reported to NHS Fife Board and SG. The Board will work towards reducing the final level of brokerage where that is possible.

Internal Audit Annual Report 2022/23 (B06/24) previously highlighted that "*NHS Fife Board needs to assure itself that it has the capacity and capability sufficient to drive strategy, and the associated transformation programme as well as delivering savings of £15m a year.*" NHS Fife needs to ensure it has the capacity to drive forward required savings, if it is to have any chance of avoiding the use of further brokerage in 2023/24 and onwards.

Current Financial Position for the period to 30 September 2023

Finance reporting to Board and FPRC has been transparent, and the Director of Finance and Strategy has consistently and clearly articulated financial challenges through EDG, Standing Committees and the Board.

The MTFP reports an underlying deficit of £25.9m with a £15m cost improvement plan and a projected residual gap of £10.9m for 2023/24. A £15.9m revenue overspend was reported for the six months to the end of September 2023. The financial report reflects the continuing impact of the historic and emerging financial pressures set out in the medium-term financial plan and, more importantly, reflects the limited progress to deliver against the agreed £15m cost improvement programme.

The overall financial overspend of £15.9m incudes extra funding allocations of £7.5m pro rata for the period to September 2023 (full year £15.1m) which, if they had not been received, would have substantially impacted the current overspend.

The SG has highlighted in recent letters to NHS Fife, following Quarter 1 results and the forecast year end position, that NHS Fife need to identify more actions between now and the financial year end to improve the forecast outturn and move towards break even.

Cost Improvement Plans (Savings)

In line with national expectations and highlighted above, a 3% cost reduction target was allocated across the Board core revenue resource limit which included the funds delegated to the Fife H&SCP. A cost improvement target of £4.6m was delegated to the partnership and the remaining £15m is the responsibility of NHS Fife to deliver.

The Financial Improvement and Sustainability (FIS) Board meets monthly. The update on the status of the FIS Programme to the end of September 2023 noted that £5.38m of cost improvement plans was confirmed as delivered, however only £2.56m is confirmed on a recurring basis. The absence of recurring savings will impact on subsequent years.

The MTFP savings identified £10m of temporary staff reduction and £5m of surge capacity reduction. The spend on temporary staffing has remained high and as highlighted in financial reports spending this year, this is more than last year, with only £0.31m confirmed savings. Initial plans to reduce surge capacity have not materialised and the Director of Finance has reported that savings will not be made in this area due to ongoing pressures within Acute Services. Other areas have been identified as providing savings but as of September 2023, £9.62m remains as unconfirmed.

The FIS report to the November 2023 FPRC refocused the approach to recovery options in 2023/24 (Horizon 1), for example, introducing a different approach to achieve supplementary staffing reduction with a "*focus on determining the impact and effectiveness of the additional measures taken over the past 12 months to increase substantive staffing to enable a reduction in premium cost agency staffing*". Further work (Horizon 2) is planned to assess the viability of a range of other options to deliver greater value and, where possible, achieve cost reductions over the medium

term, with options including Service Redesign, Estates Review, Reducing Corporate Overheads, Optimising Digital Opportunities and review of Waste systems. Horizon 3 will aim to drive forward the Values Based Healthcare discussion with clinicians to determine whether there are opportunities to realise greater value from the c£900m revenue budget based on considering how services might be delivered in the future.

Savings identified within the FIS Programme are currently operational rather than strategic in nature. Now that the PHWS has been approved and in-year and medium term plans are in place, the linkage of future cost improvement programmes to the operational delivery of the PHWS should be made explicit within future reporting.

Finance Risk Reporting Revenue

There are two corporate financial risks, one for in year delivery of the financial plan and the second related to the longer-term financial plan.

The update provided to the FPRC in November 2023 for Risk 13 - Delivery of a balanced in-year financial position noted the position '*has materially deteriorated in Q2 with very limited progress against the in-year cost reduction target. This position has been reviewed to determine actions which can be taken to reduce the level of forecast overspend. Despite ongoing attempts to reduce costs and a commitment to avoid any additional investment in our services, it is highly likely that the Board will require significant financial brokerage to break-even'*.

We commend the openness of the reporting of the financial position and the forewarning that brokerage will likely be required. We recommend that both target and actual risk scores are reviewed, to ensure they fully reflect the deterioration in the financial position and the challenging environment. The target risk scores due to be achieved by 31 March 2024 appear to be optimistic in the circumstances.

We reiterate our view from the Internal Audit Annual Report 2022/23 (B06/24) that the organisation must assure itself that it has both capacity and can affect cultural change sufficient to deliver the required level of savings in addition to business as usual. Key actions should follow from the production of the PHWS in terms of prioritisation and service change.

Property Asset Management, Net Zero and Capital Risk

In September 2023 NHS Fife Board approved the Whole System Property and Asset Management Strategy, developed from the previous Property Asset Management Strategy. This new Strategy demonstrates links to the PHWS. It is anticipated that the SG will request a 'Whole System Initial Agreement' and this new Property Strategy provides the strategic direction to develop this approach.

The capital plan for 2023/24 was approved in March 2023 as part of the MTFP. Reporting of the capital plan to the FPRC is frequent, with the latest report in November 2023 highlighting no significant risks but issues remain with long lead in times within the supply chain and continued inflationary challenges.

The new strategy highlights the importance of Net Zero, having started the process of creating net-zero carbon road maps for all NHS Fife sites as part of its building energy transition programme. This will show what NHS Fife needs to do to achieve net-zero emissions and the costs associated with that.

The Prioritisation & Management of Capital funding risk is reported to the FPRC, and a Deep Dive is due to be presented to the January 2024 meeting. As part of this we would expect an assessment is provided on the adequacy and effectiveness of key controls and actions.

Asset Verification

Physical checking of a sample of assets is a management requirement within the NHS Fife Financial Operating Procedures. Internal Audit have been provided with evidence that physical checking of equipment has been undertaken during the financial year to date.

INFORMATION GOVERNANCE

Information Governance

> **Corporate Risks:**
>
> **Risk 17 – Cyber Resilience – High Risk (16); Target (12) Moderate by September 2024 – 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 (8) Moderate by April 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. The latest IG&S update was presented to CGC in September 2023, with a further update scheduled for March 2023. Updates on the D&I Strategy were provided to CGC in July and November 2023.

The IGS Accountability and Assurance Framework Report has been developed following a mapping exercise between the Scottish Public Sector Cyber Resilience framework and the ICO Accountability Framework and is presented to each meeting of the IG&SSG. Whilst we commend this approach, further development is required as only three of the 10 categories reported have fully defined performance metrics defined and only one of the 10 categories includes cross reference to the risks associated with it. The IG&SSG has been informed that work is underway to address these issues, but no definitive timeline has been communicated.

The Terms of Reference for both the IG&SSG and D&I Board require papers to be issued at least 5 clear days before the meetings but this has not been happening. Some papers have been delivered as presentations at the meeting without having been sent to members in advance. This should be remedied to ensure compliance with the ToR.

Risk Management – IG&SSG and D&I

The management of IG&S risks is reported to each IG&SSG meeting within the IGS Accountability and Assurance Framework Report and is included in the updates to CGC twice a year. A risk report is also presented to each D&IB and there is some commonality of risks in the reports presented to IG&SSG and D&IB.

The latest risk reporting to IG&SSG and D&IB shows that there are a total of 48 risks with 11 scored as high, 27 as medium and 10 scored as low. The graphical representations showed that 23 risks had improved scores since the last report, 24 had remained static and 1 had deteriorated.

Summary information is also provided indicating the total number of risks in each category across D&I with the number within (35%) and outwith (65%) the 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.

Corporate Risks

The two Information Governance corporate risks have been aligned to the CGC for scrutiny and Deep Dives are reported. A deep dive into risk 18 – D&I Strategy was presented to CGC on 3 November 2023 and a deep dive into risk 17 Cyber Resilience is to be presented to the 12 January 2024 meeting. In common with other areas of risk management the format of the deep dives should be improved to address our annual report (B06/24) recommendations.

Although the scores on the corporate risks associated with IG&S have remained static in the year to date, there is evidence of actions being progressed to reduce these towards their target scores and the latest reporting includes a timescale for reaching the target level.

Digital and Information Strategy

The D&I Strategy update to the CGC on 3 November 2023 included analysis of delivery and clearly shows items partially or not delivered. It also identified themes for the next iteration of the strategy and confirmed that this will be supported by a financial framework.

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

The status of IG related policies is reported to IG&SSG in the IGS Accountability and Assurance Framework Report with the most recent report presented in October 2023 indicating that all 7 of the 8 policies were within their review date (87.5%). The exception being GP/D3 – NHS Fife Information Governance and Data Protection Core Policy which has a review date August 2023. The IGS Accountability and Assurance Framework Report states that this policy has been reviewed and is available for consultation.

Information Governance Incidents and Reporting

Updates on IG&S incident management are reported to each IG&SSG meeting and to the CGC twice per year. The most recent update to CGC on 3 November 2023 included:

- the number of IG&S incidents reported via DATIX

- the number of IG&S incidents reported to the ICO or Competent Authority, the number of these reported within the required 72-hour timescale and the number that required follow-up by the ICO.

At its meeting on 10 October 2023 the IG&SSG received an update on an incident where an imposter obtained personal identifiable information. This resulted in a reprimand from the ICO, which is the tier of ICO enforcement action below monetary penalties and can include publication of the reprimand on the ICO website. The IG&SSG agreed that the reports from the SAER would be provided to the IG&SSG for consideration before this incident would be highlighted to CGC outlining the issue would warrant disclosure in the Board's Governance Statement.

Action Point Reference 4 – Assurance Reporting to IG&SSG

Finding:
The IGS Accountability and Assurance Framework Report includes ten categories but while the IG&SSG have been advised that performance metrics are being developed for these, the group have not been informed of a timescale for completion of this and to date only three of the categories have fully established performance metrics defined. Papers to the IG&SSG and the D&I Board has not always been timely and some papers have been delivered as presentations at the meeting without being distributed. The terms of reference for both IG&SSG and D&I Board state that the papers will be issued at least 5 clear days before the meetings, but this has not been happening in practice.

Audit Recommendation:
IG&SSG should be provided with a timescale by which the IGS Accountability and Assurance Framework Report will be improved to include: • fully established performance measures for each category reported in the framework • completed risk sections for each category in framework report including cross referencing to the ID of risk in DATIX and to the improvement actions that will reduce the risk score. The timing of the issue of papers to IG&SSG and D&I Board members should be monitored, and action taken to ensure that the papers are provided to members at least 5 days before the meeting dates.

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 performance measures will be established throughout the remainder of 2023-24. While the measures can be developed the ability to report on these in a consistent and efficient manner will need to be established. The IG&S Accountability Framework will be updated to include the relevant risk summary. The timing of the issue of papers will be monitored.

Action by:	**Date of expected completion:**
Associate Director of Digital and Information	**30 April 2024**

Action Point Reference 5 – IG&S Incident Management Assurance

Finding:
At its meeting on 10 October 2023 the IG&SSG received an update on an incident where an imposter obtained personal identifiable information. This resulted in a reprimand from the ICO, which is the tier of ICO enforcement action below monetary penalties and can include publication of the reprimand on the ICO website. The IG&SSG agreed that this incident would warrant disclosure in the Board's Governance Statement, however, the report and findings from the SAER group would need to be issued to the IG&SSG prior to the item being highlighted to the CGC.

Audit Recommendation:
Our existing recommendation in ICE 2022-23 (B08/23 point 10) relates to including a conclusion in the incident management part of the update report to CGC from IG&SSG regarding whether any of the incidents being managed are likely to require a disclosure in the Board's Governance Statement. Having considered the breach referred to above the approach to reporting on information governance and security breaches should be strengthened to ensure that: • The IG&SSG consider whether any of the breaches being reported are likely to require to be disclosed in the Board's Governance statement • CGC are informed at the earliest opportunity regarding any breaches that are likely to require a disclosure in the Board's Governance Statement • These steps are reflected in the relevant policies and procedures.

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 Incident reporting element to the IG&SSG will consider if any of the breaches are likely to require disclosure in the Board's Governance statement. Through identification of these breaches the IG&SSG will consider the necessary escalation to the CGC.

Action by:	**Date of expected completion:**
Associate Director of Digital and Information	**30 April 2024**

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.**	**None**
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.**	**One**
Merits attention		There are generally areas of good practice. **Action may be advised to enhance control or improve operational efficiency.**	**Four**

NHS Fife

Meeting:	**Public Health and Wellbeing Committee**
Meeting date:	**15 January 2024**
Title:	**Update on Corporate Risks Aligned to the Public Health and Wellbeing Committee**
Responsible Executive:	**Dr Joy Tomlinson, Director of Public Health, NHS Fife**
Report Author:	**Pauline Cumming, Risk Manager, NHS Fife**

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

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 risks aligned to this Committee since the last report on 6 November 2023. The Committee is invited to:

- note details of the corporate risks aligned to the Committee at Appendix No. 1;
- consider the SBAR and Update Deep Dive Review - Health Inequalities - provided separately for members attention
- review all information provided against the Assurance Principles at Appendix No. 2, and the Risk Matrix at Appendix No. 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 updated Strategic Risk Profile is provided in Table 1 below.

Strategic Risk Profile

Table 1

Strategic Priori	Total Risks	Current Strategic Risk Profile				Risk Movement	Risk Appetite
To improve health and wellbeing	5	2	3	-	-	◄►	**High**
To improve the quality of health and care services	6	5	1	-	-	◄►	**Moderate**
To improve staff experience and wellbeing	2	2	-	-	-	◄►	**Moderate**
To deliver value and sustainability	6	4	2	-	-	◄►	**Moderate**
Total	**19**	**13**	**6**	**0**	**0**		

Summary Statement on Risk Profile

On 28/11/23, the Board approved the addition to the Corporate Risk Register of the corporate risk associated with **Preparation for the Implementation of the Health and Care (Staffing) (Scotland) Act 2019**
This risk is assessed as Moderate level.
It is mapped to Strategic Priority 'To improve the quality of health and care services' and will be reported for assurance purposes to the Staff Governance Committee.

The current assessment indicates that delivery against 3 of the 4 strategic priorities continues to face a risk profile in excess of risk appetite.

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

Assessment of corporate risk performance and improvement trajectory remains in place.

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**

Strategic Priority	Overview of Risk Level				Risk Movement	Corporate Risks	Assessment Summary of Key Changes
To improve health and wellbeing	1	2	-	-	◀▶	• 1 - Population Health and Wellbeing Strategy • 2 - Health Inequalities • 4 - Policy Obligations in Relation to Environmental Management and Climate Change	Risk 1 - Mitigations updated Risk 2- Mitigations updated Risk 4 -Mitigations updated Risk 10 -Mitigations updated
To improve the quality of health and care services	1	-	-	-	◀▶	• 10 - Primary Care Services	

Since the last report to the Committee on 6 November 2023:

- Four risks continue to be aligned to the Committee.
- The risk level breakdown is unchanged at 2 High and 2 Moderate.
- No risks have been closed.
- No new risks have been identified.

Updates

Deep Dive Reviews

Deep dive reviews continue to form an important component of our assurance arrangements. The 4 corporate risks aligned to this Committee have undergone at least one deep dive.

An updated deep dive review and complementary SBAR on Corporate Risk 2 - Health Inequalities are provided separately for members' attention; these are further to the deep dive presented to the Committee on 1 March 2023.

Based on our experience and learning over the last year, and following discussion at the Audit & Risk Committee Development Session held on 12 October 2023, the Risks and Opportunities Group (ROG) made recommendations to EDG on 2 November 2023 on the role of the 'deep dive' and triggers for reviews during the life - cycle of a corporate risk. In summary the triggers are:

Proposal of a New Corporate Risk:
A potential risk is identified to the delivery of strategic priorities

Deteriorating Corporate Risk:

A risk has deteriorated i.e. current risk level increased from when initially identified/ risk level causes risk to exceed risk appetite

Static Risk:
There is stasis in a corporate risk beyond the target date for achieving the target risk rating

Proposed De- escalation or Closure of Corporate Risk:
A risk has achieved or surpassed its planned risk target

Following EDG's approval of the recommendations, the Audit & Risk Committee endorsed this development at its meeting on 13 December 2023. It is proposed the refreshed approach will take effect from 1 April 2024. Arrangements for implementation will be communicated to the Committee in due course.

Next Steps

The format and content of the Corporate Risk Register, and risk reports, including deep dives, will continue to evolve in response to feedback from this Committee and other stakeholders. This will inform decisions on further developments and/ or improvements.

The ROG will continue to promote and support the further development of risk management, and explore enhancements in this area. These include the frequency of reporting on corporate risks to Committees, as the ability to mitigate a number of risks is dependent on a range of external factors, including performance & finance.

In the operational risks space, a notable development has been the creation of a Risk Summary Dashboard using a reporting tool (Micro Strategy), to maximise the value of the information in the Datix Risk Register. The Audit & Risk Committee and EDG received a live demonstration of the Dashboard on 12 October and 2 November 2023 respectively, with a recommendation from the ROG that the Dashboard is made available and its use promoted to support and enhance our operational risk management approach. At its meeting on 13 December 2023, the Audit & Risk Committee endorsed the recommendation that the ROG should support the development and implementation approach for the Dashboard, and progress this work in the first quarter of 2024.

Also at the Audit & Risk Committee Development Session mentioned above, there was thoughtful discussion around the Committee's system responsibilities across all aspects of risk, including how other Committees evidence their challenges to provide additional assurance to the Audit & Risk Committee. Specific actions will be developed and form part of the Committee's work plan for 2024-25.

2.3.1 Quality, Patient and Value-Based Health & Care
Effective management of risks will support delivery of all strategic priorities. Applying realistic medicine principles will ensure a more 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

The management of the corporate risks aligned to this Committee continues to be maintained, including through close monitoring of agenda and work- plans, with updates provided via established governance routes, for example, programme boards, steering groups, and other management groups. 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.

These groups provide fora which allow for transparency and due diligence to take place on the risks, which in turn will add legitimacy to decision making and contribute to good corporate governance.

Members are asked to note the position in relation to risk appetite which is unchanged from the previous report to the Committee:

Three of the risks aligned to this Committee relate to Strategic Priority 1:
'Improving Health and Wellbeing'

The risk appetite for this Priority is set at HIGH.
Two risks are below and one risk is within risk appetite.

One risk - Primary Care Services - relates to Strategic Priority 2:
'**To improve the Quality of Health and Care Services'**

The risk appetite for this priority is set at MODERATE.
This risk remains above risk appetite, reflecting the ongoing level of
challenge across all aspects of Primary Care Services delivery.

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

An Equality Impact Assessment (Stage 1) was carried out to identify if any items of significance need to be highlighted to EDG. The outcome of that assessment concluded 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 the outputs of communication and engagement with key stakeholders.

2.3.8 Route to the Meeting

- Dr Joy Tomlinson, Director of Public Health, on 7 December 2023
- Neil McCormick, Director of Property & Asset Management, on 12 December 2023
- Nicky Connor, Director of Health & Social Care, on 22 December 2023
- Susan Fraser, Associate Director of Planning & Performance, on 22 December 2023
- Margo McGurk, Director of Finance & Strategy, on 22 December 2023
- Dr Chris McKenna, Medical Director, on 22 December 2023
- Carol Potter, Chief Executive, on 22 December 2023

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. The Committee is asked to take a "reasonable" 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 No.1, Summary of Corporate Risks Aligned to the Public Health and Wellbeing Committee as at 8 January 2024
- Appendix No. 2, Assurance Principles
- Appendix No. 3, Risk Matrix
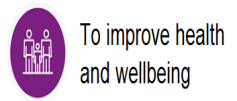
Report Contact
Pauline Cumming
Risk Manager
Email pauline.cumming@ nhs.scot

**Summary of Corporate Risks Aligned to the Public Health and Wellbeing Committee
as at 8 January 2024**

			To improve health and wellbeing						
	Risk	**Mitigation**	**Current Risk Level / Rating**	**Target Risk Level & Rating by date**	**Current Risk Level Trend**	**Appetite (HIGH)**	**Risk Owner**	**Primary Committee**
1	**Population Health and Wellbeing Strategy** There is a risk that the ambitions and delivery of the new organisational Strategy do not deliver the most effective health and wellbeing and clinical services for the population of Fife.	The strategy was approved by the NHS Fife Board in March 2023. The focus now will be on developing and delivering against an agreed set of outcomes for 2023/24. This is in the context that the management of this specific risk will span a number of financial years. We are now preparing the 3-year Medium Term Plan which flows from our strategy for submission to Scottish Government in July 2023. An update on the deep dive review was provided to the PHWC in Sept 2023 which reported that structures and processes are being put in place to allow ongoing assessment on	Mod 12	Mod 12 by 31/03/24	◄►	Below	Chief Executive	Public Health & Wellbeing

		delivery of the strategy. The first mid year review report will be considered through Committees in January 2024.						
2	**Health Inequalities** There is a risk that if NHS Fife does not develop and implement an effective strategic approach to contribute to reducing health inequalities and their causes, 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.	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. The Population Health and Wellbeing Strategy will identify actions which will contribute to reducing health inequalities; these will be set out in the delivery plan for the strategy. Consideration of Health Inequalities within all Board and Committee papers. Leadership and partnership working to influence policies to 'undo' the causes of health inequalities in Fife. An update deep dive has been prepared for PHWC consideration in January 2024.	High 20	Mod10 by 31/03/24	◄►	Within	Director of Public Health	Public Health & Wellbeing
4	**Policy obligations in relation to environmental management and**	Robust governance arrangements remain in place including an Executive Lead and a Board Champion. Regional working group and	Mod 12	Mod 10 by 01/04/2025	◄►	Below	Director of Property & Asset	Public Health & Wellbeing

	climate change	representation on the National Board ongoing.					Management	
	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.'	Active participation in Plan 4 Fife continues.						
		The NHS Fife Climate Emergency Report and Action Plan have been developed. These form part of the Annual Delivery Plan (ADP). The Action Plan includes mechanics and timescales.						
		The Board's Climate Change Annual Report is being prepared for submission to PHWC in January 2024 and thereafter to Scottish Government (SG).						
		Resource in the sustainability team has increased by 1 FTE via external funding initially for 12 months.						
		The Head of Sustainability has been seconded from the Estates initially for 18 months to drive delivery of the Climate Emergency Action Plan.						
		The deliverables associated with climate change, will be monitored through the Annual Delivery Plan.						

	Risk	Mitigation	Risk Level / Rating	Target Risk Level & Rating by date	Risk Level Trend	Appetite (MOD)	Risk Owner	Primary Committee
10	**Primary Care Services** There is a risk that due to a combination of unmet need across health and social care as a result of the pandemic, increasing demand on services, workforce availability, funding challenges, adequate sufficient premises and overall resourcing of Primary Care services, it may not be possible to deliver sustainable quality services to the population of Fife into the short, medium and longer term.	A Primary Care Governance and Strategy Oversight Group (PCGSOG) is in place. A Primary Care Strategy was developed following a strategic needs analysis and wide stakeholder engagement. This was approved at IJB in July 2023 and is now moving to implementation. This is a 3 year strategy focused on recovery, quality and sustainability. Development of a Performance and Assurance Framework covering qualitative and quantitative performance will provide robust reporting, monitoring and oversight of implementation and impact of the Primary Care Strategy to committees quarterly. This is due by end of January 2024. Following approval of the Performance and Assurance Framework an annual report will be presented to Committee / IJB. A Primary Care Improvement Plan	High 16	Mod 12 (3 x4) by 31/03/24	◄►	Above	Director of Health & Social Care	Public Health & Wellbeing

		(PCIP) is in place; subject to regular monitoring and reporting to General Medical Services (GMS) Board, Quality & Communities (Q&C) Committee, IJB and Scottish Government. A workshop took place in January 2023 to review and refresh the current PCIP to ensure it is contemporary and based on current position and known risks to ensure a realistic and feasible PCIP. This will be progressed via committees for approval by April 2024, following a further workshop to be convened by March 24. Local negotiations in relation to MOU2 transitionary payments are complete and agreement has been reached and implemented for 23/24. The review of leadership, management and governance structure which has been jointly commissioned by Deputy Medical Director (DMD) and Head of Service (HOS) for Primary & Preventative Care (P&PC) is now complete and is to be ratified by PCGSOG when it next convenes early 2024. 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.

The PCIP 2023-2024 will focus on consistency, continuity of service and communication to develop a 52 week model of service delivery for the priorities of MOU2 and continue to sustain service delivery in line with the priorities of MOU including MSK, mental health practitioners, urgent care in hours and community link workers - March 2024.

Pharmacotherapy and CTAC models for care continue to be shaped and developed. The anticipated date for completion is April 2024. | | | | | | |
|---|---|---|---|---|---|---|---|---|

Risk Movement Key

▲   Improved - Risk Decreased

◀▶   No Change

▼   Deteriorated - Risk Increase

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

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

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

Level of Assurance:

Substantial Assurance	Reasonable Assurance	Limited Assurance	No Assurance

Risk Assessment Matrix

Figure 1

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

In terms of grading risks, the following grades have been assigned within the matrix.

☐ Very Low Risk (VLR)

☐ Low Risk (LR)

☐ Moderate Risk (MR)

☐ High Risk (HR)

Likelihood of Recurrence Ratings

Figure 2

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)

Figure 3: Consequence Ratings

Descriptor	Negligible	Minor	Moderate	Major	Extreme
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.
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
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
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 (£<1k)	Minor organisational / personal financial loss (£1-10k)	Significant organisational / personal financial loss (£10-100k)	Major organisational / personal financial loss (£100k-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	NationalInternational media / adverse publicity, more than 3 days.MSP / MP concern (Questions in Parliament). Court Enforcement Public Enquiry

NHS Fife

Meeting:	**Public Health & Wellbeing Committee**
Meeting date:	**15 January 2024**
Title:	**Review of Draft Annual Workplan 2024/25**
Responsible Executive:	**Dr Joy Tomlinson, Director of Public Health**
Report Author:	**Dr Joy Tomlinson, Director of Public Health**

1   Purpose

This is presented for:

- Decision

This report relates to a:

- Annual Operational Plan

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

- Safe
- Effective
- Person Centred

2   Report summary

2.1   Situation

This paper sets out the proposed Public Health & Wellbeing Committee (PH&WC) workplan for 2024/25 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 2024/25 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.

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 Diversity, including health inequalities and Anchor Institution ambitions

This paper does not relate to the planning and development of specific health services, nor any decisions that would significantly affect groups of people. Consequently, an EQIA is not required.

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 2024/25 has been developed in collaboration with Directors.

2.4 Recommendation

The Public Health & Wellbeing Committee is recommended to:
- Consider and approve the proposed workplan for 2024/2025; 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 2024/25

Report Contact
Joy Tomlinson
Director of Public Health
Email Joy.Tomlinson3@nhs.scot

PUBLIC HEALTH & WELLBEING GOVERNANCE COMMITTEE
DRAFT 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, Risk Reviews TBC	**Director of Finance & Strategy/Director of Public Health**	✓ Population H&W Strategy	✓ Primary Care Services	✓ Environmental	✓ Health & Inequalities	✓	✓
Scottish and UK COVID 19 Inquiries Update	**Director of Public Health**			✓ Private Session			
Review of Annual Workplan 2024/25	**Board Secretary**					✓ Draft	✓ Approval
Delivery of Annual Workplan 2023/24	**Director of Public Health**	✓	✓	✓	✓	✓	✓
Review of Terms of Reference	**Board Secretary**						✓ Approval
Strategy / Planning							
	Lead	**13/05/24**	**01/07/24**	**16/09/24**	**11/11/24**	**13/01/25**	**03/03/25**
Anchor Institution Programme Board Update	**Director of Public Health**				✓		

Strategy / Planning (cont.)

	Lead	13/05/24	01/07/24	16/09/24	11/11/24	13/01/25	03/03/25
Annual Delivery Plan Quarterly Performance Report 2024/25 *(also goes to CGC, FP&R & SGC)*	**Director of Finance & Strategy**	✓ Q4	✓ Q1		✓ Q2		✓ Q3
Corporate Objectives	**Director of Finance & Strategy**	✓					
Greenspace Strategy Update	**Director of Property & Asset Management**			✓			
Implementation of the Promise National Strategy	**Director of Health & Social Care**		✓				
Mental Health Estates Initial Agreement Update	**Medical Director**					✓	
Mental Health Strategy Implementation	**Director of Health & Social Care**						✓
Primary Care Strategy	**Director of Health & Social Care**			✓			
Prevention & Early Intervention Strategy	**Director of Health & Social Care**				✓		
Population Health & Wellbeing Strategy Update *(also goes to SGC)*	**Director of Finance & Strategy**	✓			✓		✓
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
Alcohol and Drugs Partnership Strategy Development Overview	**Director of Health & Social Care**		✓				
CAMHS Performance Update	**Director of Health & Social Care**	✓			✓		✓
Dental Services & Oral Health Improvement	**Director of Public Health**					✓	
Eating Well & Having a Healthy Weight and Staying Physically Active	**Director of Public Health**					✓	
Green Health Partnership Update	**Director of Public Health**				✓		
High Risk Pain Medicines - Patient Safety Programme, End of Year 2 Report – <mark>TBC</mark>	**Director of Pharmacy & Medicines**			✓			

Quality / Performance (cont.)

	Lead	13/05/24	01/07/24	16/09/24	11/11/24	13/01/25	03/03/25
Integrated Performance & Quality Report	**Director of Finance & Strategy / Associate Director of Planning & Performance**	✓	✓	✓	✓	✓	✓
Joint Health Protection Plan (two yearly)	**Director of Public Health**	✓					
No Cervix Exclusion Audit	**Director of Public Health**		✓				
Psychological Therapies Standard Update	**Director of Health & Social Care**	✓			✓		
Spring Booster Campaign	**Director of Health & Social Care**	✓					
East Region Health Protection	**Director of Public Health**			✓			

Inequalities

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

Annual Reports

	Lead	13/05/24	01/07/24	16/09/24	11/11/24	13/01/25	03/03/25
Adult Support & Protection Annual Report 2023/24 *(also goes to CGC)*	**Director of Nursing**		✓				
Alcohol & Drugs Partnership Annual Report 2023/24	**Director of Health & Social Care**			✓ TBC			✓ TBC
Annual Climate Emergency and Sustainability Report 2023/24	**Director of Property & Asset Management**						✓
Director of Public Health Annual Report 2023/24 *(and additional updates, based on agreed priorities) (also goes to CGC)*	**Director of Public Health**			✓			
Fife Child Protection Annual Report 2023/24 *(also goes to CGC)*	**Director of Nursing**		✓				
Health Promoting Health Service Annual Report 2023/24	**Director of Public Health**			✓			

Annual Reports (cont.)							
	Lead	**13/05/24**	**01/07/24**	**16/09/24**	**11/11/24**	**13/01/25**	**03/03/25**
Immunisation Annual Report, including Strategy Implementation 2023/24	**Director of Public Health**		✓				
Public Health Screening Programmes Annual Report 2023/24	**Director of Public Health**				✓		
Pharmaceutical Care Services Annual Report 2023/24	**Director of Pharmacy & Medicines**				✓		
Sexual Health and Blood Borne Virus Framework Annual Report 2023/24	**Director of Health & Social Care**						✓
Violence Against Women Annual Report 2023/24	**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**				TBC		
Public Health Assurance Committee	**Director of Public Health**				TBC		
Ad Hoc Items							
	Lead	**13/05/24**	**01/07/24**	**16/09/24**	**11/11/24**	**13/01/25**	**03/03/25**
Matters Arising							
	Lead	**13/05/24**	**01/07/24**	**16/09/24**	**11/11/24**	**13/01/25**	**03/03/25**
Development Sessions							
	Lead						
Joint Working with Partnerships - TBC	**Director of Public Health**						
Health & Transport - TBC	**Director of Public Health / Director of Estates & Property Management**						

PUBLIC HEALTH & WELLBEING GOVERNANCE COMMITTEE
ANNUAL WORKPLAN 2023 / 2024

Governance - General							
	Lead	**15/05/23**	**03/07/23**	**04/09/23**	**06/11/23**	**15/01/24**	**04/03/24**
Minutes of Previous Meeting	**Chair**	✓	✓	✓	✓	✓	✓
Action list	**Chair**	✓	✓	✓	✓	✓	✓
Escalation of Issues to Fife NHS Board	**Chair**	✓	✓	✓	✓	✓	✓

Governance Matters							
	Lead	**15/05/23**	**03/07/23**	**04/09/23**	**06/11/23**	**15/01/24**	**04/03/24**
Annual Committee Assurance Statement (inc. best value report)	**Board Secretary**	✓					
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**	✓ **Primary Care Services**	✓ **Population H&W Strategy**	✓ **Environmental**	✓	✓ **Health & Inequalities**	✓
Review of Annual Workplan 2024/25	**Board Secretary**					✓ **Draft**	✓ **Approval**
Delivery of Annual Workplan 2023/24	**Director of Public Health**	✓	✓	✓	✓	✓	✓
Review of Terms of Reference	**Board Secretary**						✓ **Approval**

Strategy / Planning							
	Lead	**15/05/23**	**03/07/23**	**04/09/23**	**06/11/23**	**15/01/24**	**04/03/24**
Anchor Institution Programme Board	**Director of Public Health**	✓ **Community Benefits Gateway**		✓	✓ **Draft Strategic Plan**		✓ **Final Strategic Plan**
Annual Delivery Plan Quarterly Performance Report 2023/24 *(also goes to CGC, FP&R & SGC)*	**Director of Finance & Strategy**		✓	✓	✓ **Q2**		✓ **Q3**

Strategy / Planning (cont.)

	Lead	15/05/23	03/07/23	04/09/23	06/11/23	15/01/24	04/03/24
Corporate Objectives	**Director of Finance & Strategy**	✓					
IJB Strategic Plan	**Director of Health & Social Care**			**TBC**			
Implementation of the Promise National Strategy	**Director of Health & Social Care**	Deferred to next mtg	✓				
Mental Health Strategy Implementation	**Director of Health & Social Care**					✓	
Primary Care Strategy	**Director of Health & Social Care**	✓ **Update**	✓ **Strategy**				
Prevention & Early Intervention Strategy	**Director of Health & Social Care**			Deferred to next mtg	Deferred to next mtg	Deferred to next mtg	✓
Population Health & Wellbeing Strategy 2023/24 *(also goes to FP&R & SGC)*	**Director of Finance & Strategy**		Will be covered under deep dive		✓ **Mid-year review**	✓ **Mid-year review**	✓ c/f - Annual Report: May 2024
Post Diagnostic Support for Dementia	**Director of Health & Social Care**				Deferred to next mtg	✓	
Strategic Planning & Resources Allocation 2024/25	**Director of Finance & Strategy**	**Removed - This item will be presented to the Finance, Performance & Resources Committee**					

Quality / Performance

	Lead	15/05/23	03/07/23	04/09/23	06/11/23	15/01/24	04/03/24
Breast Screening Adverse Event Paper	**Director of Public Health**		✓ **Private Session**				
CAMHS Performance Update	**Director of Health & Social Care**	✓ **Covered at development session**			✓		✓
Dental Services & Oral Health Improvement	**Director of Public Health**					✓	
Eating Well & Having a Healthy Weight and Staying Physically Active	**Director of Public Health**			Deferred to next mtg	Deferred to next mtg	✓	
Integrated Performance & Quality Report	**Director of Finance & Strategy / Associate Director of Planning & Performance**	✓	✓	✓	✓	✓	✓
Joint Health Protection Plan (two yearly)	**Director of Public Health**	Due April 2024					

Quality / Performance (cont.)

	Lead	15/05/23	03/07/23	04/09/23	06/11/23	15/01/24	04/03/24
Psychological Therapies Standard Update	**Director of Health & Social Care**				✓		
Long Covid Service Update	**Director of Public Health**			✓			
Primary Care Oversight Group	**Medical Director/Director of Health & Social Care**						✓
Tender Process for 2C GP Practices *(also goes to FPR)*	**Director of Health & Social Care**	✓ **Private Session**					

Inequalities

	Lead	15/05/23	03/07/23	04/09/23	06/11/23	15/01/24	04/03/24
Equalities Outcome Annual Report 2022/23 *(also goes to CGC)*	**Director of Nursing**		**Equalities Outcomes is bi-annual, and next report (final report of 2021 - 2025) is due next year. New Outcomes report 2025 - 2029 will come out early 2025, with interim report in 2027 and final report in 2029.**				
Participation & Engagement Report	**Director of Nursing**				**Deferred to next mtg**	✓	
Tackling Poverty & Preventing Crisis Action Plan	**Director of Public Health**			✓ **Incorporated into the Annual Report**			

Annual Reports

	Lead	15/05/23	03/07/23	04/09/23	06/11/23	15/01/24	04/03/24
Adult Support & Protection Annual Report *(also goes to CGC)*	**Director of Nursing**	✓ **Biennial Report**					
Alcohol & Drugs Partnership Annual Report	**Director of Health & Social Care**	**Deferred to next mtg**	**Deferred to next mtg**	✓			✓
Annual Climate Emergency and Sustainability Report 2021/22	**Director of Property & Asset Management**						✓
Tackling Poverty & Preventing Crisis Annual Report	**Director of Public Health**			✓			
Annual Climate Emergency and Sustainability Report 2022/23	**Director of Property & Asset Management**					✓	

Annual Reports (cont.)

	Lead	15/05/23	03/07/23	04/09/23	06/11/23	15/01/24	04/03/24
Director of Public Health Annual Report *(and additional updates, based on agreed priorities)* (also goes to CGC)	**Director of Public Health**	Deferred to next mtg	✓				
Fife Child Protection Annual Report *(also goes to CGC)*	**Director of Nursing**		✓				
Health Promoting Health Service Annual Report	**Director of Public Health**			✓			
Health Promotion Service Annual Report *(and additional updates, based on agreed priorities)*	**Director of Health & Social Care**		✓				
Immunisation Annual Report, including Strategy Implementation	**Director of Public Health**		✓				
Public Health Screening Programmes Annual Report	**Director of Public Health**				✓		
Pharmaceutical Care Services Annual Report 2022/23	**Director of Pharmacy & Medicines**				✓		
Sexual Health and Blood Borne Virus Framework Annual Report	**Director of Health & Social Care**				Deferred to March		✓
Smoking Cessation and Prevention Work Annual Report	**Director of Health & Social Care**		✓				
Violence Against Women Annual Report 2022/23	**Director of Health & Social Care**						✓

Linked Committee Minutes

	Lead	15/05/23	03/07/23	04/09/23	06/11/23	15/01/24	04/03/24
Equality and Human Rights Strategy Group	**Director of Nursing**	✓ 03/02	✓ 12/05 – mtg cancelled	✓ 04/08 – mtg cancelled		✓ 10/11	
Portfolio Board	**Director of Finance & Strategy**	✓ 09/02 & 09/03			Disbanded		

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Linked Committee Minutes (cont.)

	Lead	15/05/23	03/07/23	04/09/23	06/11/23	15/01/24	04/03/24
Public Health Assurance Committee	**Director of Public Health**		✓ 12/04		✓ 14/06 & 02/08	✓ 18/10 & 06/12	

Ad Hoc Items

	Lead	15/05/23	03/07/23	04/09/23	06/11/23	15/01/24	04/03/24
Greenspace Strategy	**Director of Property & Asset Management**	✓					
Feedback from Fife Partnership/Leadership Sessions	**Director of Public Health**	✓					
No Cervix Exclusion Audit	**Director of Public Health**	✓					
East Region Health Protection Service: Implementation Update	**Director of Public Health**	✓					
Commonwealth Partnerships for Antimicrobial Stewardship	**Director of Pharmacy & Medicines**	✓					
Spring Booster Campaign	**Director of Health & Social Care**	✓					
Lloyds Pharmacy Divestment	**Director of Pharmacy & Medicines**	✓ **Private Session**					
Green Health Partnership Update	**Director of Public Health**				✓		
Medium Term Plan 2023-26	**Director of Finance & Strategy**		✓				
Alcohol and Drugs Partnership Strategy Development Overview	**Director of Health & Social Care**				✓		
High Risk Pain Medicines - Patient Safety Programme, End of Year 1 Report	**Director of Pharmacy & Medicines**			✓			
Scottish and UK COVID 19 Inquiries Update	**Director of Public Health**			✓ **Private Session**			
Mental Health Estates Initial Agreement	**Medical Director**	**Initial Agreement is part of a larger business plan for mental health. Removed from workplan.**					
Covid Inquiry	**Director of Public Health**					✓ **Private Session**	

Ad Hoc Items (cont.)							
	Lead	**15/05/23**	**03/07/23**	**04/09/23**	**06/11/23**	**15/01/24**	**04/03/24**
Fife Specialist Palliative Care Services	**Director of Health & Social Care**						✓
Internal Control Evaluation Report 2022/23	**Director of Finance & Strategy**					✓	
Development Sessions							
	Lead						
Development Session 1 • Child & Adolescent Mental Health Service (CAMHS) & Psychological Therapies (PT)	**Director of Health & Social Care**	✓ 19/04/23					
Development Session 2 • Integrated Screening	**Director of Public Health**			✓ 24/10/23			
Development Session 3 • Strategic review of childhood immunisations	**Director of Public Health**						✓ 22/02/24

NHS Fife

Meeting:	**Public Health and Wellbeing Committee**
Meeting date:	**15 January 2024**
Title:	**Population Health and Wellbeing Strategy Mid-Year Report**
Responsible Executive:	**Margo McGurk, Deputy Chief Executive and Director of Finance & Strategy**
Report Author:	**Susan Fraser, Associate Director of Planning and Performance**

1   Purpose

This report is presented for:

- Assurance
- Decision

This report relates to:

- NHS Board Strategy or Direction

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

- Safe
- Effective
- Person Centred

2   Report summary

2.1   Situation

Following the publication of the NHS Fife Population Health and Wellbeing Strategy in March 2023, it was agreed that a mid-year report providing an update on the implementation of the strategy would be presented to the NHS Fife Board. The first Mid-Year report provides an update on progress on actions (April 2023-September 2023) and plans for the remainder of 2023-24 (October 2023-March 2024).

This SBAR also outlines the planned approach for the development of an annual report and an updated strategy delivery plan for financial year 2024-25. This work is expected to be presented to the NHS Fife Board in May 2024.

2.2 Background

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

It was agreed to produce a mid year report and an annual report reflecting progress of the actions over the financial year with key achievements and impact. It will also look ahead and outline plans for the forthcoming period.

The draft mid year report was presented at the Public Health and Wellbeing Committee in November 2023. After extensive discussion, a range of changes were agreed:

o The PHW Committee asked for updates against the 'what will do' statements described in the strategy rather than the strategic priority ambitions. For each action, there is both a summary of what has been achieved in the period April-September 2023 and the plans for October 2023- March 2024 period.

o A suite of impact indicators to support the strategy had been planned to be included. This work has been paused pending the imminent publication of the Scottish Government Care and Wellbeing Portfolio Analytical Insights Pack. It is expected that the impact indicators will be included as part of the annual report.

2.3 Assessment

This first mid-year update covers the period April-September 2023 and has been developed with extensive input from the Executive Directors Group.

The report is structured around the 'what will do' statements described in the strategy with achievements in the first 6 months of 2023/24 and the plans for the October 2023- March 2024 period.

The table below outlines proposed changes to the wording of the 'what will do' actions between the strategy and mid-year report. These were agreed in consultation with the relevant directors and reflects the changing landscape of the NHS.

	Original Action	Proposed Action	Reason
Strategic Priority 1: Action 1.2	'Ensuring universal access to immunisations including influenza and COVID-19'	'Ensuring equitable access to routine, seasonal & selective immunisation programmes throughout the life course'.	This change reflects the breadth of all immunisation work.
Strategic Priority 4: Action 4.2 (pg	'Develop new buildings to support service delivery, such as new Health and Wellbeing Centres in Kincardine and Lochgelly'	'Develop buildings to support service delivery, such as new Health and Wellbeing Centres in Kincardine and Lochgelly'.	This change reflects updated Scottish Government guidance which places more emphasis on utilising, refurbishing and repurposing our existing estate and a presumption away from new builds as part our climate emergency response.
Strategic Priority 4: Action 4.4 (pg	'Reduce our energy usage by adopting zero carbon technology, such as increased usage of solar panels and redesigning how we heat our buildings'	'Reduce our carbon footprint by adopting zero carbon technology, such as increased usage of solar panels and redesigning how we heat our buildings'.	This change reflects that reducing energy usage is just one change we need to make to support sustainability.

Given the early stage of strategy implementation, it is not possible to show achievement of key outcomes, but the report does provide assurance on the breadth of work underway at the present time.

In tandem with updating the Mid-Year Review report, work is now commencing on the preparation of the annual report planned to be produced in Quarter 1 2024/25. It is proposed that the annual report will include:

- Updates on the activities undertaken between October 2023 and March 2024.
- A summary of the proposed suite of impact indicators with baselines and measurement plans.
- Refreshed deliverables (the 'what we will do' section) for 2024-25 to ensure that our work remains aligned to the priorities of the organisation.
- Description of any changes in policy that will affect NHS Fife and changes in local priorities

2.3.1 Quality, Patient and Value-Based Health & Care

The mid-year review provides a high-level progress update on the work being undertaken to improve quality and patient care in the current financial year in line with the commitments and vision outlined in the Population Health and Wellbeing Strategy.

2.3.2 Workforce

The mid-year review provides a high-level progress update on the work on the work being undertaken to improve staff experience and wellbeing in the current financial year in line with the commitments and vision outlined in the Population Health and Wellbeing Strategy.

2.3.3 Financial

The implementation of the Population Health and Wellbeing strategy is central to the achievement of our medium-term financial plan. In the longer term it is anticipated that it will

support reduced demand on our healthcare system through preventive actions which will improve the physical and mental health of the population.

2.3.4 Risk Assessment / Management

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

The mid-year report includes a summary of the corporate risks in appendix one. It also shows the risk score in April 2023 and the status in September 2023. This enables a comparison of the overall risk level. This shows that our risk profile has not materially changed since the beginning of the financial year and reflects that many of these risks require sustainable system change over a longer time period to affect a meaningful reduction in the risk level.

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

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

2.3.6 Climate Emergency & Sustainability Impact

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

2.3.7 Communication, involvement, engagement and consultation

This paper reflects a range of communication, involvement, engagement and consultation with the PHW Strategy Core Team.

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 (EDG), Thursday 2 November
- Population Health and Wellbeing Committee, Monday 6 November
- 1-1 Discussions with EDG members and Senior Managers across NHS Fife, Nov/Dec
- Executive Directors Group (EDG), (virtually), Thursday 21 December
- Staff Governance Committee, 11 January
- Clinical Governance Committee, 12 January

2.4 Recommendation

This paper is provided to Staff Governance Committee for:

- **Assurance** – the committee is invited to take assurance from the Mid-Year Report and the first 6 months of work to implement the NHS Fife Population Health and Wellbeing Strategy.
- **Decision** – the committee is invited to discuss and agree to the changes in the 'what we will do' actions in the mid year report.

3 List of appendices

The following appendices are included with this report:

- Appendix 1: Living well, working well and flourishing in Fife, Population Health and Wellbeing Strategy 2023-2028, Mid-Year Report April-September 2023

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Living well, working well and flourishing in Fife

Population health and wellbeing
mid-year report 2023-2024

Contents

Introduction

NHS Fife Board approved *Living Well, Working Well and Flourishing in Fife,* our Population Health and Wellbeing Strategy, in March 2023. It outlines our vision to support population health and wellbeing. In this update, our first since the strategy was approved, we provide a progress update on all the work taken forward during the first 6 months of implementation. We also outline our future plans and describe how the impact and risks of the strategy are monitored.

Our aim is to deliver value-based health and care and we know this will be achieved by driving better outcomes and experiences for the people we care for through equitable, sustainable, appropriate and transparent use of resources.

Delivering over the longer term

The Population Health and Wellbeing Strategy 2023-28 covers a 5-year period. We are currently developing our plans based on what we know. Delivery of the vision and ambitions is being supported through implementation of a range of strategies and delivery of strategic programmes.

We know that our plans will need to be updated in response to a changing health and social care landscape. We are already responding to new opportunities and challenges as they emerge, by adapting our plans and updating our assumptions.

Looking ahead over the longer term (5-10 years), we anticipate that there will be many opportunities for service change and innovation as well as challenges we are not yet aware of. As these become clearer, we will use our flexibility and agility to ensure that we respond appropriately.

Engagement

Engagement with the public and staff is fundamental when there are changes being made in health and care. From a strong foundation during the development of the strategy, we are continuing to engage with people using our services and staff in the delivery of the strategy, for example through hosting workshops and open events. We are also developing our engagement strategy which will be completed by March 2024.

Monitoring our progress

This update provides a summary of progress in the first 6 months of the implementation of the strategy and where appropriate it references work of both NHS Fife and Fife HSCP.

Monitoring our impact and risks

Impact indicators are being developed and will assist in the assessment of the difference the strategy is making to the people of Fife. These will be reported regularly.

The corporate risk collectively outlines the organisational risks associated with the delivery of our strategy.

The Foundations of our strategy

This strategy has set ambitious objectives to improve healthy life expectancy and reduce health inequalities. We acknowledge that successfully achieving this for the population of Fife is largely outside the direct control and influence of NHS Fife. People's health and wellbeing is determined by the conditions in which we grow up, live and work, which includes our education, employment, income, social networks, housing, and broader socio-economic, cultural and environmental factors.

Nonetheless, access to health and care services still plays a significant role. The Marmot Review (2010) identifies that health and social care services contribute 20% of the modifiable determinants of health. Strong healthcare systems across the world improve health outcomes, population health, and health equity.

Health and care services make an important contribution to improving health outcomes and reducing health inequalities by enabling inclusive, high quality, and patient-centred care; supporting action-focused work on prevention; improving early detection; supporting early intervention and treatment; and delivering sustainable services. All of these factors are closely aligned to the 4 strategic priorities of NHS Fife.

Supporting the strategy is our Annual Delivery Plan (ADP) which is our Scottish Government commissioned plan for 2023/24. In the ADP, NHS Fife outlines the work being undertaken against the Scottish Government's recovery drivers.

Delivering the strategy

Strategies and programmes

Supporting the implementation of the strategy are strategies and strategic plans that are at various stages of development and delivery. The strategies have implementation plans and high-level progress is included in progress updates.

Impact indicators

Work is continuing to agree the outcome-level measures which contribute to our overall desired impact. A framework is being developed to monitor progress against delivery of the strategy. This has been paused until the Scottish Government Care and Wellbeing Portfolio Analytical Insights Pack is in place, to ensure our measures are aligned to national standards. Definitions will be developed for each of these measures and baseline data gathered. These will be reported as part of the annual report of the Population Health and Wellbeing Strategy.

Risk management

Although there is a corporate risk relating directly to the implementation of the Population Health and Wellbeing Strategy, it was recognised through the deep dive process undertaken in summer 2023 that all risks on the corporate risk register are impacted by, and are aligned to the strategy. All corporate risks are reviewed regularly and reported via the governance committees to the NHS Fife Board.

Appendix One provides a summary of the risks, their score in April 2023 and their current status (September 2023) and allows a comparison of the overall risk level and should be considered against progress of the strategy.

This analysis shows that our risk profile has not materially changed since the beginning of the financial year and reflects that many of these risks require sustainable system change over a longer time period to affect a meaningful reduction in the risk level.

Progress updates by strategic priority and ambitions

Progress has been assessed against each of the 4 strategic priorities, ambitions and the 'What we are going to do' sections in the Strategy. There has been more progress made against some actions than others but that should be expected in the delivery of a 5-year strategy. Further engagement activities such as workshops have been captured as part of progress made.

Priority 1: Improve health and wellbeing

Ambitions

A Fife where we:

1. live in flourishing, healthy and safe places and communities.

2. thrive in our early years.

3. have good mental wellbeing.

4. reduce the use of and harm from alcohol, tobacco, and other drugs.

5. have a sustainable, inclusive economy with quality of outcomes for all.

6. eat well, have a healthy weight and are physically active.

Progress update

SP1.1	**What we said we would do:** Through training and upskilling our staff we will scale up the work supporting people to access benefits advice so that more people, where appropriate, can access financial and benefits support.

Progress to 30 September 2023

- Promotion of a range of Poverty Awareness Training supported and coordinated through our multi-agency Poverty Awareness Training Group. Training reflects current issues such as the cost-of-living crisis and supports key areas of work including income maximisation, no wrong door approach and addressing child poverty. Training courses are open to all public and voluntary sector workers in Fife.
- Face to face and virtual workshops were delivered with a number of local and national partners across all sectors. For example, Citizens Advice and Rights Fife (CARF) and Child Poverty Action Group (CPAG). Some of the training delivered includes:
  - Fife Benefit Checker and Our Fife Toolkit workshops.
  - Money Talk workshops (specifically targeting Health Visitors, Family Nurse Partnership and Midwives as part of the Financial Inclusion Referral Pathway).
  - Poverty Awareness Information Session.
- Further information on all poverty awareness training is available via the Fife Health Promotion Training website.

Planned Activity to 31st March 2024

- Planned activities by the multi-agency Poverty Awareness Training Group include:
  - Building capacity of all our Poverty Awareness training programmes through growing our Train the Trainer Workshops (T4T) and ensure all training is accessible, innovative, and supports all learning styles.
  - Developing a tiered approach to Poverty Awareness Training to showcase the level of training needed depending on the workers role and remit and the service they provide.
  - Creating a series of Learning Bytes demonstrating explicit links between Poverty and Mental Health recognising that poverty is both a cause and a consequence of poor mental health.
  - Collaborate with Health Promotion Localities Team to support the roll out of Poverty Awareness training across all 7 localities.
  - Continue to support campaigns such as Challenge Poverty week.

- Embed the eHNA to increase referrals from Cancer Services to the Macmillan ICJ pathway to ensure patients with a cancer diagnosis have access to financial and benefits advice.
- Explore how we embed the eHNA process with patients diagnosed via the Rapid Cancer Diagnosis Service.

SP 1.2	**What we said we would do:** Ensuring equitable access to routine, seasonal **and** selective immunisation programmes throughout the life course.

Progress to 30 September 2023

- Immunisation Inclusion Group established to explore a community champions model.
- Final report presented to Fife Community Immunisation Services Programme Board of the Strategic Review of Childhood Immunisation Services in Fife.
- Quality improvement working group established focused on improving pre-school MMR2 uptake.
- Refreshed measles elimination action plan.
- Engagement with locality groups with locality-specific data.

Planned Activity to 31st March 2024

- Agree Equality Impact Assessment action plan.
- Establish processes to oversee implementation of activities proposed within the 'Strategic Review of Childhood Immunisation Services in Fife' report.
- Report to Public Health & Wellbeing Committee at February 2024 development session on progress against short-term activities proposed within the Strategic Review of Childhood Immunisation Services in Fife.

SP1.3   **What we said we would do:** In line with the UN Convention on the Rights of the Child, we will support every child to have the best possible health. Examples include promoting breast-feeding and helping to address child poverty.

Progress to 30 September 2023

- Publication of the 2023 Director of Public Health (DPH) Annual Report which includes a focus on children and young people in Fife with a formal launch event in September in conjunction with Fife Council's Education Service.
- Working with community planning partners through Plan4Fife, we have published our 2022-23 Tackling Poverty and Preventing Crisis Annual Report which includes the Fife Annual Local Child Poverty Action Report.
- Children's Services Plan 2023-2026 published.
- Raised awareness at Board level of The Promise and Corporate Parenting responsibilities.
- Accepted as a Getting it Right for Everybody (GIRFE) pathfinder with a focus on transition from child to adult services.

Planned Activity to 31st March 2024

- Continued implementation of UNICEF Baby Friendly Standards in maternity, neonatal and community care
- Dissemination of DPH Report to Fife localities to inform development of local plans.
- Early Years will be a core aspect of the Prevention and Early Intervention Strategy as part of the life course approach that underpins the strategy.

- NHS Fife has been selected as a pathfinder site to test the implementation of the Bairn's Hoose standards seeking to provide holistic, child-centred support to those who have been victims or witness of abuse and to children under the age of criminal responsibility whose behaviour has caused harm.
- Connecting on Place based work and No Wrong Door with Fife Council.
- Developing and enhancing services that support the most vulnerable children in our communities including:
- development of a CAMHS Kinship Team.
- Expanding CAMHS Looked after Children's services.
- Introducing a transitions specialist to support young people.

| SP 1.4 | **What we said we would do:** Improving awareness of the range of mental health and wellbeing support across Fife amongst NHS staff and the public. |

Progress to 30 September 2023

For the public:
- HSCP Locality groups are functioning in all 7 localities with connections into Area Committees. Funding being made available for a Test of Change (ToC) to support Mental Health wellbeing and distress in the localities by mental health practitioners, ambulance services and police.
- Developed, launched and evaluated a new mental health and wellbeing resource 'Jobseekers Wellbeing Toolkit' designed as a self-management prevention and early intervention resource issued by employability partners to support client wellbeing.

For staff:
- Promotion of Access Therapies Fife, Step on Stress and other resources to support staff in addition to Counselling, Occupational Health, Peer Support, Spiritual Care and Staff Psychology Support.
- Pilot of Health and Safety Executive Stress Talking Toolkit undertaken within Mental Health and Learning Disability service, with positive results and excellent staff engagement.

Planned Activity to 31st March 2024

For the public:

- The NICE mapping exercise undertaken by the HSCP Wellbeing Strategy Group will be taken forward.
- Conclusion of the test of change for the mental health and wellbeing in localities work.

For staff:
- Focus on early intervention by the Occupational Health Mental Health Nursing service and retaining staff at work.
- Expansion of Stress Talking Toolkit activity to other areas on a planned basis including: Acute, Domestic Services and Pharmacy Services.

| SP 1.5 | **What we said we would do:** Improving mental health services for individuals struggling with substance misuse through closer working with the community alcohol and drug partnership. |

Progress to 30 September 2023

- Concluding implementation of the 2020-23 Alcohol and Drug Partnership Strategy.
- Commenced work on an updated Alcohol and Drugs Strategy for 2024 onwards. Fife Alcohol and Drug Partnership (ADP) event held with stakeholders which identified priorities for new strategy.
- Drug Harms Assessment Group in place providing rapid assessment of potential risks to the population of Fife.
- Submission of evidence-based response by NHS Fife to Fife Licensing Board consultation on licencing policy in relation to local implementation of alcohol licensing legislation.

Planned Activity to 31st March 2024

- Developing a performance framework for all Medication Assisted Treatment (MAT) standards to inform Scottish Government returns and board performance reporting.
- Finalising the new Alcohol and Drugs Strategy by March 2024, focus groups with people with lived/living experience, staff from our commissioned services and Service Committee.
- Following publication of national guidance on Rapid Access Detox Acute Referral (RADAR) system (early notification of substances that cause harm), work will be carried out to embed in NHS Fife services.

SP 1.6   What we said we would do: We will encourage people to make healthier food choices

Progress to 30 September 2023

- Workshop taken place with a range of stakeholders to develop the Food4Fife strategy.
- An event focusing on Public Health Priority 6 (PHP6) was held on 19th September. This event aimed to focus on the 3 strands of PHP6 (food, weight, and physical activity) to identify priority areas for action and aligns with our work around type 2 diabetes prevention.
- Engagement with partnership Active Fifers Groups in 7 locality areas.

Planned Activity to 31st March 2024

- The Food4Fife strategy is expected to be published by the end of 2023 and will cover the period to 2030.
- Priority areas and actions to be agreed and approach developed to build on PHP 6 event.

SP 1.7   What we said we would do: We will support increased access to physical activity, particularly in older age, enabling people to stay independent and healthier for longer.

Progress to 30 September 2023

- Finalised the 2024- 2029 Fife Musculoskeletal Physiotherapy Service Strategic Plan which has a focus on supporting physical activity for patients.
- Recently published a range of health and physical activity resources on the NHS Fife website. A tool has been developed which has links for staff to signpost patients, supporting them to increase their physical activity, linked to their personal outcomes and good conversation work. Further research is currently underway.

Planned Activity to 31st March 2024

- Commencement of a strategic plan.
- The impact of published resources will be monitored and refined as necessary.

| SP 1.8 | **What we said we would do:** We will use NHS Fife's buildings and land to support communities to improve health and wellbeing. For example, making our buildings and land more accessible to support third sector activities. |

Progress to 30 September 2023

- NHS Fife's draft Anchor Strategic Plan has been submitted to Scottish Government. This outlines how NHS Fife will maximise local employment, local procurement and also seek to build the potential future use of our land and buildings.
- The Community Benefits Portal is in place for procurement activities and will be evaluated against uptake.

Planned Activity to 31st March 2024

- The baseline assessment for Anchor Strategic Plan will be completed and submitted to Scottish Government by 29th March 2024. The final version of the Anchors Strategic Plan will be presented to NHS Fife Board. finalised
- .
- Further locality stakeholder engagement planned through HSCP.

| SP 1.9 | **What we said we would do:** Collaborating in regeneration projects like the River Leven programme. |

Progress to 30 September 2023

- Identified from the River Leven Programme, the Green Health Partnership has been established to support development of Green Prescribing and Social Prescribing.

Planned Activity to 31st March 2024

- The Green Health Partnership is holding its first steering group meeting in November 2023. The Steering Group will be focused on securing funding for a GHP co-ordinator role and clarifying strategic and operational pathways for the project.

SP 1.10   Other relevant areas of work linked to priority 1 ambitions

Progress to 30 September 2023

- A workshop was held to explore both why communities living in more deprived parts of Fife are less likely to participate in our screening programmes and how this can be addressed.
- Prevention and Early Intervention Strategy has been drafted.

Planned Activity to 31st March 2024

- Contribute to refreshed Plan for Fife and agreed priority areas
- Create an action plan to reduce inequalities in screening uptake.
- Finalise and develop plans for implementation of the Prevention and Early Intervention Strategy in early 2024.

Priority 2: Improve the quality of health and care services

Ambitions

1. Provide high-quality person-centred care.

2. Deliver services as close to home as possible.

3. Reduce reliance on inpatient beds by providing alternatives to admission to hospital.

4. Ensure timely access to services based on clinical need.

5. Prevent and identify disease earlier.

6. Support the delivery of seamless, integrated care and services across health and social care
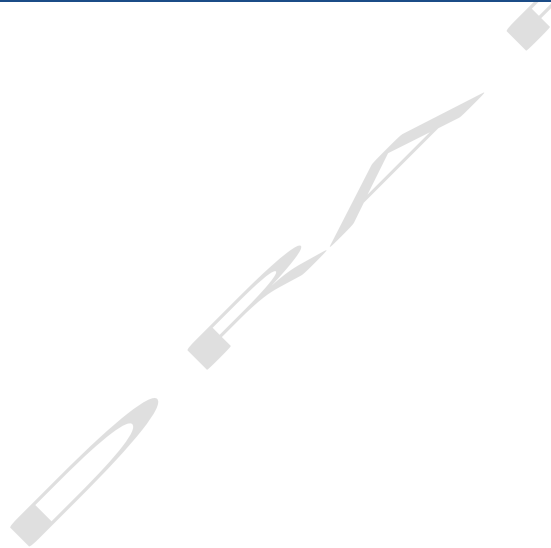
Progress update

SP 2.1	**What we said we would do:** Redesign urgent and emergency care to reduce our reliance on the Emergency Department and in-patient care.

Progress to 30 September 2023

- Priority areas identified by Planned Care Programme Board:
  - Flow and Navigation Centre (FNC)
  - Interface and Complex Care
  - Scottish Ambulance Service interface
  - Front Door/Rapid Triage Unit
  - Ambulatory Care pathways
  - Crisis Management

- Improved timely discharge from hospital by increasing the number of patient discharges taking place at the weekend.
- Employed a solicitor to assist patients who require welfare guardianship.
- Testing the delivery of rapid access or 'hot' clinics to avoid attendance or admission to hospital.
- 2023-26 Home First Strategy published with Action Plan
- Expansion of the ED medical workforce agreed to support system resilience and delivery of timely effective patient care.
- Primary care improvements including the activity in Community Treatment and Access Centres (CTAC).

Planned Activity to 31st March 2024

- Review and update the work plan for the Unscheduled Care Programme ahead of the winter period. We have an interim performance target to achieve 85% against the four-hour standard by March 2024.
- Monitor and report on the impact of the expansion of the ED medical workforce.
- Identify next steps following the FNC review.
- Review the learning from the Hot Clinics with a view to scaling this way of working for more specialties in Fife.
- Ensure actions from the Home First Strategy are progressed to reduce demand for acute hospital care. Examples of work include ensuring that those who do not need an admitted to an acute hospital bed (for example in the Victoria Hospital) are redirected and supported to be cared for in the right place. When patients do need to be admitted, planning for discharge begins as soon as possible following admission. This will reduce the amount of time patients need to spend in hospital.

| **SP 2.2** | **What we said we would do:** Improve cancer care, for example by continuing to develop our Rapid Cancer Diagnostic Service. |

Progress to 30 September 2023

- The Single Point of Contact Hub (SPOCH) is working collaboratively with Rapid Cancer Diagnosis Service (RCDS) to implement the optimal colorectal cancer diagnostic pathway.
- Expansion of the SPOCH to manage urgent suspected lung cancer referrals and parts of the bowel screening pathway.
- Initial findings show that the SPOCH has improved patient experience at the beginning of the pathway and has reduced the number of administrative calls received by the Clinical Nurse Specialists.
- Cancer Research UK funding was awarded to NHS Fife to test and evaluate a Nurse led Rapid Access Diagnostic Clinic (RADC) over a period of 18 months. This service began in August 2023 for suspected prostate cancer referrals, with the aim to improve patient experience from triage, diagnostics, and decision to treat. Evaluation of the project is underway by Stirling University.

- Work ongoing to improve and implement the Optimal Lung Cancer Pathway. Key achievements include same day/ next day chest x-ray, introduction of enhanced vetting of referrals, and reduced waits for CT scan and MDT discussion.

Planned Activity to 31st March 2024

- The Cancer Framework Action Plan has identified actions for delivery by March 2024 which focuses on improvement of cancer care from prevention, treatment, end of life and survivorship.
- Continuing to test the Prostate Rapid Access Diagnostic Nurse-led Clinic and taking forward the evaluation of this approach.
- Implementation of optimal diagnostic pathways- with a focus on lung cancer and head of neck cancers as developed by the Centre for Sustainable Delivery (CFSD):
  - Lung: Increase outpatient bronchoscopy capacity, introduction of frailty scoring prior to the first outpatient appointment to ensure patients are provided with tailored information relevant to their condition and exploring ways to provide timely good news for patients who do not have a lung cancer diagnosis.
  - Head and Neck: plans are dependent on a funding bid to Scottish Government.
- Working with the national Scottish Cancer Network on the development of end-to-end pathways for prostate and head and neck cancers.
- Evaluation of the effectiveness of lifestyle interventions that can improve health and wellbeing for example, advice around sleep, nutrition, exercise and relaxation for patients referred RCDS who are not found to have any definitive diagnosis for their symptoms.
- Explore how we can reduce waiting times for systemic anti-cancer therapies in our oncology and haematology day unit.

SP 2.3	**What we said we would do:** Provide a world class elective orthopaedic service through the National Treatment Centre – Fife Orthopaedics.

Progress to 30 September 2023

- Embedded the new facilities provided by the opening of the National Treatment Centre - Fife Orthopaedics.
- Commenced a review of our orthopaedics services which aims to deliver a patient centred, safe, flexible, and sustainable orthopaedic-trauma model which can positively manage the changes in demand over the next 15-20 years.

Planned Activity to 31st March 2024

- Redesign orthopaedic pathways to improve patient experience and fully embed the opportunities for new ways of working.
- Continue the work of the orthopaedics review so that by summer 2024 we are firmly on our way to delivering a gold standard, 24/7 orthopaedic-trauma service with and for the people of Fife.

SP 2.4	**What we said we would do:** Further develop our day surgery service at Queen Margaret Hospital.

Progress to 30 September 2023

- Opened a Procedure Unit at Queen Margaret Hospital (QMH).
- Delivered the final stages of the project to improve and expand Day Surgery facilities at QMH which has provided additional capacity and improved patient experience.

Planned Activity to 31st March 2024

- Increase utilisation of day surgery space at QMH and continue to support clinical innovation for the benefit of patients.

| SP 2.5 | **What we said we would do:** Increase the level of ambulatory services (care provided without being admitted to hospital) across Fife. |

Progress to 30 September 2023

- Commenced scoping work to expand ambulatory care services to enable more patients to be treated without an unnecessary in-patient hospital admission. There are challenges to delivery of this due to availability of space and resources for this work.

Planned Activity to 31st March 2024

- Prepare the business case for the ambulatory care service to be considered as part of the medium-term financial plan and ADP for 2024/25.

| SP 2.6 | **What we said we would do:** Increase the level of ambulatory services (care provided without being admitted to hospital) across Fife. |

Progress to 30 September 2023

- Local strategic leadership for the implementation of the Women's Health Plan is now confirmed. This is supporting an increasing focus on a women's life course approach to service planning across services in NHS Fife.
- An assessment covering a range of women's health services has been undertaken. This has considered access to contraception, termination of pregnancy, menopause care, promoting positive approaches to menstrual health and pregnancy. This has highlighted good practice and areas for further development.
- Plans for future focus have been informed by scoping, feedback, and review of progress to date.

Planned Activity to 31st March 2024

- Review provision of abortion services to ensure optimal geographical access.
- Work with primary care to develop guidelines and prescribing pathway for women experiencing early pregnancy bleeding.
- Explore with the Cardiac Rehab team, including staff and people using our services, to understand how services can be developed in response to women's needs.
- Identify local best practice, understand outcomes and potential local priorities for further work.

SP 2.7   What we said we would do: Implement Best Start for maternity and neonatal services.

Progress to 30 September 2023

- Increasing uptake of each 'place of birth' option as appropriate for those giving birth. This includes provision of midwife only care through home births and in the NHS Fife's Midwife led Unit which is part of the Victoria Hospital Birthing Unit.
- Systems and processes are being further developed to implement the Maternity and Neonatal (Perinatal) Adverse Review Process for Scotland. NHS Fife is a path finder site for this work.

Planned Activity to 31st March 2024

- Continue remodelling services to work towards ensuring continuity of care by a primary midwife for those using our services.
- Submission of evidence and application for the Baby Bliss Charter Silver Award before the end of 2023.

SP 2.8   What we said we would do: Focus on waiting times and support people, where appropriate, to wait well for their procedure.

Progress to 30 September 2023

- Primary care improvements including the activity in Community Treatment and Access Centres (CTAC).
- Efforts continue to identify opportunities to maximise use of planned care capacity including utilising on Active Clinical Referral Triage and Patient Initiated Review. We are also seeking to increase the use of day surgery where possible.
- Outpatient communications have been updated to provide information on the availability of The Well which can provide people with a range of support as they are waiting for treatment.
- A Waiting Well service is being tested in Orthopaedics. This service can refer people to The Well. For patients who have had longer waits, a waiting well appointment with an Advanced Nurse Practitioner is being tested to provide a review of patients waiting for treatment.

Planned Activity to 31st March 2024

- Expand the waiting well service to other specialities where patients are experiencing long waits.
- Share our experiences with other Health boards and learn from practice elsewhere.

SP 2.9	**What we said we would do:** Continue to invest and develop in new technologies such as robot assisted surgery to provide high quality care.

Progress to 30 September 2023

- Completed 500 cases using Robotically Assisted Surgery to support better outcomes for people including shorter length of stay.
- Pioneering developments in surgery such as the use of an innovative new device (iTind) to treat lower urinary tract symptoms associated with an enlarged prostate has been introduced. This is less invasive than traditional interventions with patients being treated as day-cases and returning home the same day.

Planned Activity to 31st March 2024

- Continue to embed provision of robot assisted surgical procedures for Colorectal, Gynaecology and Urology patients.
- Explore availability of funding for a second robot to continue to grow the provision of robot assisted surgery in NHS Fife.

Progress to 30 September 2023

- Launched a project to improve the care and management of deteriorating patients in our hospitals.
- Testing approaches to improve safety and reduce the harm associated with usage of high-risk pain medicines.
- Commenced work to improve our approach to how we respond to patient complaints, including improving our response times.
- NHS Fife Charity funding support received to enhance a number of staff and patient areas.
- Fife HSCP is developing a Prevention and Early Intervention Strategy to support overall health improvement and reduce the burden of disease in the population of Fife.

Planned Activity to 31st March 2024

- Progress plans for the deteriorating patient work.
- Spread improvement as part of the High-Risk Pain Medicines project.
- Agree and implement a new approach to patient complaint responses and reduce the number of outstanding complaints by March 2024.

Priority 3: Improve staff experience and wellbeing

Ambitions

Our workforce:

1. is inclusive and diverse, reflecting Fife's communities.

2. is supported to develop new skills that help improve care for patients.

3. is heard and at the heart of transforming services.

4. works in partnership across health and social care, recognising interdependencies.

5. experiences compassionate leadership in a culture that supports wellbeing.
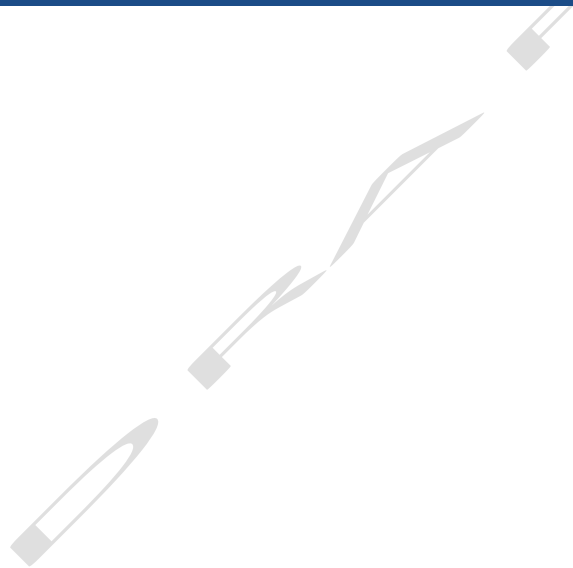
Progress update

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SP 3.1   Promote a range of career pathways with a focus on developing our workforce.

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Progress to 30 September 2023

- Agreement on the Career Development Framework for Healthcare Support Workers and Assistant Practitioners (band 2-4) to support the development of the nursing workforce.
- Block recruitment event in June.
- Unregistered staff pools created within Acute Services to support underlying long-term vacancies.
- Investment in Gateway doctors to replace junior locum spend.
- Additional ward administration staff in post to mitigate the workload associated with non-clinical clerical tasks for nursing staff.
- Reducing use of agency staffing by working towards a more substantive workforce and use of our own in-house staff bank.

Planned Activity to 31st March 2024

- Consider the strategic framework for nursing and midwifery by NHS Fife Board by March 2024.
- Undertake a further recruitment campaign for our Mental Health Service.
- Scope opportunity to expand our international recruitment programme using existing vacancies across NHS Fife.
- Continue work on reducing agency staff usage and increase scope of this work to include the medical workforce.

SP 3.2   Expand and enhance our employability programmes across Fife including a range of foundation and modern apprenticeships.

Progress to 30 September 2023

- Showcased a wide range of NHS careers at schools and careers fairs through in-person and virtual platforms, with a #TeamNHSFife approach.
- Scoped opportunities and strengthened relationships with a variety of key partners, charities, and educational establishments, such as the MCR Pathways Mentoring Scheme, which we plan to support.
- Through working closely with colleagues and local education providers, internship, and apprenticeship programmes are being established. These will support both development and progression of existing staff as well as recruitment of new staff to posts including Graduate Apprenticeships.
- Our collaborative efforts with Fife Council's Employability team resulted in the establishment of employability pathways, such as the Kickstart Scheme. This scheme has seen recruitment and development of 12 young people in a variety of entry-level roles. 7 of these individuals remain employed within NHS Fife.
- A Graduate Information Analyst was recruited through the Graduate Career Advantage Scotland (GCAS) paid work experience scheme, in collaboration with NES.
- There has been significant work with Fife College and partners to provide mentorships for students.

Planned Activity to 31st March 2024

- Increase engagement with those considering careers in healthcare through strengthened links with the Developing the Young Workforce Fife Regional Board and the Schools Co-ordinators.
- Participate in the Fife Council led recruitment initiative 'Progressive Life Chances', aimed at supporting disadvantaged individuals into employment.
- Enhance links with local educational providers to promote careers in NHS Fife. For example, offering internship placements for Dundee University students across NHS Fife and Fife HSCP and considering Graduate Apprenticeship opportunities with Heriot Watt University.
- Create opportunities for young people to engage with NHS Fife as part of the Young Person's Guarantee.

- Recruit an Employability Officer to support all our work and deliver against the Board's ambitions.
- In partnership with Fife College provide a Foundation Apprenticeship in Health.
- Continue working with Fife College to offer MA Level 2 and 3 opportunities for NHS Fife Healthcare Support Workers.

SP 3.3 Continue to support our staff with their practical health and mental wellbeing.

Progress to 30 September 2023

- NHS Fife's Occupational Health Service has developed a new mental health nursing service for staff, building on the fatigue management service introduced during the Covid-19 pandemic.
- The Chaplaincy team has worked with around 40 teams utilising values based reflective practice to help staff with their mental wellbeing in the workplace. This is in addition to existing staff spiritual care support.
- The 'Boost your Income' initiative has been delivered and evaluated. This programme supported staff with financial concerns and provided benefits advice to ensure staff are accessing all the benefits they are entitled too. Over the reporting period, 69 people have been supported and received an increase in their household income. This equated to over £160k. Uptake of this support has been lower than expected and next steps are being considered how staff with financial concerns can be supported.
- There has been a focus on Menopause support for staff as one of the key requests, with monthly sessions at Victoria and Queen Margaret Hospitals which are well attended and received by staff.
- Compassionate Connected Teams – the Staff Psychology Support team have delivered multiple Leading with Compassion sessions to managers and senior leaders.
- Since December 2022, EnergyPods have been available which give staff the opportunity to boost their energy and take time out with a personalised guided power nap in comfortable surroundings. Permanent locations for the EnergyPods on the Victoria Hospital site have now been secured.

Planned Activity to 31st March 2024

- Review existing wellbeing activity and prepare an updated staff health and wellbeing action plan to ensure maximisation of resources to support staff wellbeing.
- Develop the mental health support offered to staff.
- Open a refurbished Staff Hub in Whyteman's Brae hospital in November 2023 and refurbish staff rest areas on the Cameron, Lynebank and Stratheden Hospital sites before the end of March 2024.
- Develop further plans to refurbish and create staff hubs within clinics and health centres.
- Launch a new Cycle to Work scheme to support active travel and low carbon commuting.
- Seek investment support for Second Nature Weight Management App for staff from the East Region Programme Board
- Increase opportunities for staff to be more physically active through working with the Fife Active Communities Officer and with Fife Sports and Leisure Trust.
- Scope how opportunities for staff to access Menopause support can be expanded for those who work out with Victoria Hospital and Queen Margaret Hospital.
- Identify how staff can be supported who have experienced adverse events in the workplace.

SP 3.4	Continue to support our staff with their practical health and mental wellbeing.

Progress to 30 September 2023

- The international recruitment programme for 2023-24 is complete with 17 posts successfully recruited to.

Planned Activity to 31st March 2024

- Work with Scottish Government and other stakeholders to identify plans for further international recruitment beyond March 2024, noting that no additional funding has been confirmed for 2024-25.
- Participate in the pilot for the NHS Scotland Pastoral Care Quality Award (PCQA) and will undertake the International Recruitment Pastoral Care Quality Charter.

SP 3.5	Develop and launch a new Leadership Framework focussed on compassionate leadership and an open, transparent and nurturing culture.

Progress to 30 September 2023

- Plans agreed to recruit a new senior manager within the workforce team to accelerate our work around leadership, organisational culture, and wellbeing.
- *Compassionate, connected and effective teams* sessions led by the NHS Fife Psychology Service continued during 2023. This workshop is delivered in person with established teams, on-line for individual participants and as part of the Foundation Management Training.

Planned Activity to 31st March 2024

- Finalise the Leadership Framework in conjunction with colleagues across NHS Fife by Spring 2024.
- Hold the first meeting of the newly created Systems Leadership Group in October 2023. The focus will be on engaging with senior teams to explore how we support delivering improvements in our culture and how we collectively plan for the future.
- Commence a programme of compassionate leadership development for the Acute Senior Leadership Team and the Executive Directors' Group (EDG).

Progress to 30 September 2023

- Relaunch of Diverse Ethnicity Network with Coffee Connect session held in May 2023.
- Ethnically Diverse Staff Experience Survey launched in September and will be open till 31 October 2023.
- Through the #SpeakingUp project, a further 21 confidential contacts were recruited and trained to offer support to staff who wish to speak up and raise concerns.
- Improved performance on iMatter: 78% of teams in NHS Fife now have an action plan. This reflects the best performance from a territorial Board.
- NHS Fife Board has continued to engage with a programme of visits to a range of locations across Fife for Board Members and Executive Directors. Our Interim Chair has promoted the work of the board through a new Bitesize Briefing and regular updates to staff.

Planned Activity to 31st March 2024

- Complete analysis of the Ethnically Diverse Staff Experience survey.
- Establish a LGBTQ+ staff network.
- Finalise our Corporate Communication and Participation and Engagement strategies.

Recognising excellence and recognising staff achievements

Across NHS Fife, there are many talented colleagues who provide fantastic care for the population of Fife. It is not possible to share everyone's achievements, but examples include:

- Vicki Bennett and Simon Fevre were both recognised at the annual British Dietetic Association Awards celebrating outstanding individuals working within the dietetic profession from across the UK. Vicki was recognised with the Mary Turner Award for her outstanding work as a trade union representative, which Vicki combines with her role in Public Health. Simon was awarded with a Fellowship, the British Dietetic Association's highest honour, given in recognition of Simon's many years of committed and inspirational service to the dietetic profession.
- Debs Steven, Lead Pharmacist Pain Management, was awarded a Fellowship of the Royal Pharmaceutical Society for Distinction in the Profession of Pharmacy. Being appointed as a Fellow is one of the highest accolades that can be paid, as it recognises the distinction members have attained in their pharmacy career. As fellowship awards are based on nominations from members, it also signifies the high esteem in which colleagues are held by their peers.
- NHS Fife Children's community nursing team won the prestigious Children's Nursing & Midwifery Award at the Royal College of Nursing Nurse of the Year Awards. The team were recognised for the incredible support and care they provide to families whose children are diagnosed with complex and severe health conditions.

A Celebrating Success event was held in the summer 2023 where the fantastic work of all the medical trainees across NHS Fife was recognised. In September 2023, the NHS Fife Staff Awards was held acknowledging all of the outstanding work of NHS Fife staff.

Priority 4: Deliver value and sustainability

Ambitions

1. Provide the right services in the right places with the right facilities.

2. Ensure the best use of our buildings and land.

3. Reduce energy usage and carbon emissions, working toward carbon neutral by 2040.

4. Deliver our capital programmes for primary care, mental health, and acute services creating high quality environments for patients and staff.

5. Deliver sustainable and effective resource allocation that supports value-based healthcare.
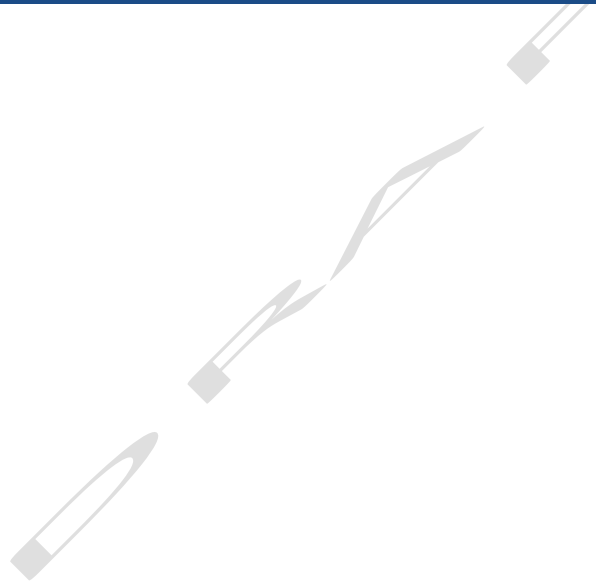
Progress update

SP 4.1 **What we said we would do:** Maximise the use of our buildings and land in line with service and community needs.

Progress to 30 September 2023

- A primary care premises review has been undertaken to understand the future requirements for space and facilities across GP Practices. The review identified 17 immediate, short, and medium-term recommendations. The immediate recommendations have now been completed with support of £2 million funding from Fife HSCP. This has resulted in the creation of an additional 61 consulting rooms across NHS Fife's primary care estate.

- The Property and Asset Management Strategy (PAMS) was submitted to Scottish Government. This outlined the investment required to address the challenges presented by the ageing estate.

- Analysis of the estate has shown that 62% of the estate is classed as green space. NHS Fife Greenspace Strategy was approved by the NHS Fife Board. The vision is to maximise the health promoting potential of the land and support a response to the climate emergency.

- An improved Day Surgery Unit Queen Margaret Hospital was opened as well as an improved A&E department with new signage and web pages.

- NHS Fife are working with Lucky Ewe to explore a potential Community Asset Transfer (CAT) of land at Stratheden Hospital.

Planned Activity to 31st March 2024

- Complete the short- and medium-term actions from the primary care premises review in conjunction with the delivery of the NHS Fife primary care strategy.

- In conjunction with Fife Climate Hub, planning will commence for a stakeholder event in early 2024/25. This event will bring together a range of communities and groups with an interest in climate change across Fife and support the implementation of our Greenspace Strategy.

What we said we would do: Develop buildings to support service delivery, such as new Health and Wellbeing Centres in Kincardine and Lochgelly.

Progress to 30 September 2023

- Scottish Government has requested NHS Boards develop plans for the NHS estate as a whole system to support prioritisation and allocation of resource in a joined-up way. Supporting the development of the NHS Fife plan, a masterplan for the Victoria Hospital site has been drafted which will improve the experience of the site, build a green corridor supporting biodiversity, and support active travel.
- Ward 5 (VHK) upgrade is underway to develop the ward into a fit for purpose clinical area. This highlights the commitment to refurbishing the existing estate as this is one of the oldest parts of the Victoria Hospital.

Planned Activity to 31st March 2024

- Complete the refurbishment of Ward 5 by the end of this financial year.
- Deliver additional capacity for the delivery of education within Cameron and Whyteman's Brae hospitals.
- Continue to retrofit existing buildings to improve energy efficiency (see action 30 for more detail on our plans) in line with commitments to reduce carbon emissions.
- Review the existing PAMS to ensure the focus on the refurbishment of the existing estate is in line with publication of new guidance expected by March 2024.
- Continue to update and develop the whole system plan for NHS Fife to support prioritisation and allocation of resources.

SP 4.3 **What we said we would do:** Redesign and develop mental health services in Fife, including fit-for-purpose inpatient and community-based services.

Progress to 30 September 2023

- Following publication of the NHS Scotland [Mental Health and Wellbeing Strategy](#) in summer 2023, Fife HSCP is developing an aligned strategic statement and associated delivery plan which responds to priorities for the population of Fife.
- Initial agreement has been prepared for the Mental Health Estates Project and is now progressing through internal governance.
- There has been commitment to funding for the next 3 years to improve the Mental Health estate across NHS Fife. Work has commenced to refurbish ward 3 at Queen Margaret Hospital.

Planned Activity to 31st March 2024

- Complete the refurbishment of Ward 5 by the end of this financial year.
- Deliver additional capacity for the delivery of education within Cameron and Whyteman's Brae hospitals.
- Continue to retrofit existing buildings to improve energy efficiency (see action 30 for more detail on our plans) in line with commitments to reduce carbon emissions.
- Review the existing PAMS to ensure the focus on the refurbishment of the existing estate is in line with publication of new guidance expected by March 2024.
- Continue to update and develop the whole system plan for NHS Fife to support prioritisation and allocation of resources.

SP 4.4   **What we said we would do:** Reduce our carbon footprint by adopting zero carbon technology, such as increased usage of solar panels and redesigning how we heat our buildings.

Progress to 30 September 2023

- Investment of £1.8 million has been secured as part of a low carbon infrastructure programme. This has seen installation of solar panels, improvements to hot water systems, more accurate automated heating controls and optimisation of our fridge-freezers. This will make buildings more comfortable, reliable, and reduce carbon emissions.
- Reduction in use of medical gases and working with pharmacy colleagues to prepare to transition inhalers to non-greenhouse gas propellant inhalers.
- Published our 2021/22 Climate Emergency and Sustainability annual report which outlines work towards achieving net-zero. The Climate Emergency and Sustainability annual report 2022/23 is being drafted. This suggests that since 2021/22, there has been reductions in Greenhouse Emissions of over 2%, reductions in medical gases of over 12% and a reduction in water usage of around 15%.

Planned Activity to 31ˢᵗ March 2024

- Complete the low carbon infrastructure investment programme with upgrades to windows at Whytemans Brae and Stratheden Hospitals.
- Secure funding for installation of LED lighting across the NHS Fife estates, a heat recovery system in the NHS Fife laundry and further funding for windows and insulation in the Fife college of nursing.
- Finalise and publish of the Climate Emergency and Sustainability Report for 2022/23.

SP 4.5   **What we said we would do:** Lower the environmental impact of travel by adapting the use of technology (virtual appointments and virtual working), supporting sustainable travel (walking, cycling and public transport) and investing in electric and low emissions vehicles.

Progress to 30 September 2023

To support delivery of the 2025 target to decarbonise vehicles, plans are now agreed to increase the availability and usage of electric vehicles. Currently 44% of light vehicles and 6% of cars are electric. This number is expected to rise substantially between now and 2025.

Planned Activity to 31st March 2024

- Increase corporate electric vehicle charging infrastructure to support the transition to electric vehicles. Across Fife, there are already 61 charging points for corporate electric vehicles, and this will increase to 77 charging points by March 2024.
- Explore how to increase the availability of charging points for private vehicles (for example those belonging to staff, patients and other visitors to NHS Fife) through collaborating with commercial companies.
- Encourage low carbon commuting through provision of a salary sacrifice scheme for staff to lease electric cars and expansion of the cycle to work scheme.

SP 4.6 **What we said we would do:** Become an organisation providing more responsive care using technology, developing digital solutions such as virtual appointments, electronic access to test results and growing our use of data to support planning and delivery of care.

Progress to 30 September 2023

- Established the Electronic Health Record (EHR) Group to provide oversight to digital adoption in clinical settings.
- Conducted prioritisation workshop with Digital and Information (D&I) Board and EHR Group members.
- Extended data sharing arrangements with Scottish Ambulance Service to support sharing of electronic summaries.
- Appointment notifications being received by patients within Patient Hub for Pain Management and Vasectomy.
- Scanning of active health records for Cohort 1 complete.
- Federation between NHS Fife and Fife Council established on M365 platform to ease sharing of calendars and MS Teams.
- Other highlights of the work of the Digital Strategic Delivery Team are available in our November 2023 Update.

Planned Activity to 31st March 2024

- Review the progress in delivering the existing Digital Strategy and present findings to the Clinical Governance Committee.
- Commence development of the future Digital Strategy and ensure alignment to national and local strategic priorities.
- Complete of the prioritisation and planning to finalise our 2024-25 delivery plan via EHR Group and Digital and Information Board.
- Implement Phase 1 and Phase 2 concurrently of the Laboratory Information Management System (LIMS).
- Begin the Hospital Electronic Prescribing Management Administration (HEPMA) project with replacement of Pharmacy Stock Control system.
- Finalise the Business Case for GP IT replacement programme.

SP 4.7 **What we said we would do:** Use a structured approach to identify financial efficiencies, for example, through careful procurement of supplies and optimising the use of medicines.

Progress to 30 September 2023

- A £15.8m revenue overspend is reported for the first six months of the financial year for Health Board retained services. Despite the receipt of additional financial sustainability allocations for NRAC and New Medicines Funding from Scottish Government during June, the Board financial position continues to track beyond the agreed Board risk appetite in relation to delivering value and sustainability.

Planned Activity to 31st March 2024

- Assess and progress options to support financial recovery and minimise the overspend before the end of the financial year following the mid-year review.
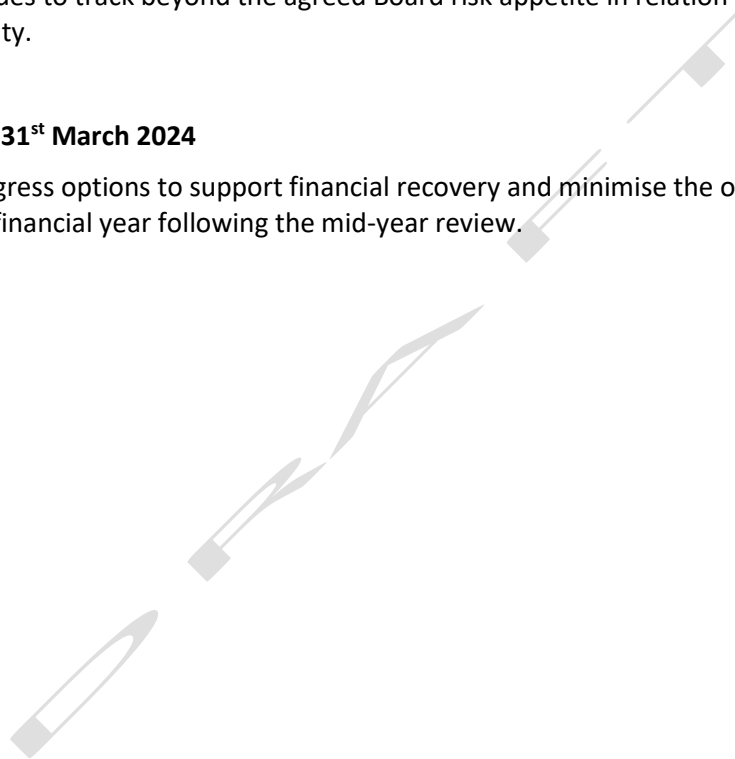
Emergent opportunities and challenges

A range of opportunities and challenges are emerging as we consider longer term planning horizons. Below are some areas that we will be considering as we undertake our planning work.

1. Anchor Institution

We are producing an Anchor Strategic Plan that will be implemented over the next few years. This work represents a significant opportunity to achieve many of our ambitions in the Population Health and Wellbeing Strategy.

2. Changing risks associated with Covid-19

The risks associated with Covid-19 are changing. The success of the vaccination programme and increasing immunity means that the associated risk in the risk register will be reduced. Sustained reductions in this risk means that there are more options in how services are delivered and the focus can move to other strategic challenges.

3. Embedding Realistic Medicine and Value Based Healthcare learning

We are continuing to take forward work to help us to deliver more person-centred and responsive care that meets the needs of the population of Fife and considering how we can do things differently. Central to our approach is embedding the values and principles of Realistic Medicine and Values Based Healthcare which will help us deliver quality care designed around the needs of people and lead to an improved experience.
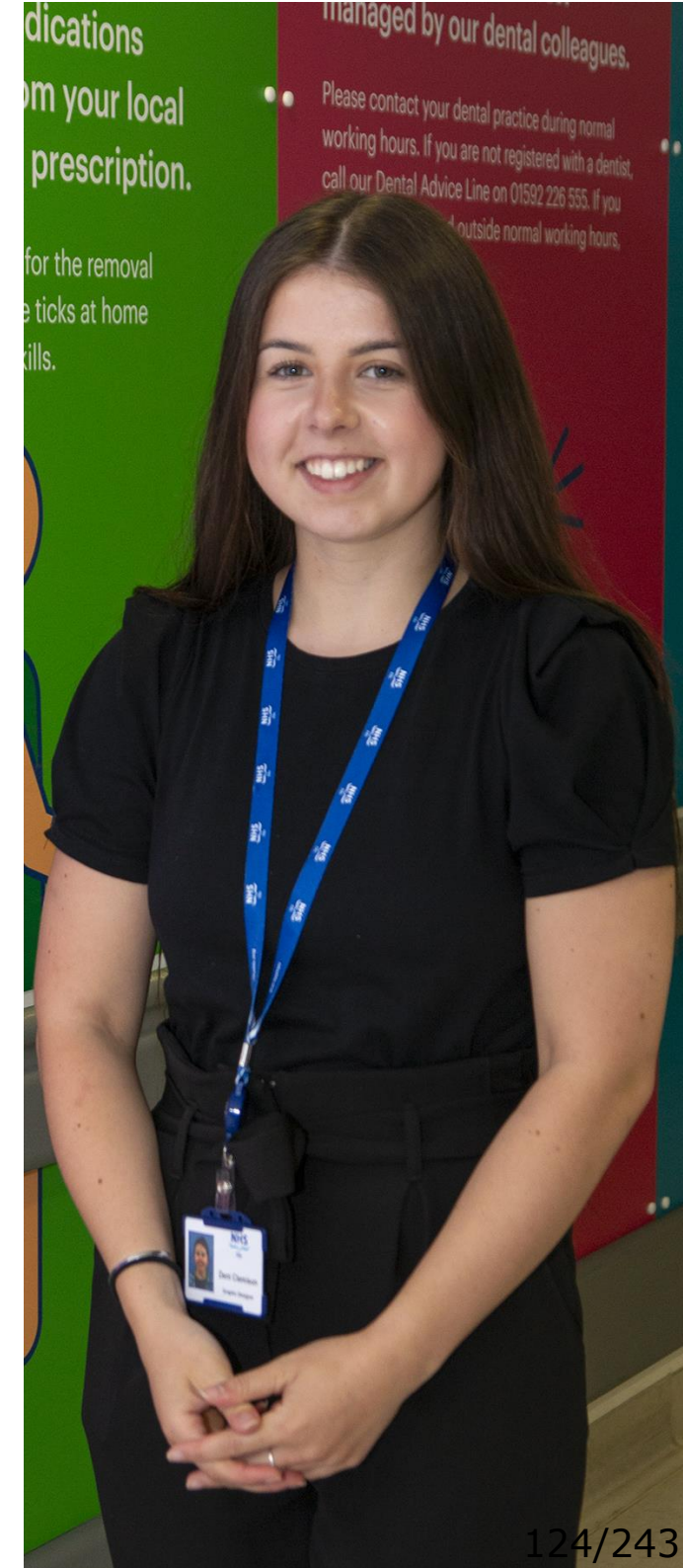
4. Health and Care Staffing (Scotland) Act 2019 (HCSA /Safe Staffing)

Full implementation of the Health and Care Staffing (Scotland) Act will take place on 1 April 2024. This includes the commencement of monitoring and governance. Board reports are due to the Scottish Government by 31 March 2025. NHS Fife must demonstrate how we have met the specific duties of the Act and provide information to the Scottish Ministers on the steps taken to comply with the legislation. The first Ministerial reports to Parliament are expected in April 2026.

The Common Staffing Methodology, as part of the Act, includes using the outputs of the staffing level tools and professional judgment to inform and ensure appropriate staffing in place for all staff covered within the scope of the Act.

5. New and Emerging Legislation

The Scottish Parliament continues to enact a range of legislation that will impact NHS Fife and the wider health and social care sector. For example, the creation of a Patient Safety Commissioner with a remit to ensure the safety of healthcare; a Housing Bill which may include a duty on the wider public sector (including NHS Scotland) to prevent homelessness; and the National Care Service. As legislation is enacted we will continually seek to improve care for those using our services.

Appendix one: NHS Fife corporate risk register

Risk title (taken from risk register)	Score April 2023	Score Sept 2023	Target Risk Level	Trend[1]
1. Population Health and Wellbeing Strategy	Mod 12	Mod 12	Mod 12 by 31/03/24	=
2. Health Inequalities	High 20	High 20	Mod 10 by 31/03/24	=
3. COVID 19 Pandemic	Mod 12	Mod 9	Mod 12 by October 2023	↓
4. Policy obligations in relation to environmental management and climate change	Mod 12	Mod 12	Mod 10 by 01/04/25	=
5. Optimal Clinical Outcomes	High 15	High 15	Mod 10 by 31/03/24	=
6. Whole System Capacity	High 20	High 20	Mod 9 by 30/04/24	=
7. Access to outpatient, diagnostic and treatment services	High 20	High 20	- [2]	=
8. Cancer Waiting Times (CWT)	High 15	High 15	Mod 12 by 30/04/24	=
9. Quality & Safety	High 15	High 15	Mod 10 by 31/03/24	=
10. Primary Care Services	High 16	High 16	Mod 12 by 31/03/24	=
11. Workforce Planning and Delivery	High 16	High 16	Mod 8 by	=
12. Staff Health and Wellbeing	High 16	High 16	Mod 8 by 31/03/25	=
13. Delivery of a balanced in-year financial position	High 16	High 16	Mod 12 by 31/03/24	=
14. Delivery of recurring financial balance over the medium-term	High 16	High 16	Mod 12by 31/03/24	=
15. Prioritisation & Management of Capital funding	Mod 12	Mod 12	Mod 8 by 1/04/26	=
16. Off-Site Area Sterilisation and Disinfection Unit Service	Mod 12	Mod 12	Low 6 by 01/04/26	=
17. Cyber Resilience	High 16	High 16	Mod12 by	=
18. Digital & Information	High 15	High 15	Mod 8 by April 2025	=

[1] = risk stayed the same, ↓ risk falling, ↑ risk increasing

[2] It is not possible to provide a target risk and date given the uncertainty over future availability of funding.

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

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

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

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NHS Fife

Meeting:	**Public Health & Wellbeing Committee**
Meeting date:	**15 January 2024**
Title:	**Post Diagnostic Support for Dementia**
Responsible Executive:	**Nicky Connor, Director of Health & Social Care**
Report Author:	**Rona Lascowski, Head of Service: Complex and Critical Care Services**

1   Purpose

This report is presented for:

- Assurance

This report relates to:

- Annual Delivery Plan
- Government policy / directive
- Local policy
- National Health & Wellbeing Outcomes / Care & Wellbeing Portfolio
- NHS Board / IJB Strategy or Direction / Plan for Fife

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

- Safe
- Effective
- Person Centred

2   Report summary

2.1   Situation

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 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 allocation of £238,447 to support post diagnostic support in Fife.

During the pandemic, as an element of the protective measures imposed nationally PDS was deemed not to be an essential service and this provision was suspended. While post diagnostic support was suspended, diagnostic services continued with access to a Consultant Psychiatrist via telephone and Near Me for appointments. As a result, the waiting list continued to grow. PDS delivery was remobilised in June 2021, however, as has been experienced by a significant number of services, workforce challenges have impeded the ability of the service, delaying a return to full capacity.

This report provides an update on progress achieved since the last report in January 2023, with a focus on the management of waiting times for PDS.

The Public Health and Wellbeing Committee are being assured that actions are being taken 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 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 (Links with Social Work Services), where applicable. In essence this will require an ongoing integrated approach between Social Work and our Older Adult Mental Health Services. We await the publication of the first national Delivery Plan which is expected imminently. Locally, the development of the Dementia Strategic Implementation Group will be the delivery mechanisms for development of services and integration in Fife working across all care sectors that support dementia care (NHS, Fife Council, Third Sector and Independent Sector).

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 has been challenged through ongoing recruitment and retention issue, increased referrals and a substantial waiting list developed over the covid period. The challenges with service capacity has now been addressed. Additionally, and importantly, the length of time waiting continues to reduce.

2.3   Assessment

Within Fife the current delivery model of Post Diagnostic Support is via a shared care model, delivered in partnership between Fife Older Adult Mental Health services and Alzheimer's Scotland, delivered across 3 areas in Fife (Central, West and East Fife) which serves all of our localities.

These services provide either the 8-Pillar model (later diagnosis, pre-existing Mental Health needs or more complex needs), or the 5-Pillar model (early diagnosis with less complex needs), with the relevant pathway informed by the level of complexity of need

being experienced by the individual patient.

All referrals are submitted to the Older Adult Community Mental Health Team where these are subject to clinical 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. This support can be offered by NHS and Alzheimer's Scotland. Individuals who present in a 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.

The service is currently supporting some 590 people across these 2 pathways, as indicated in the table below.

Table 1: Patients receiving Support

Area Team	NHS		ALZHEIMERS SCOTLAND		TOTAL	
	July 23	Dec 23	July 23	Dec 23	July 23	Dec 23
Central	125	137	54	53	179	190
West	170	175	47	92	217	267
East	47	56	94	77	141	133
					537	**590**

From January 2023 to December 2023 the service received 828 referrals. Referral rates currently exceed existing capacity. Ongoing developments alongside Digital and Information services will enable referral trends to be analysed more accurately against service capacity to provide a trajectory of activity and an assessment of the developments required to reduce the numbers of people waiting and waiting times.

In 2023 there were a number of initiatives planned across both 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 9 months there is now a robust partnership of support from Fife Mental Services, and the responsible Clinical Service Manager, and clinical leads, which has seen both Alzheimer's Scotland and the Mental Health PDS service celebrating full recruitment, with the final postholders taking up position in January 2024.

The improvement actions being taken include:

- Clinical Triage and Prioritisation of referrals at weekly Multi-disciplinary team meeting

- Increased resilience of administration processes to modernise referral processes, enable timely processing and data monitoring and national returns.

- Overview of case load management and shared working across all three teams to

support prioritising clinical activity to greatest need

- Person Centred assessment documentation now being consistently standardised across NHS and Alzheimers Scotland services.

- Recruited to full compliment of staff including case managers, case workers and support staff.

- Group support being introduced which will enable 8 people per group enhancing peer support, Broadens the therapeutic offer for those involved in the service as well as access to individual support as needed.

- Group support for carers also being progressed

- 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.

- Work is ongoing with Quality Improvement 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 is reflected across the 3 Area Teams and reflected in the table below.

Table 3:

Area Team Waiting Lists

Area Team	NHS		ALZHEIMERS SCOTLAND		TOTAL	
	July 23	Dec 23	July 23	Dec 23	July 23	Dec 23
Central	88	60	20	45	108	105
West	130	50	27	37	157	87
East	100	102	29	82	129	184
					394	**376**

At present waits for the service can range from no waiting list to 8 months. Work is ongoing to reduce the waiting time for first contact appointment to less than 6 weeks from referral post diagnosis. If current service delivery is maintained and staffing recruitment and retention progress as planned, the team are working to address this by the August 2024.

There is an aim to have all additional resource in place by February 2024 within the East Fife Area which will result in a positive impact on the waiting list with a projection that over 75% of the individuals waiting (138 patients) will be allocated by March 2024, and the remaining allocated by May 2024.

Within West Area there is a projection in place for 42 individuals to be taken off the waiting list by end January 2024. The projection for Central will be that remaining individuals will be allocated within a 4 month time frame.

2.3.1 Quality / Patient Care

The service has introduced the Post Diagnostic Support Quality Improvement Framework in one area team as a pilot (Central) with the intention of rolling this out over the next 12 months to the remaining 2 teams following evaluation. 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.

The leadership team within the Older Adult Mental Health Service have begun a process of engagement with other boards to review the delivery of post diagnostic support across Scotland. The service is keen to ensure that the review of the service delivery within NHS Fife is completed within a timely manner and that any service changes ensure delivery of high quality, person centred post diagnostic support. Boards across Scotland have adopted various models of delivery. These include hybrid models whereby Alzheimer's Scotland and NHS Staff deliver services jointly, examples where boards have opted to take back the service from Alzheimer's Scotland in order to operate in-house Post Diagnostic Support models of care and evidence of some boards contracting Alzheimer's Scotland to deliver all of the Post Diagnostic Support.

There are a number of other quality improvement initiatives in progress including processes for collating patient and carer feedback utilising the Single Quality Question. 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 can refer carers for a Carers Assessment if required and can signpost to other professionals and third party agencies for support if the need is identified. The Service has well established links with Social Work partners and regularly work in conjunction when required. Staff will also refer individuals for Self-Directed Support and Attendance Allowance to ensure that income is maximised as part of their assessment process.

2.3.2 Workforce

Since the beginning of 2023 recruitment has remained significantly challenging for the service, which reflects the national picture across Scotland. This impacted on service delivery and the ability to ensure that people who are diagnosed with dementia receive their support in a timely manner. The service has successfully recruited into all posts within the service with the full staffing establishments in post, across the entirety of the Post Diagnostic Support model by the end of January 2024.

2.3.3 Financial

Funding was allocated from the Recovery and Renewal fund specifically for Dementia Post Diagnostic Support which has supported the expansion of the NHS Fife Mental Health Team, Alzheimers Scotland Link workers, STAND, 3rd Sector Dementia Support

NHS Fife is currently awaiting the announcement from the Scottish Government regarding the next funding allocation. If funding for PDS does not continue then there is a significant risk to service delivery and the model will require to be reviewed.

2.3.4 Risk Assessment / Management

Due to long standing staffing/recruitment challenges over the past few years this will require to be monitored closely and there will be strong staff engagement and joint working progressed.

There is also a financial risk as described above which will be reviewed once the funding allocation is confirmed in relation to any potential financial, service, performance or reputational risk.

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

This proposal supports the equality and diversity agenda to ensure that adults with a new diagnosis of dementia will receive timely, high-quality support for a minimum of 12 months post diagnosis. The support provided will be delivered utilising the 5 Pillars Model or the 8 Pillar Model for complex individuals to ensure that there is a consistent standardised approach to support that ensures equality across the service within Fife.

EQIA will be reviewed in April 2024.

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.

- H&SCP Senior Leadership Team – Assurance Meeting

2.4 Recommendation

The Public Health and Wellbeing Committee are provided with an overview of the challenges and assurance on the actions being taken to improve access to post diagnostic support. It is recommended that a report is provided in 6 months time to give assurance on progress.

3 List of appendices
None.

Report Contact:
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NHS Fife

Meeting:	**Public Health & Wellbeing Committee**
Meeting date:	**15 January 2024**
Title:	**Mental Health Strategy Implementation**
Responsible Executive:	**Nicky Connor, Director of Health and Social Care**
Report Author:	**Rona Laskowski, Head of Service, Complex and Critical Care**

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 NHSScotland quality ambition(s):

- Safe

- Effective

- Person Centred

2   REPORT SUMMARY

2.1   SITUATION

The purpose of the attached report is to provide the Population Health & Wellbeing Committee with an update on the progress of the refreshed Mental Health Strategy for Fife and provides **assurance** that the refreshed draft mission, vision, values and priorities are aligned to the Population Health and Wellbeing Strategy, Health and Social Care Strategic Plan and National Outcomes.

2.2   BACKGROUND

The current mental health Strategy for Fife 'Lets really raise the bar' was published pre-pandemic in February 2020. The landscape in which this Strategy was developed was markedly different. The Covid-19 pandemic, cost of living crisis and other significant events have brought population wide challenges, and changed the way we all think and talk about our mental health. The requirement for a refresh of the Mental Health Strategy was recognised to take stock of emerging research and evidence, workforce pressures, and to ensure alignment to key local and national strategic publications including:

- NHS Fife Population health and wellbeing Strategy 2023-28
- Fife HSCP Strategic Plan 2023-26
- Mental Health- Scotland's transition and recovery plan
- National Mental Health and Wellbeing Strategy
- Core Mental Health Quality Standards
- Mental Welfare Commission: Rights in Mind
- Audit Scotland: Adult Mental Health

The refreshed Fife Mental Health & Wellbeing Strategy will build on the foundations of the extant Mental Health Strategy. It will detail our local vision and approach to working collaboratively to ensure that the right help is available to those who experience severe and enduring mental health conditions, and to providing the wider support that people need to maintain good mental health. Mental Health service delivery in Fife covers not only Managed NHS and Fife Council Services but also delivery through the Third and Independent Sector and supporting peer working and community approaches therefore an Integrated Approach is critical.

Given the learning from the previous Strategy, it is proposed that the refreshed strategic principles will not be time limited. They will outline the strategic intents. In addition, a Delivery Plan will be produced, drawing from local insights and experience, which will describe the actions we will take to make progress towards our outcomes, and how we will measure this progress. It is the Delivery Plan that will be refreshed on an annual basis, confirming the progress being made and add any new actions to support ongoing delivery in line with a quality improvement approach.

As a delegated service this Strategy will be approved through the Integration Joint Board Governance Structures and shared with Partners as core to the delivery of organisational Strategy.

2.3 ASSESSMENT

The Fife Mental Health and Wellbeing Strategy is one of Fife's Health and Social Care Partnerships nine transformational strategies within the Strategic Plan 2023-26. It is also a priority within The Population Health and Wellbeing Strategy priorities to improve health and wellbeing and the quality of care.

This section described the draft vision, mission and values; strategic priorities and next steps in the development of the Strategy.

Vision

A Fife where every person is empowered to achieve their best possible mental health and wellbeing.

To work together to create supportive communities and accessible services focussed on hope, wellbeing, and recovery.

Core Values

- Collaborative- we will work together in equal partnership to collectively challenge stigma and improve mental health and wellbeing across Fife.
- Accessible - anyone who needs help with their mental health and wellbeing should be able to access support that is right for them.
- Preventative - we will prevent mental health challenges arising, stop problems getting worse and help people to get better.
- Informed - our decisions will be based on good information, facts and insights.
- Person focused- person centred, trauma, and psychologically informed approaches are embedded within our workstreams.
- Outcome focused - our work will make lives better.
- Compassionate - we will protect human rights and treat people with kindness, compassion, dignity, and respect.

Key strategic priorities:

- **Talking about Mental Health:** We want to tackle stigma and discrimination and help to create a Fife where we can talk openly about our mental health, without fear or judgement, and where we are supported to seek help when we need it.

- **Prevention, early intervention & recovery:** We want to ensure all people in Fife, including people living with mental health conditions, have the resources they need to look after and nurture their own mental health and wellbeing.

- **Effective response to mental health distress & crisis:** We want to ensure that people experiencing mental health distress and crisis can access timely, compassionate support.

- **Recovery-oriented care, treatment, and support:** We want to ensure that people living with complex mental health conditions can access timely, high quality support, care and treatment which is as local as possible and as specialist as necessary.

Participation and engagement activity is currently underway and will seek to determine if the vision, mission, values, and priorities are the right ones for Fife. In addition to seeking comment on our vision, mission, values and priorities, engagement activity will focus on finding out from wider stakeholders what actions or changes are needed at a local level to help us to achieve the priorities set out above. Thematic analysis will be provided to support the development of the local Delivery Plan. Wider Engagement activity ended on 31st December 2023, over 550 online responses have been received, findings will be combined with face-to-face engagement activities conducted across Fife, emerging themes and a final report scheduled to complete in February 2024.

The table below shows the links between the proposed local priorities and linked national priorities.

Proposed Local Priority	Linked National Priorities
Talking about Mental Health: We will tackle mental health stigma and discrimination and ensure people can talk openly and confidently about mental health and feel supported to access help if required.	Tackle mental health stigma and discrimination where it exists and ensure people can talk about their mental health and wellbeing, and access the person-centered support they require,

Prevention, early intervention & recovery: We will work in partnership to ensure people have the resources, tools, and techniques to protect and self-manage their mental health and wellbeing.	Improve population mental health and wellbeing, building resilience and enabling people to access the right information and advice, in the right place for them and in a range of formats.
	Increase mental health capacity within General Practice and primary care, universal services and community based mental health supports. Promote the whole system, whole person approach by helping partners to work together and removing barriers faced by people from marginalised groups when accessing services.
	Work across Scottish and Local Government and with partners to develop a collective approach to understanding shared responsibility for promoting good mental health and addressing the causes of mental health inequalities, supporting groups who are particularly at risk.
	Improved Mental Health and Wellbeing Support in a wide range of settings with reduced waiting times and improved outcomes for people accessing all services, including Child and Adult Mental Health Services (CAMHS) and psychological therapies.
	Ensure people receive the quality of care and treatment required for the time required, supporting care as close to home as possible and promoting independence and recovery.
	Strengthen support and care pathways for people requiring neurodevelopmental support, working in partnership with health, social care, education, the third sector and other delivery partners. This will ensure those who need it receive the right care and support at the right time in a way that works for them.
	Reduce the risk of poor mental health and wellbeing in adult life by promoting the importance of good relationships and trauma-informed approaches from the earliest years of life, taking account, where relevant, adverse childhood experiences. We will ensure help is available early on when there is a risk of poor mental health and support the physical health and wellbeing of people with mental health conditions.
Effective response to mental health distress & crisis: We will ensure people experiencing mental health distress and crisis can access timely, compassionate support.	Expand and improve the support available to people in mental health distress and crisis and those who care for them through our national approach on Time, Space and Compassion.
	Ensure people receive the quality of care and treatment required for the time required, supporting care as close to home as possible and promoting

	independence and recovery.
Recovery-oriented care, treatment, and support: We will ensure people living with complex mental health challenges can access timely, high-quality support, care, and treatment which is as local as possible and as specialist as necessary.	Improved Mental Health and Wellbeing Support in a wide range of settings with reduced waiting times and improved outcomes for people accessing all services, including Child and Adult Mental Health Services (CAMHS) and psychological therapies.
	Ensure people receive the quality of care and treatment required for the time required, supporting care as close to home as possible and promoting independence and recovery.
	Continue to improve support for those in the forensic mental health system.
	Strengthen support and care pathways for people requiring neurodevelopmental support, working in partnership with health, social care, education, the third sector and other delivery partners. This will ensure those who need it receive the right care and support at the right time in a way that works for them.

Work has now commenced on the development of draft documents including the Strategy and Delivery Plan working towards a timeline of April/May 2024 for presentation to the Integration Joint Board.

2.3.1 QUALITY / PATIENT CARE

The Strategy and Delivery Plan will state the actions we will take to deliver on our priorities and detail the outcomes or changes that we are seeking to achieve for the people of Fife, and for our services and workforce.

Our outcome and experience measures will be collaboratively developed by the Fife Mental Health Strategic Implementation Group which is a multi-agency forum supporting engagement across all sectors and partners and will be informed by our engagement activities and evidence base. Due consideration will be given to the nine outcomes outlined in the National Strategy, the recently published Core Mental Health Standards, and other forthcoming guidance for example on measuring and evaluating outcomes from mental health and wellbeing in primary care.

As a result of this collaboration and mutli-agency approach and engagement, we are confident that over time, we will develop a robust reporting system where we are able to evidence the impact of our actions on the overall mental wellbeing of the people of Fife, and experiences of people accessing mental health support and services. This insight will help us to learn and improve the quality of our support.

2.3.2 WORKFORCE

The Strategy Delivery Plan will set out the actions we will take to make progress towards delivering the ambitions and priorities outlined in the Strategy. Delivering the actions can only be achieved with the right workforce, supported to have the right skills, in the right place at the right time.

The national Government have recently published a Mental Health and Wellbeing Workforce Action Plan. The Fife Mental Health Strategic Implementation Group will consider how we can plan, at a local level, to support the actions set out in this approach across our different sectors in Fife.

This will align and report into any returns on the workforce and the workforce Strategy groups for both the Health and Social Care Partnership and NHS Fife.

2.3.3 FINANCIAL

The Mental Health Strategy and associated Delivery Plan will be developed in line with the HSCP Commissioning Strategy and Medium-Term Financial Strategy and will acknowledge the need to work together to develop and deliver services differently.

Given the financial challenges which are likely to continue over the next few years, it is crucial to ensure that our deployment of available resources is effectively targeted to deliver sustainable and high-impact services and support which improve outcomes for the population of Fife.

This evidences based and outcomes focused approach to our Strategy and Delivery Plan will support strategically direct the deployment of finance in an evidence based manner.

2.3.4 RISK ASSESSMENT / MANAGEMENT

The key risks that are being mitigated through the current review of evidence is an approach to support the alignment of all strategies and ensuring the Strategy for Fife demonstrates the national priorities. Finance and workforce remain areas of risk and are contained and monitored through the risk register. The other risk is public expectation and meeting anticipated demand. This will be more clearly understood once the final report on participation and engagement is available and will be managed through having the Annual Delivery Plan which will be aligned to both the priorities and resource envelopes available.

2.3.5 EQUALITY & DIVERSITY, INCLUDING HEALTH INEQUALITIES & ANCHOR INSTITUTION AMBITIONS

An impact assessment for the Strategy has not yet been completed, this will be undertaken as part of the planned activities of Strategy Development. This will be done with input and leadership from Fife Centre for Equalities to ensure that all strategic developments demonstrate best practice in equality, diversity, and inclusion. Assurance that this is completed will be provided with the draft Strategy.

2.3.6 CLIMATE EMERGENCY & SUSTAINABILITY IMPACT

No immediate environmental impacts are currently anticipated by the development of the Strategy.

2.3.7 COMMUNICATION, INVOLVEMENT, ENGAGEMENT & CONSULTATION

Participation & Engagement is central to the development of the Strategy and Delivery Plan, we are committed to listening to people to achieve the best possible outcomes.

The Mental Health Strategic Implementation Group have taken a collaborative approach to shaping the draft vision, mission, key priorities, and principles for wider consultation. Members include professional leads, people working in public health, commissioning, mental health services, people with lived experience and from a wide range of partners including Housing, Police, Scottish Ambulance, and organisations across the third sector.

Wider consultation activities commenced in November 2023 following an extensive planning period to ensure that we can reach as many people as possible across Fife.

A robust Participation and Engagement Plan has been developed detailing wider consultation on local priorities. This had valuable input from Fife Lived Experience Team who have supported throughout the engagement period including through supporting events and the production of a short film to promote the online consultation.

At the time of writing, the online consultation had reached over 500 people, and over 400 people have been reached through face-to-face engagement activity.

Our planned consultation activity seeks to involve our wider stakeholders in shaping priority actions to take forward through our Delivery Plan, it will enable us to better understand current experiences of accessing mental health support and services, the barriers to this, meaningful actions that we can take to improve outcomes, and how we should measure impact.

A full thematic analysis will be provided to the Mental Health Strategic Implementation Group for consideration and findings will be incorporated into the final Strategy and Delivery Plan.

The Mental Health Strategic Implementation Group are meeting on a monthly basis until April 2024 to ensure progress against timescales support strong partner engagement.

2.3.8 ROUTE TO THE MEETING

This has been discussed at the Mental Health Strategic Implementation Group and Senior Leadership Team.

2.4 RECOMMENDATION

The Public Health and Wellbeing Committee are invited to take **assurance** on the progress being made towards the development of a new Mental Health and Wellbeing Strategy and Delivery Plan for Fife and are invited to share any comment on the draft vision, mission, values and priorities.

3 LIST OF APPENDCIES

None.

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NHS Fife

Meeting:	**Public Health & Wellbeing Committee**
Meeting date:	**15 January 2023**
Title:	**Integrated Performance & Quality Report**
Responsible Executive:	**Margo McGurk, Director of Finance & Strategy**
Report Author:	**Bryan Archibald, Planning & Performance Manager**

1   Purpose

This is presented for:

- Discussion
- Assurance

This report relates to:

- Annual Delivery Plan

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

- Safe
- Effective
- Person Centred

2   Report Summary

2.1   Situation

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

2.2   Background

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

We have now transitioned to the Annual Delivery Plan for 2023/24. Improvement actions have been included in the IPQR: statuses for these actions are being collated and will be included in the IPQR and redistributed prior to going to the Committees. This streamlines

local reporting for governance purposes with quarterly national reporting to the Scottish Government.

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

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

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

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

2.3 Assessment

Performance has been hugely affected during the pandemic. To support recovery, NHS Fife is progressing the targets and aims of the 2023/24 Annual Delivery Plan (ADP), which was submitted to the Scottish Government at the end of July 2023. New targets have been devised for 2023/24.

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

Measure	Update	Target	Current Status
Antenatal Access	Monthly	80%	Achieving
Smoking Cessation	Monthly	100%	Not achieving
CAMHS WT	Monthly	90%	Not achieving
Psy Ther WT	Monthly	90%	Not achieving
Drugs & Alcohol WT	Monthly	90%	Not achieving
Immunisation: 6-in-1	Quarterly	95%	Not achieving
Immunisation: MMR2	Quarterly	92%	Not achieving
COVID Vaccination	Monthly	85%	Below Scottish average
Flu Vaccination	Monthly	85%	Below Scottish average

2.3.1 Quality/ Patient Care

IPQR contains quality measures.

2.3.2 Workforce

IPQR contains workforce measures.

2.3.3 Financial

Financial aspects are covered by the specific sections of the IPQR.

2.3.4 Risk Assessment/Management

A mapping of key Corporate Risks to measures within the IPQR is provided via a Risk Summary Table and the Executive Summary narratives.

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

Not applicable.

2.3.6 Climate Emergency & Sustainability Impact

Not applicable.

2.3.7 Communication, involvement, engagement and consultation

The NHS Fife Board Members and existing Standing Committees are aware of the approach to the production of the IPQR and the performance framework in which it resides.

The Public Health & Wellbeing extract of the Position at November IPQR will be available for discussion at the meeting on 15 January.

2.3.8 Route to the Meeting

The IPQR was ratified by EDG on 04 January 2024 and approved for release by the Director of Finance & Strategy.

2.4 Recommendation

The report is being presented for:

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

3 List of appendices

Appendix 1 - Integrated Performance & Quality Report

Report Contact
Bryan Archibald
Planning and Performance Manager   Email bryan.archibald@nhs.scot

Fife Integrated Performance & Quality Report

PUBLIC HEALTH & WELLBEING

Position at November 2023
Produced in December 2023

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).

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

At each meeting, the Standing Committees of the NHS Fife Board is presented with an extract of the overall report which is relevant to their area of Governance. The complete report is presented to the NHS Fife Board.

The IPQR comprises the following sections:

a. **Corporate Risk Summary**
   Summarising key Corporate Risks and status.

b. **Indicatory Summary**
   Summarising performance against National Standards and local KPI's. These are listed showing current, 'previous' and 'previous year' performance, and a benchmarking indication against other mainland NHS Boards, where appropriate. There is also a column indicating performance 'special cause variation' based on SPC methodology.

c. **Projected & Actual Activity**
   Comparing projected Scheduled Care activity to actuals.

d. **Assessment**
   Summary assessment for indicators of continual focus.

e. **Performance Exception Reports**
   Further detail for indicators of focus or concern. Includes additional data presented in tables and charts, incorporating SPC methodology, where applicable. Deliverables, detailed within Annual Delivery Plan (ADP) 2023/24, relevant to indicators are incorporated accordingly.

Statistical Process Control (SPC) methodology can be used to highlight areas that would benefit from further investigation – known as 'special cause variation'. These techniques enable the user to identify variation within their process. The type of chart used within this report is known as an XmR chart which uses the moving range – absolute difference between consecutive data points – to calculate upper and lower control limits. There are a set of rules that can be applied to SPC charts which aid to interpret the data correctly. This report focuses on the 'outlier' rule identifying whether a data point exceeds the calculated upper or lower control limits.

Prepared by:

MARGO MCGURK
Director of Finance & Strategy
03 January 2024

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	2	3	-	-	◄►	High
To improve the quality of health and care services	6	5	1	-	-	◄►	Moderate
To improve staff experience and wellbeing	2	2	-	-	-	◄►	Moderate
To deliver value and sustainability	6	4	2	-	-	◄►	Moderate
Total	**19**	**13**	**6**	**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

Summary Statement on Risk Profile

On 28/11/23, the Board approved the addition to the Corporate Risk Register of the corporate risk associated with: **Preparation for the Implementation of the Health and Care (Staffing) (Scotland) Act 2019**

This risk is assessed as Moderate level.

It is mapped to Strategic Priority 'To improve the quality of health and care services' and will be reported for assurance purposes to the Staff Governance Committee.

The current assessment indicates that delivery against 3 of the 4 strategic priorities continues to face a risk profile in excess of risk appetite.

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

Assessment of corporate risk performance and improvement trajectory remains in place.

b. Indicator Summary

Section	Indicator	Target 2023/24 / 2023/24 TBC		Reporting Period	Current Period	Current Performance	SPC Outlier	Vs Previous	Vs Year Previous	Benchmarking	
Clinical Governance	Major/Extreme Adverse Events - Number Reported	N/A	-	Month	Oct-23	63	○	▼	▼	●	
	Major/Extreme Adverse Events - % Actions Closed on Time	50%		Month	Oct-23	25.5%	●	▼	▼	●	
	HSMR	N/A	-	Year Ending	Jun-23	0.96	●	—	—	●	
	Inpatient Falls	6.95	(L)	Month	Oct-23	7.36	○	▼	▲	●	
	Inpatient Falls with Harm	1.44	(L)	Month	Oct-23	1.88	○	▼	▲	●	
	Pressure Ulcers	0.89	(L)	Month	Oct-23	1.44	○	▼	▼	●	
	SAB - HAI/HCAI	18.8	(N)	Month	Oct-23	12.8	○	▼	▼	●	QE Jun-23
	C Diff - HAI/HCAI	6.5	(N)	Month	Oct-23	3.2	○	▲	▲	●	QE Jun-23
	ECB - HAI/HCAI	33.0	(N)	Month	Oct-23	44.6	○	▲	▼	●	QE Jun-23
	S1 Complaints Closed in Month on Time	80%		Month	Oct-23	54.8%	●	◀▶	▼	●	2021/22
	S2 Complaints Closed in Month on Time	33%		Month	Oct-23	24.0%	○	▲	▲	●	2021/22
	S2 Complaints Due in Month and Closed On Time	N/A	-	Month	Oct-23	20.0%	●	▲	▲	●	
Operational Performance	IVF Treatment Waiting Times	90%		Month	Sep-23	100.0%	●	◀▶	◀▶	●	
	4-Hour Emergency Access (A&E)	95%	(N)	Month	Nov-23	74.1%	○	◀▶	▲	●	Oct-23
	4-Hour Emergency Access (ED)	82.5%	(L)	Month	Nov-23	66.6%	●	▼	▲	●	Oct-23
	Patient TTG % <= 12 Weeks	100%		Month	Oct-23	40.5%	●	▲	▼	●	Sep-23
	New Outpatients % <= 12 Weeks	95%		Month	Oct-23	42.7%	●	▼	▼	●	Sep-23
	Diagnostics % <= 6 Weeks	100%		Month	Oct-23	50.0%	●	▲	▼	●	Sep-23
	Cancer 31-Day DTT	95%		Month	Oct-23	91.8%	○	▼	▼	●	QE Jun-23
	Cancer 62-Day RTT	95%		Month	Oct-23	86.6%	○	▲	▲	●	QE Jun-23
	Detect Cancer Early	29%		Year Ending	Dec-22	27.6%	●	▼	▲	●	2020, 2021
	Freedom of Information Requests	85%		Month	Nov-23	97.1%	●	▲	▲	●	
	Delayed Discharge % Bed Days Lost (All)	N/A	-	Month	Nov-23	11.9%	●	▼	▲	●	Oct-23
	Delayed Discharge % Bed Days Lost (Standard)	5%		Month	Nov-23	7.5%	○	▼	▲	●	Oct-23
	Antenatal Access	80%		Quarter	Sep-23	92.1%	●	▼	▼	●	CY 2022
Finance	Revenue Resource Limit Performance	(£23m)	-	Month	Nov-23	(£19.414m)	●	—	—	●	
	Capital Resource Limit Performance	£12.077m	-	Month	Nov-23	£5.010m	●	—	—	●	
Staff Governance	Sickness Absence	4.00%		Month	Oct-23	7.39%	○	▼	▼	●	YE Jun-23
	Personal Development Plan & Review (PDPR)	80%	(L)	Month	Nov-23	42.6%	●	▲	▲	●	
	Vacancies - Medical & Dental	N/A		Quarter	Sep-23	9.4%	●	▲	▼	●	
	Vacancies - Nursing & Midwifery	N/A		Quarter	Sep-23	6.5%	●	▲	▼	●	
	Vacancies - AHPs	N/A		Quarter	Sep-23	8.0%	●	▲	▼	●	
Public Health & Wellbeing	Smoking Cessation (FY 2023/24)	473	(N)	YTD	Jul-23	61	●	—	▼	●	YT Mar-23
	CAMHS Waiting Times	90%		Month	Oct-23	74.3%	○	▲	▼	●	QE Jun-23
	Psychological Therapies Waiting Times	90%		Month	Oct-23	66.8%	○	▼	▼	●	QE Jun-23
	Drugs & Alcohol Waiting Times	90%		Month	Sep-23	89.3%	●	▲	▼	●	QE Jun-23
	Flu Vaccination (Winter, Age 65+)	85%		Month	Nov-23	66.6%	●	▲	—	●	
	COVID Vaccination (Winter, Age 65+)	85%		Month	Nov-23	65.7%	●	▲	—	●	
	Immunisation: 6-in-1 at Age 12 Months	95%		Quarter	Jun-23	93.8%	○	▲	▼	●	QE Jun-23
	Immunisation: MMR2 at 5 Years	92%		Quarter	Jun-23	89.8%	○	▲	▼	●	QE Jun-23

Performance Key
- on schedule to meet Standard/Delivery trajectory
- behind (but within 5% of) the Standard/Delivery trajectory
- more than 5% behind the Standard/Delivery trajectory

SPC Key
- ○ Within control limits
- ○ Special cause variation, out with control limits
- ● No SPC applied

Change Key
- ▲ "Better" than comparator period
- ◀▶ No Change
- ▼ "Worse" than comparator period
- — Not Applicable

Benchmarking Key
- ● Upper Quartile
- ● Mid Range
- ● Lower Quartile
- ● Not Available

c. Projected & Actual Activity and Long Waits

Better than Projected | Worse than Projected Better/Worse may be higher or lower, depending on context		Month End			Quarter End	Month End			Quarter End	Quarter End
		Jul-23	Aug-23	Sep-23	Sep-23	Oct-23	Nov-23	Dec-23	Dec-23	Mar-24
ED 4-hour Performance (VHK only)	Projected	71.8%	73.1%	74.6%		75.8%	77.0%	78.5%		
	Actual	69.0%	72.2%	65.1%		66.8%	70.1%			
	Variance	-2.8%	-0.9%	-9.5%		-9.0%	-6.9%			
Elective Activity Diagnostics	Projected	5,121	5,121	5,121	15,363	5,121	5,121	5,121	15,363	15,363
	Actual	5,048	5,422	5,118	15,588	5,412				
	Variance	-73	301	-3	225	291				
Elective Activity New Outpatients	Projected	7,565	7,340	7,432	22,337	7,421	7,432	7,421	22,274	22,308
	Actual	6,414	7,942	7,224	21,580	7,090				
	Variance	-1,151	602	-208	-757	-331				
Elective Activity TTG	Projected	1,144	1,144	1,145	3,433	1,162	1,162	1,163	3,487	3,492
	Actual	918	1,294	1,077	3,289	1,109				
	Variance	-226	150	-68	-144	-53				
Long Waits Diagnostics > 26 weeks	Projected	94	79	63	63	42	26	10	10	0
	Actual	152	165	165	165	160				
	Variance	58	86	102	102	118				
Long Waits New Outpatients > 104 weeks	Projected	0	0	74	74	120	166	212	212	352
	Actual	1	2	2	2	2				
	Variance	1	2	-72	-72	-118				
Long Waits New Outpatients > 78 weeks	Projected	213	276	339	339	509	679	849	849	1358
	Actual	117	186	255	255	301				
	Variance	-96	-90	-84	-84	-208				
Long Waits TTG > 104 weeks	Projected	21	43	67	67	102	136	173	173	351
	Actual	20	20	17	17	25				
	Variance	-1	-23	-50	-50	-77				
Long Waits TTG > 78 weeks	Projected	203	258	305	305	388	465	547	547	893
	Actual	99	127	133	133	154				
	Variance	-104	-131	-172	-172	-234				
Arthroplasty 4 joint sessions	Projected				25.0%				25.0%	25.0%
	Actual	17.0%	14.0%							
	Variance									
Same Day Procedures Knee Arthroplasty	Projected				1.9%				1.9%	1.9%
	Actual									
	Variance									
Same Day Procedures Hip Arthroplasty	Projected				4.3%				4.3%	4.3%
	Actual									
	Variance									
Cancer Waiting Times 31-Day	Projected				94.1%				94.3%	94.5%
	Actual	94.7%	90.6%							
	Variance									
Cancer Waiting Times 62-Day	Projected				82.8%				85.0%	85.4%
	Actual	77.9%	77.1%							
	Variance									
CAMHS 18 Weeks RTT	Projected	85.0%	85.0%	70.0%		70.0%	70.0%	60.0%		
	Actual	71.0%	66.5%	68.4%		67.9%				
	Variance	-14.0%	-18.5%	-1.6%		-2.1%				
CAMHS Waiting List <= 18 weeks	Projected	230	218	228	228	232	257	235	235	200
	Actual	201	179	197	197	184				
	Variance	-29	-39	-31	-31	-48				
CAMHS Waiting List > 18 weeks	Projected	113	133	98	98	77	86	42	42	0
	Actual	82	90	91	91	87				
	Variance	-31	-43	-7	-7	10				
Psychological Therapies 18 Weeks RTT	Projected	65.2%	65.1%	73.5%		69.3%	68.2%	71.0%		
	Actual	53.4%	54.3%	54.8%		54.3%				
	Variance	-11.8%	-10.8%	-18.7%		-15.0%				
Psychological Therapies Waiting List <= 18 weeks	Projected	888	888	888	888	888	888	888	888	888
	Actual	1408	1497	1480	1480	1404				
	Variance	520	609	592	592	516				
Psychological Therapies Waiting List > 18 weeks	Projected	1625	1591	1569	1569	1609	1596	1680	1680	1604
	Actual	1227	1260	1219	1219	1184				
	Variance	-398	-331	-350	-350	-425				
Psychological Therapies Waiting List > 52 weeks	Projected	201	183	165	165	147	129	111	111	57
	Actual	262	262	251	251	278				
	Variance	61	79	86	86	131				

d. Assessment

PUBLIC HEALTH & WELLBEING

	To improve health and wellbeing	5	2	3	-	-	◄►	High

		Target	Current
Smoking Cessation	*Sustain and embed successful smoking quits at 12 weeks post quit, in the 40% most deprived SIMD areas*	**158** (Jul-23)	**61** (Jul-23)

There were 7 successful quits in July 2023, which is 33 short of the monthly target and 11 less than was achieved in July 2022. Achievement against trajectory is 38.6%, which is 7.2% less than was achieved in June 23.

The most recent quarterly publication from Public Health Scotland, covering the quarter ending March 2022, showed that NHS Fife was in the upper-range of all Mainland Health Boards, with a rate of 66.7% against a Scottish average of 60.8%.

For all quit attempts, the quit success rate in specialist services is significantly higher than other services.

Service Narrative

Specialist service provision has increased to 37 clinics Fife wide; these are 27 community-based and 10 GP based clinics; There has been a marked decrease in referrals and signposting from GP and other health professionals. To address this, we have ongoing Very Brief Advice (VBA) stands within GP practice and health centre locations.

Regular visibility has supported increased engagement with the service: 287 appointments have been offered Fife wide in November, with 72 of these being DNA status. Service continues to utilise the mobile unit, accessing various communities and supporting local groups or events; we have worked with 3rd sector organisations and attended the Poverty Action Community events to offer VBA and raise awareness of the service and support available, we have attended 18 events in November and undertaken 226 VBA contacts.

Following on from the positive work carried out with Fife maternity services we are now receiving early referrals for maternity clients at first point of contact with a midwife for those who report to be smoking as an opt out basis. This is positive progress, as being able to support women earlier, means early intervention can make a significant difference to baby and mothers health, with the aim to quit smoking prior to 16 weeks of pregnancy. We look forward to seeing the success of this work with improved 12 weeks quits early in the new year.

Staffing capacity remains in deficit: Two staff are at varying stages of completing their specialist training to complete the Smoking Cessation Competency Framework; one advisor is on maternity leave, and we have 0.8 WTE vacancy in the team. Issues with Public Health Scotland data base (ISD) have yet to be fully resolved, impact remains as to accuracy of records and reporting on a local and national level.

Plan for a targeted and coordinated approach to address smoking prevalence at in-patient sites for visitors, patients, and staff, is at final stages, alongside work to promote service.

- Engage with people who are smoking and raise awareness of the temporary abstinence model and/or to provide smoking cessation support on site.

- Increased presence on primary care sites to encourage health professionals to use appropriate referral pathways.

- Attend GP protected learning time sessions to discuss support and QYW service available.

- Work underway to support respiratory clinics to have an opt out referral pathway to QYW (mirroring our maternity referral pathway).

CAMHS Waiting Times	*90% of young people to commence treatment for specialist CAMH services within 18 weeks of referral*	**90%**	**74.3%**

Monthly performance increased from 71.2% in September 2023 to 74.3% in October.

For the eleventh month running, no young people are having to wait more than 35 weeks for treatment whilst the number of those waiting between 19-35 weeks decreased from 91 in September to 87 in October.

The percentage of those waiting less than 18 weeks decreased from 68.45% in September to 67.9% in October.

The number of referrals received in October was 205, a 27.0% decrease from September, the lowest figure since March 2023.

The overall waiting list saw a decrease (271 in September compared with 288 in September).

Benchmarking awaited – not available as of 17 November.

Service Narrative

Work on the longest waits is ongoing with evening clinics continuing, and of the 87 waiting over 18 weeks, 55 have appt booked. Overall, the number on the waiting list has reduced.

	Target	Current

RTT continues to fluctuate reflecting the staff activity required to address urgent presentations against the activity to reduce longest waits. Monthly performance has increased this month and is reflected in data.

Performance has followed the predicted trajectory reported to the Scottish Government and remains on target for March 2024.

Referrals have dropped from September 2023, due to the fortnight October holidays, but is comparable to October 2022.

DNA rate reduced showing the positive impact of weekly appointment reminder phone calls.

Psychological Therapies	*90% of patients to commence Psychological Therapy based treatment within 18 weeks of referral*	**90%**	**66.8%**

The overall waiting list decreased from 2699 to 2588. The number of those waiting 36-52 weeks decreased to 267 (-3) and the number of those waiting 19-35 weeks decreased to 639 (-59). The number of those waiting over 52 weeks increased from 251 in September to 278 in October (+27) though this is 31% less than in October 2022. The number of patients who waited less than 18 weeks was 399, from a total of 597 who were treated in October 2023. Activity has increased, with more people offered a first appointment than in September. However, because most of these people had been waiting longer than 18 weeks, monthly performance against the target therefore decreased from 69.6% in September 2023 to 66.8% in October. This is below target and outwith control limits.

Between September and October 2023, referrals for all ages decreased by 11% (from 903 to 804). This does not lead to any immediate change in performance against the target, because most patients do not commence psychological therapy in the month they are referred. Also, although there are monthly fluctuations in the number of referrals received, longer-term analysis shows that the annual referral rate for PT has returned to pre-Covid levels on a stable basis.

NHS Fife remains in the mid-range of Health Boards, albeit at the lower end of the range, as of the last quarterly PHS publication in June (for the quarter ending Mar 2023) and was below the Scottish average (79.8% compared to 71.9%).

Service Narrative

Increased activity associated with additional posts from FHSCP and SG investment is resulting in continuing progress in reducing the waiting list, as can be seen in the reduction in the overall waiting list. However, the Service is not currently in balance, due to ongoing recruitment issues. This means that the numbers waiting will continue to increase if referrals remain stable, and longer-term analysis shows that referral rates for PT remain high, despite monthly variation as shown in the September to October figures.

Increased activity is leading to more people being taken off the waiting list, and we are offering more first therapy appointments year-on-year. However, because most of the people being offered first therapy appointments have waited more than 18 weeks, this results in reduced performance against the PT target. This will continue until the waiting list is reduced to the point that most new therapy starts are within 18 weeks.

Immunisation: Influenza and COVID	*Achieve 85% uptake for both Winter vaccinations (Influenza and Covid-19) for 65+ population by end of Mar-24*	**85%**	**FV 66.6%** **CV 65.7%**

Flu Vaccine

Uptake for Influenza vaccination for ages 65+ was 66.6% at the start of December and vaccination numbers continue to increase steadily. For ages 75+ uptake is even higher at 77.3%. The priority group with the highest uptake continues to be Care Home residents at 79.1%. Uptake for all Health Care Workers was 33.1%. Uptake for all priority groups was 42.0% by start of December which is lower than Scottish average of 48.9%. Uptake for Children overall was 40.2% with the highest uptake being the Primary School cohort at 63.3%.

COVID Vaccine

Uptake for Covid-19 vaccination for ages 65+ was 65.7% at the start of December and vaccination numbers continue to increase steadily. For ages 75+ uptake is even higher at 77.1%. The priority group with the highest uptake continues to be Care Home residents at 79.3%. Uptake for Frontline Health Care Workers is 26.1%. Uptake for all priority groups was 45.5% by the start of December which is lower than the Scottish average of 51.6%.

Service Narrative

The priority cohorts for improving uptake in Fife through December for both flu and COVID vaccination are the 65 to 74 cohort and those aged 12 to 64 with at-risk health conditions. As such, letters for a flu & COVID co-admin appointment were issued in early December to approximately 5k of the 65-74 cohort who had previously received a prompt letter but had not yet arranged for vaccination. These appointments will take place over the period 13th to 21st December. In addition, a further 10k open access appointments were created with a further letter issued to target those aged 12 to 64 with at-risk health conditions to encourage attendance. Drop-in clinic times for w/b 11th Dec and w/b 8th Dec are also being promoted generally via social media to the general public and among health and social care staff who have not yet taken up vaccination. Mop-up activity for flu & COVID vaccination for care home residents and the eligible housebound cohorts is ongoing. Additional drop-in clinics for under 18 flu are being run over weekends in December and promoted for the 2-5 cohort and those who missed their flu vaccination in the primary or secondary school setting.

		Target	Current
Immunisation: 6-in-1	*At least 95% of children will receive their 6-in-1 vaccinations by 12 months of age*	**95%**	**93.8%**

(n.b. data is published quarterly so below is a repeat of the analysis in last month's IPQR)

The 6-in-1 vaccine protects against diphtheria, tetanus, pertussis, polio, Haemophilus influenzae type b (Hib) and Hepatitis B. It is offered at 8, 12 & 16 weeks of age, and uptake is evaluated in the population when children are 12 months of age (based on completion of all 3 primary doses). Uptake among children turning 12 months in the quarter ending 30th June 2023 in Fife (children born 1st April to 30th June 2022) was 1.3% higher than children turning 12 months in the previous quarter, increase from 92.5% to 93.8%.

Whilst quarterly fluctuations are always greater at a local level than at a national level, it is noted that there was only a 0.1% increase between these quarters nationally. Uptake at 12 months for 6-in-1 in NHS Fife was the second lowest of all mainland NHS Boards with the highest uptake being 97.2%.

Further data points evaluated at 12 months will be needed to confirm if this is the start of a continuing improvement trend in Fife. However, we can calculate from data published in the PHS 'wider impacts' dashboard that for the 1,470 children turning 16 weeks between January and June 2023 in Fife, at the point of latest analysis (25 September), 94.6% of these more recent birth cohorts had completed 3 doses of the 6-in-1 vaccination, suggesting that improvements have been taking effect. By the time they reach the 12-month evaluation point, uptake among children in this 6-month birth cohort would be expected to be higher due to additional catch-up vaccination opportunities.

The service has continued to offer drop-in clinics over the summer across all areas within Fife for children that have missed out on their scheduled appointments. Our increase in data shows that offering this and a more targeted approach has helped to support an increase in uptake.

Additionally at 12 months of age, PCV saw an increase of 1.1%; Rotavirus increase of 2.2% and MenB increase of 0.7%.

		Target	Current
Immunisation: MMR2	*At least 92% of children will receive their MMR2 vaccination by the age of 5*	**92%**	**89.8%**

(n.b. data is published quarterly so below is a repeat of the analysis in last month's IPQR)

MMR vaccination protects against Measles, Mumps and Rubella and dose 1 is offered just after 12 months and dose 2 at 3 years 4 months of age. Population uptake of MMR2 (2nd dose) is evaluated at 5 years of age. For children turning 5 years of age between 1st April and 30th June 2023 (born 1st April to 30th June 2018), uptake improved by 3.4% to 89.8% from the previous quarter of 86.4%.
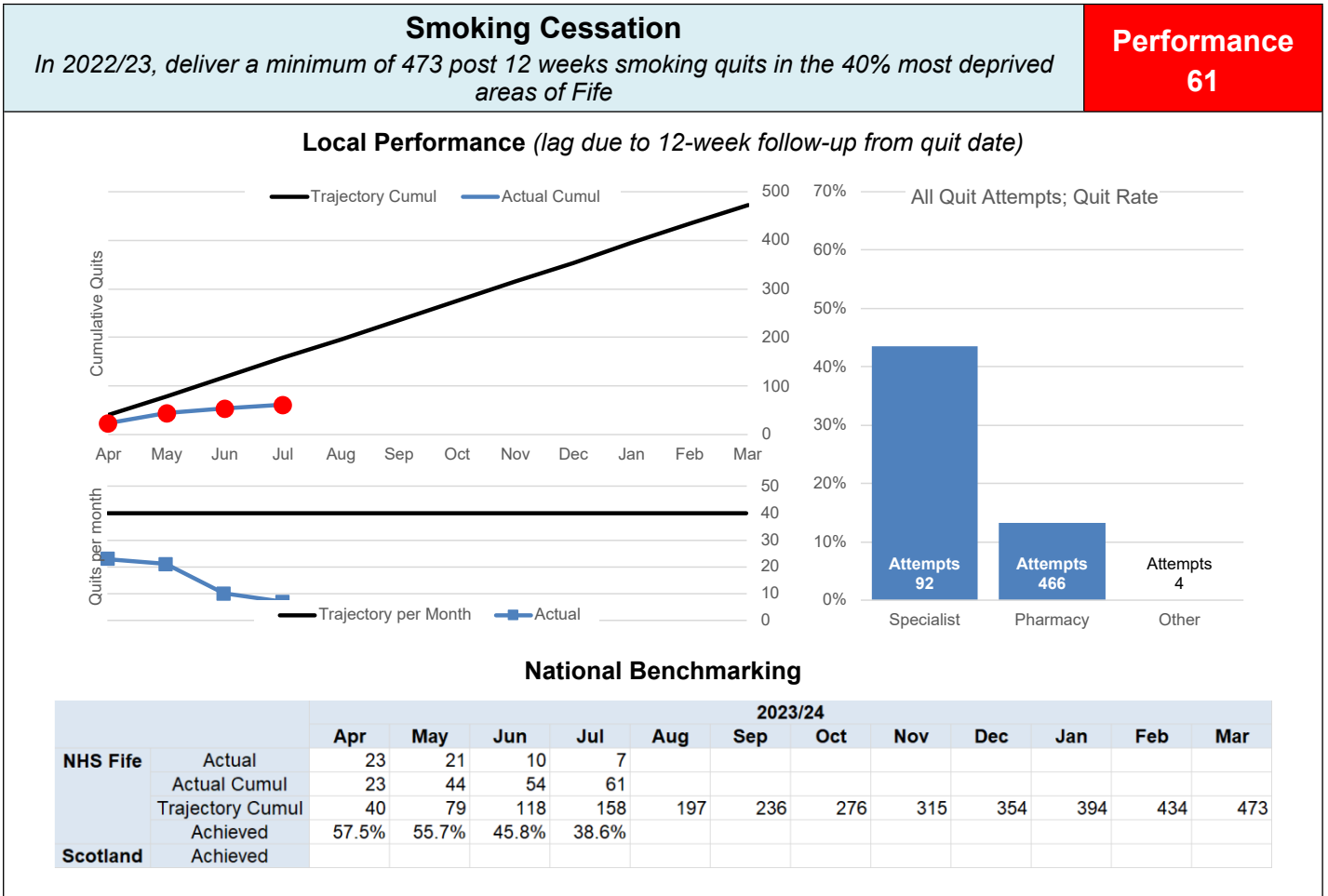
This is in the context of a 0.1% decrease at a national level. Uptake at 5 years for MMR2 in NHS Fife was in the mid-range of all mainland NHS Boards with the highest uptake being 94.6%.

Whilst still below the local target of 92% (based on uptake in Scotland in 2022) and the national target of 95% uptake, and with further data points needed to confirm the trend, the direction of travel is encouraging. The actions undertaken through the Immunisation Quality Improvement Group are likely to have contributed to this improvement, as they have had a particular focus on 2nd dose MMR vaccination. This has included provision of additional clinic capacity where required, proactive letters to parents/carers of all children in Fife who have not completed 2 doses of MMR2, and improvements in communications with health visitors when children are not brought to their appointment.

This is important in the context of the publication of the CMO letter 'Averting the resurgence of measles in Scotland in 2023' and the increase in community transmission of measles in England.

Additionally at 5 years of age, MMR1 saw an increase of 2.4%; Hib/MenC uptake increased by 2.3% and 4-in-1 saw an increase of 3.4%.

e. Performance Exception Reports

Smoking Cessation	Performance
In 2022/23, deliver a minimum of 473 post 12 weeks smoking quits in the 40% most deprived areas of Fife	**61**

Local Performance *(lag due to 12-week follow-up from quit date)*

National Benchmarking

		2023/24											
		Apr	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**Mar**
NHS Fife	Actual	23	21	10	7								
	Actual Cumul	23	44	54	61								
	Trajectory Cumul	40	79	118	158	197	236	276	315	354	394	434	473
	Achieved	57.5%	55.7%	45.8%	38.6%								
Scotland	Achieved												

Key Deliverable						End Date
Off track	At risk	On track	Complete	Suspended		Proposed

	Key Milestones	End Date
Remobilise Smoking Cessation services with a view to achieving 473 quits in FY 2023-24		**Mar-24**
	Remobilise face to face service provision across GP practices by engaging with Practice Managers to assess working arrangements, accommodation, appointment system	**Mar-24**
	Remobilise face to face service provision within community venues; contact community venues to assess accommodation, costings, working arrangements, appointment system. Ongoing review and improvement of service provision	**Mar-24**
	Engage with and offer service to all pregnant mums identified as smokers at booking appointment	**Mar-24**
	Increase awareness that the service is available using a variety of mechanisms; consider available opportunities to promote service and establish a marketing and communication plan	**Mar-24**
	Provide out-reach service provision in most deprived communities; assess appropriate sites and permissions to park, signage	**Mar-24**
	Development and review of text messaging system	**Mar-24**
	Deliver financial inclusion referral pathways for pregnant women and families with young children	**Mar-24**
	Support NHS actions in the Fife Child Poverty Action Report including income maximisation for pregnant women and parents of under 5s	**Mar-24**

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

Performance
74.3%

Local Performance
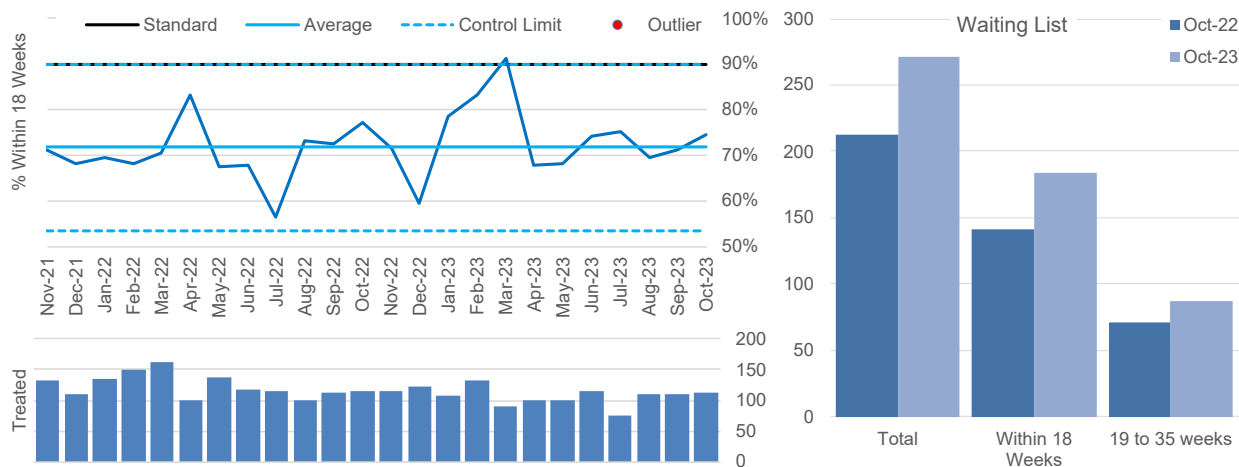
National Benchmarking

	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23
NHS Fife	73.0%	72.6%	77.2%	71.6%	59.3%	78.5%	83.2%	91.1%	67.7%	68.0%	74.1%
Scotland	66.4%	69.5%	69.0%	67.4%	75.9%	74.3%	73.8%	74.5%	71.7%	72.4%	77.0%

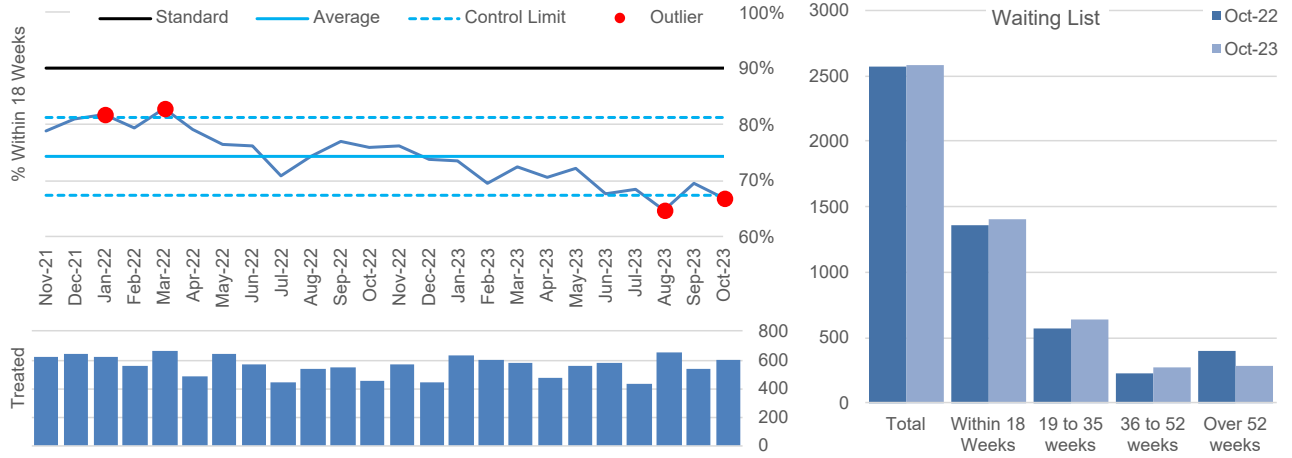| Key Deliverable		End Date
Off track At risk On track Complete Suspended		Proposed
CAMHS will build capacity to eliminate very long waits (over 52 weeks) and implement actions to meet and maintain the 18- week referral to treatment waiting times standard.		**Mar-24**
Key Milestones	Implementing caseload management to ensure throughput, reduce bottlenecks and maintain capacity	**Sep-23**
	Maintaining early intervention services to ensure young people who require specialist CAMHS can achieve timely access	**Mar-24**
	Ongoing recruitment to ensure workforce is at full capacity	**Mar-24**
CAMHS will build capacity in order to deliver improved services underpinned by these agreed standards and specifications for service delivery.		**Mar-24**
Key Milestones	Implement CAMHS improvement plan derived from gap analysis against the national service specification	**Feb-24**
	Focus resources on prioritised improvement dimensions - access and response, care pathways, communication and engagement	**Mar-24**
Partners within Fife HSCP will continue to build capacity across services in order to achieve the standards set within the National Neurodevelopmental Specification for children and young people		**Mar-24**
Key Milestones	Work will continue on reducing the ASD waiting list which will be achieved as a result of additional staffing and reallocation of staffing resources from streamlining assessment pathways	**Dec-23**
	Implement learning from partnership test of change alongside colleagues in education	**Dec-23**
	Co-produce and deliver pre and post diagnostic support to children, siblings and families	**Jan-24**
	Fully operationalise Triage model aligned to National ND Specification	**Mar-24**
	Implement neurodevelopmental pathway, combining existing Neurodevelopmental teams to embed a single point of access for NDD	**Mar-24**

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

Performance
66.8%

Local Performance

National Benchmarking

	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23
NHS Fife	74.3%	77.0%	75.8%	76.1%	73.8%	73.4%	69.6%	72.5%	70.5%	72.3%	67.5%
Scotland	81.6%	81.2%	80.9%	80.6%	82.4%	80.6%	79.4%	79.3%	79.4%	78.5%	78.5%

Key Deliverable					End Date
Off track	At risk	On track	Complete	Suspended	Proposed
Fife Psychology Service will increase capacity to improve access to PTs, eliminate very long waits (over 52 weeks) and meet & maintain the 18 week referral to treatment waiting times standard					**Mar-24**

Key Milestones		End Date
	Recruitment to increase capacity	**Mar-24**
	Service development and redesign	**Mar-24**
	Training and CPD activities to increase capacity	**Mar-24**
	Demand-capacity monitoring across all services	**Mar-24**

Immunisation: FVCV

Flu
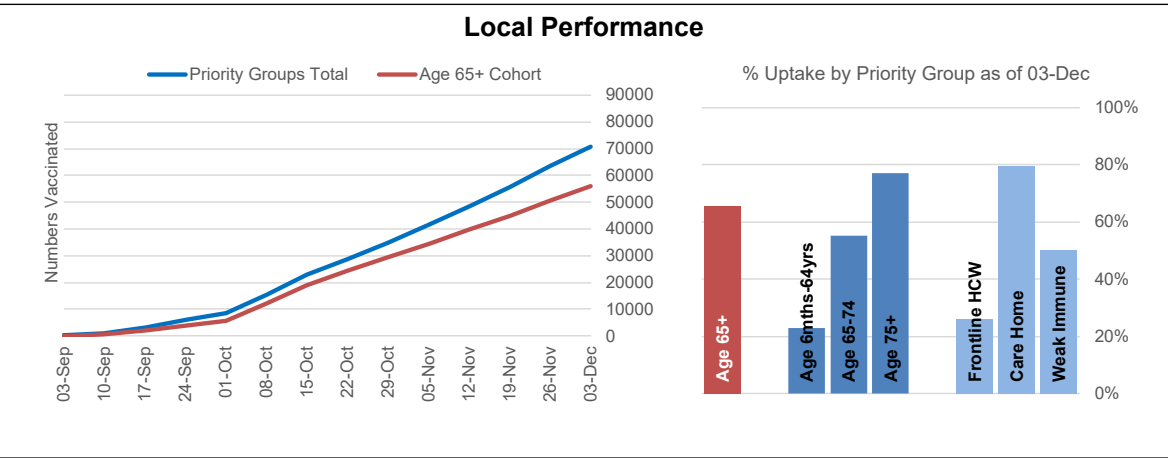Uptake of the Influenza vaccination for 65+ population of Fife to reach 85% by end of December 2023

Performance 66.6%
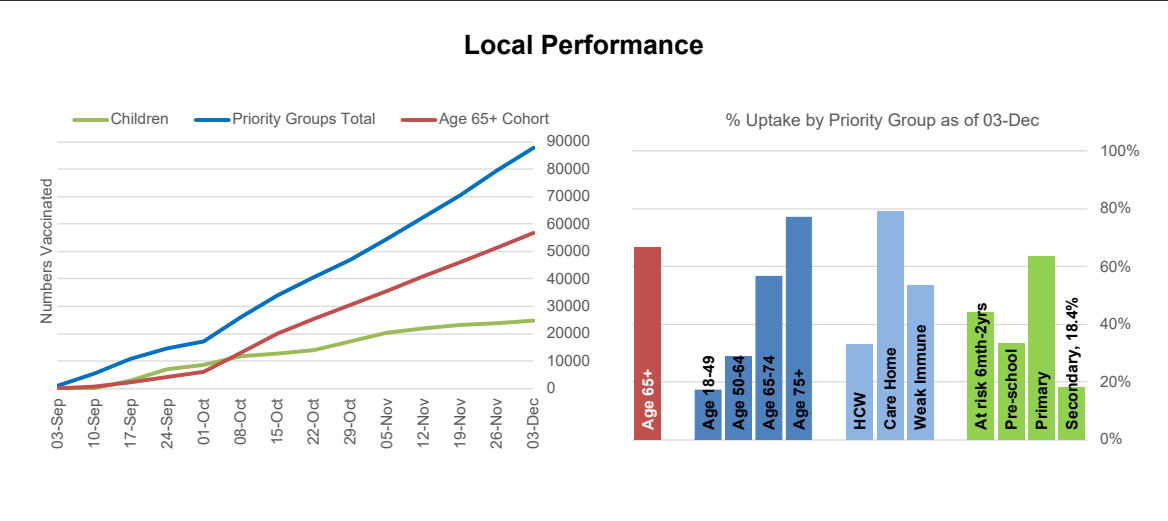
Local Performance

Covid
Uptake of the Covid-19 vaccination for 65+ population of Fife to reach 85% by end of December 2023

Performance 65.7%

Local Performance

Key Deliverables					End Date
Off track	At risk	On track	Complete	Suspended	Proposed
Delivery of Winter Vaccination Programme					**Mar-24**

Child Immunisation
(n.b. data is published quarterly so below is a repeat of the information reported in last month's IPQR)

6-in-1
At least 95% of children will receive their 6-in-1 vaccinations by 12 months of age
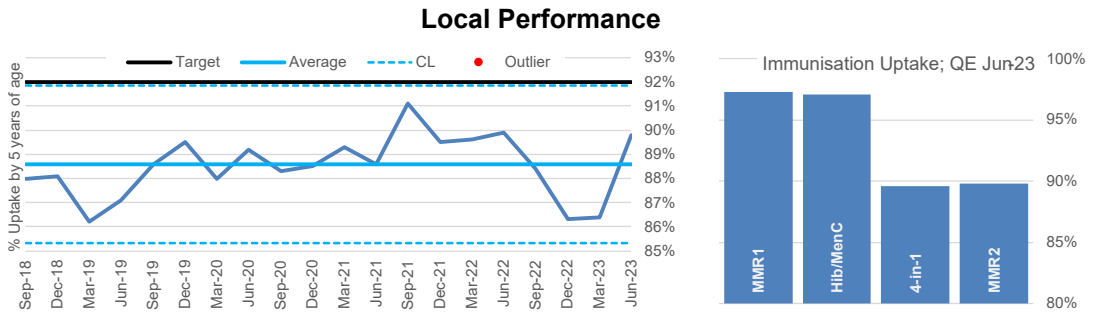
Performance 93.8%
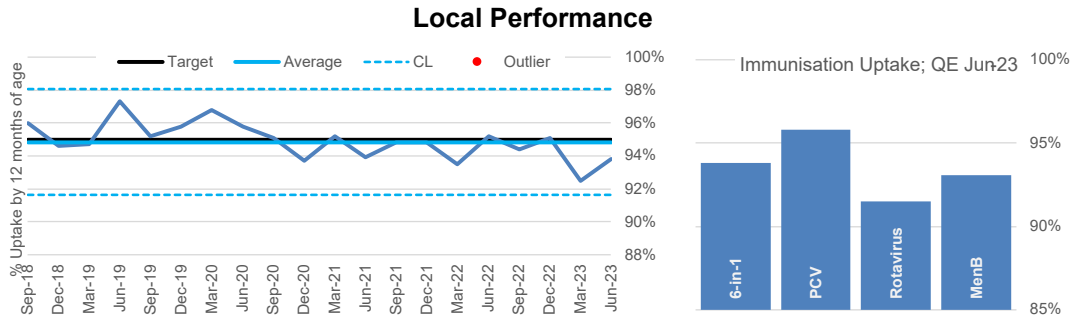
Local Performance

Immunisation Uptake; QE Jun-23

National Benchmarking

Quarter	Dec-20	Mar-21	Jun-21	Sep-21	Dec-21	Mar-22	Jun-22	Sep-22	Dec-22	Mar-23	Jun-23
NHS Fife	93.7%	95.2%	93.9%	94.8%	94.8%	93.5%	95.2%	94.4%	95.1%	92.5%	93.8%
Scotland	96.4%	96.5%	96.6%	96.6%	96.4%	96.1%	96.2%	96.1%	95.5%	95.2%	95.3%

MMR2
At least 92% of children will receive their MMR2 vaccination by the age of 5

Performance 89.8%

Local Performance

Immunisation Uptake; QE Jun-23

National Benchmarking

Quarter	Dec-20	Mar-21	Jun-21	Sep-21	Dec-21	Mar-22	Jun-22	Sep-22	Dec-22	Mar-23	Jun-23
NHS Fife	88.5%	89.3%	88.6%	91.1%	89.5%	89.6%	89.9%	88.4%	86.3%	86.4%	89.8%
Scotland	92.8%	92.2%	93.2%	92.8%	91.7%	91.9%	91.7%	91.2%	90.8%	89.8%	89.7%

Key Deliverable		End Date
Off track	At risk	On track	Complete	Suspended	Proposed

Key Deliverable		End Date
Carry out focused work to make sure we proactively improve access and uptake of vaccinations across our whole population		**Mar-24**
Key Milesto	EQIA action plan implementation	**Mar-24**
	Outreach model and strategy	**Mar-24**
Develop an immunisation workforce model in conjunction with wider Primary Care Nursing structure which is sustainable and flexible to respond an ever evolving immunisation need		**Mar-24**
Key Milesto	Integration of Primary Care Nursing and Admin teams	**Jan-24**
	Workforce education strategy & training programme	**Mar-24**
Targeted actions to improve the quality of our Immunisation services		**Mar-24**
Key Milestones	Children's immunisation QI group	**Mar-24**
	Learning from Adverse Events	**Mar-24**
	Implementation of 15 step review of community clinics and other quality assurance tools	**Mar-24**
	Development of robust clinical pathways and process of SOP review	**Mar-24**

Develop plans to make sure CIS delivers on key operational priorities		Mar-24
Key Milestones	Maternity immunisations	Mar-24
	S3 to S2 changes	Dec-23
	Preparation for children's 18 month visit	Mar-24
	Communication strategy to stakeholders	Mar-24

NHS Fife

Meeting:	**Population Health & Wellbeing Committee**
Meeting date:	**15 January 2024**
Title:	**Dental Services & Oral Health Improvement**
Responsible Executive:	**Dr Joy Tomlinson, Director of Public Health**
	Dr Chris McKenna, Medical Director, NHS Fife
	Nicky Connor, Director of Health and Social Care
Report Author:	**Emma O'Keefe, Consultant in Dental Public Health**

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 NHSScotland quality ambition(s):

- Safe

- Effective

- Person Centred

2 REPORT SUMMARY

2.1 SITUATION

The purpose of the attached report is to provide the Population Health & Wellbeing Committee with 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 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. Dentistry has remobilised slowly after the pandemic and has not returned to pre-Covid-19 levels. Data suggests that activity in independent dental practices is approximately 80% of pre-pandemic levels, as measured by gross fees per item. There still remains a backlog of dental care for patients and it is too early to measure the impact of the new contract on NHS dentistry.

2.3   ASSESMENT

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.

The Public Dental Service has remobilised the oral health improvement programmes and the National Dental Inspection Programme (NDIP). The recent PHS publication of the NDIP report highlights inequalities in oral health between the least and most deprived and an increase in more severe dental decay/dental abscesses.

The National Dental Inspection Programme carried out a detailed survey on a sample of Primary 7 children in 2022/23. The results for Fife show a reduction in the number of children with no obvious dental decay experience, 74.3% of children compared to the last survey in 2019 where 80.7% of children were free from obvious decay. The Scotland figure for this year is 81.9% an increase from 2019.

Access to NHS dentistry has been a challenge and the data from the 2023 report highlight that 20% of Primary 7 children inspected had untreated decay and only 15% of children in Fife with obvious dental decay experience had had dental treatment to restore the tooth. 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.

Oral health improvement programmes, including Childsmile, Caring for Smiles and Smile for life are remobilised. Toothbrushing continues in nurseries and targeted primary schools and the fluoride varnish programme is in Primary 1-4 year groups and ASN schools.

As of November 2023, 63 general dental practices are listed with NHS Fife meaning they deliver NHS dental care to Fife residents, to varying degrees. 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.

Five of the 63 dental practices are orthodontic practices, providing a mixture of private and NHS orthodontic care. Ten dental practices are vocational training practices, offering one year placements for vocational trainees, who are newly qualified dental graduates; this year there are 10 trainees in place. The Public Dental Service (PDS) operates out of 12 sites across Fife.

Dental body corporates (DBCs) have become significant players in Fife with a number of DBCs owning multiple practices in Fife. The largest one is Real Good Dental, which owns 14 practices in Fife; currently 11 are operating due to the merger of some practices. Other DBCs include BUPA and Clyde Munro. Some dentists in Fife own several practices.

Dental body corporates are corporations entitled to practice dentistry in the UK. The majority of their directors have to be registered dentists or registered dental care professionals.

The 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 DBCs. This means that patients are not receiving full courses of NHS treatment as urgent dental care is being prioritised. Patients are expected to travel to sister practices, which are often miles away, potentially in different NHS Board areas. This, with the cost-of-living crisis is putting additional pressures on the population of Fife. The NHS Dental Regulations which NHS Fife has to operate within make it hard to challenge the business model and ultimately patient care and experience is being impacted.

These issues have an increasing impact on the Public Dental Service and the Emergency Dental Service (EDS) which operates at the weekend and also provides cover for the next day rota. There is a significant increase in the number of patients seen in the first 10 months in 2023 compared to 2022. Data show that on average there are 260 patients seen in the EDS each month in 2023 compared to 203 patients in 2022. The EDS is a co-operative and relies on dentists working a small number of sessions per year in Fife. As the number of vacant posts increases the rota becomes more intense for those dentists that continue to work in Fife. The Fife EDS working group has been re-established to look at innovative ways to sustain the EDS.

The recruitment and retention issues impact on the ability of the population to register as NHS patients with a dentist. This is evidenced by an increase in calls to NHS Fife's Dental Advice Line and the Public Dental Service is offering urgent dental care and short targeted courses of care. The staff on the Dental Advice Line contact every practice every fortnight to ascertain whether the practice is registering NHS patients or if there is a waiting list for NHS patient registration. Unlike General Medical Services, NHS Fife is not required to provide NHS dental care to the population of Fife; however we actively try and facilitate this.

There is an expectation that the Public Dental Service will continue to provide urgent dental care for both registered and unregistered patients as well as being the main provider for vulnerable groups. This approach is not sustainable long-term and the Public Dental Service faces similar challenges recruiting staff. These pressures are apparent across Scotland and have been escalated to Chief Dental Officer. Staff health and wellbeing is important, as Public Dental Service clinicians are delivering more urgent care which adds pressure as the patients are in pain, not familiar to the clinicians and in effect they are operating in an emergency environment.

The PDS Senior Management Team has drop-in sessions, regular individual meetings and recently used the Fife Health Charity funding for a Health and Wellbeing Session.

2.3.1 QUALITY / PATIENT 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 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.

2.3.3 FINANCIAL

There has been no uplift for the Childsmile Regional Management team which is a financial risk for 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. Mitigating actions include the Public Dental Service operating an access service to ensure patients are seen within the Scottish Dental Clinical Effectiveness Programme timescales for urgent dental care. The Public Dental Service also provided short courses of treatment, over a 12-week period in the evenings over the autumn to reduce the impact on day time services.

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. General Dental Practices submit data, on a quarterly basis, on patient feedback/complaints to NHS Board. These data are published in the Patient Experience quarterly report that is shared at the Clinical Governance Committee.

2.3.5 EQUALITY & DIVERSITY, INCLUDING HEALTH INEQUALITIES & 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 national oral health improvement programmes take a targeted approach to reducing inequalities while ensuring oral health improves across the populations. The adult oral health improvement programmes aim to support those who are more vulnerable and work with partner agencies and third sector organisations.

The Scottish Government expanded the designated areas where access to dentistry is poor in April 2023. Fife has identified four specific areas identified for Scottish Dental Access Initiative (SDAI) grants which offer financial assistance to establish new, expand or purchase existing dental practices in Auchtermuchty, Leslie, Newburgh and Tayport.

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.

2.3.7 COMMUNICATION, INVOLVEMENT, ENGAGEMENT & 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/DBCs to explore access to NHS dentistry issues. A dental update is contained within the briefings for elected members.

2.3.8 ROUTE TO THE MEETING

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

- Public Health Assurance Committee, 7 December 2023

- Primary Care Strategic Oversight Group, 18 December 2023

2.4 RECOMMENDATION

Public Health and Wellbeing Committee members are asked to take **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. The Primary Care Strategic Oversight Group has oversight of the risks. Planned areas of work for 2024/25 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.

3 LIST OF APPENDICIES

The following appendices are included with this report:

Appendix No. 1, Dental and Oral Health Improvement Annual Report 2023

Report Contact:
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NHS Fife

DENTAL AND ORAL HEALTH IMPROVEMENT ANNUAL REPORT 2023

EMMA O'KEEFE
Consultant in Dental Public Health

| Version 6 | 08 January 2024 |

TABLE OF CONTENT

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NHS FIFE DENTAL AND ORAL HEALTH IMRPOVEMENT 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 post-Covid-19 pandemic and in respect of the new dental contract from November 2023.

1.2   The report highlights a number of issues particularly in primary care dental services and also the recent National Dental Inspection Programme (NDIP) data that highlights the challenges with children's oral health, with more obvious dental decay and more untreated caries, compared to pre-pandemic levels. The report provides assurance that NHS Fife is following due process with the limited power and authority available as determined by the Dental Regulations.

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 and the Public Dental Service (PDS) and responsibility for effective operational delivery sits 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 which underpins the HSCP Strategic Plan (2023-26) and aligns with NHS Fife's Population Health and Wellbeing Strategy (2023-2028). 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.

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*Dental bodies corporate 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

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2.4   Unlike General Medical Services, the NHS Boards are not tasked, via legislation, with ensuring 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 working in partnership with independent contractors to achieve the vision of quality, accessible and equitable access to dental care.

2.5   At present there are 186 dentists listed to provide NHS dental care in independent dental practice in Fife; no data are available on the number of whole time equivalents. There are 63 independent dental practices (totaling 207 dental surgeries) listed with NHS Fife, of which five are orthodontic practices and one is mainly a referral practice for oral surgery. Within Fife, there are 21 practices owned by dental body corporates*, with one corporate owning 14 practices. Ten practices are vocational training practices with 10 vocational trainees working in them; vocational trainees are newly qualified dentists.

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 new 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 have increased since 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   Over the course of the past 12 months, the PDS has had to take on more responsibility for unregistered and registered patients requiring urgent dental care due to the challenges of accessing dental care in independent dental practice, therefore impacting on core services. There has been a continued rise in the number of calls to the Dental Advice Line for registered patients unable to access urgent dental care, with a 34% increase in calls in November 2023 compared to January 2023.

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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 Fife Emergency Dental Service out of hours 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. A review of governance arrangements at national level is ongoing with regard to the oral health improvement programmes.

3.2 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. Key data for the activity within Fife for 2023 is detailed below:

3.2.1 **Childsmile:-** There are currently 149 early establishments partaking in the toothbrushing programme (92% of all establishments in Fife). A targeted approach is taken in schools and the toothbrushing programme is operating in 47 establishments, including special needs schools (34% of schools). Fluoride varnish applications are taking place in 46 targeted primary schools in Fife, including 5 stand alone special schools.

3.2.2 **Caring for Smiles:-** Sixty seven care homes are covered by the PDS with 2 new care homes opening soon. Currently 7 care homes are covered by GDPs but one GDP is handing back 3 care homes due to the GDP retiring. Fife has not had any interest from GDPs to undertake enhanced skills training in 2024. Since May 2023 PDS staff have delivered accredited Caring for Smiles Foundation Level 1 training to 109 staff. Training continues in the community hospital setting in NHS Fife. PDS staff also deliver training as part of year 1 student nurse training for adult and mental health courses.

3.2.3 **Smile for Life:-** The PDS is working in partnership with Fife Alcohol Support Service and Fife Community Drug Service colleagues, as part of ADAPT substance recovery project, to take hard to reach services to those in need and is present on a monthly basis at KY cafes in three areas in Fife (Methil, Lochgelly and Templehall) where there is a high incidence of deaths due to addiction. Clinical input has been available at 5 sessions at the KY cafes and provided basic domiciliary care for the service users i.e. dressings, prescriptions, mouth cancer check. Seven patients have been seen and require more comprehensive dental care and appointments have been arranged at the nearest PDS clinic. Staff 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 with the aim to offer a similar service to KY cafes in the future. A priority pathway into dental services is available for those

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accessing homeless accommodation or support through third sector organisations. Urgent dental care appointments are available within 24 hours. Toothbrushing packs are provided to all homeless accommodations units across Fife on a 3-montly basis and this provision has been extended to Foodbanks, as well as contact details for the Fife Dental Advice Line.

3.3   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 have a question in their health and wellbeing surveys asking the public about their views on the topic; the data are being analysed.

4.   DENTISTRY AND ORAL HEALTH IMPROVEMENT PROGRAMMES REMOBILISATION POST COVID-19

4.1   Dentistry has mobilised post-pandemic but has not returned to pre-COVID levels. Data suggests that primary care dentistry in independent dental practices is approximately 80% of pre-pandemic levels, as measured by gross fees per item. This is multi-factorial and includes recruitment and retention challenges for all members of the dental team, a change in work life balance due to the pandemic and the impact of the closure of dental practices for 3 months. Dentistry remobilised slowly, in line with infection and control policies, so footfall was reduced. The uncertainty surrounding the new NHS dental contract also impacted on business models.

4.2   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 no practices taking on new NHS dental patients and none in a position to put patients on a NHS patient waiting list. 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.

4.3   In alignment with the Primary Care Strategy's dental deliverables, other models of care are being considered to improve access to NHS dental services whilst awaiting the impact on access following the introduction of the new dental contract. One initiative was the introduction of targeted treatment by the PDS. The PDS delivered a 6-week initiative to provide short courses of dental care to stabilise the oral health of people unable to access NHS dentistry. Seventy four appointments were booked over a 6-week period in which 49 patients were seen; most required multiple appointments to stabilize their oral health. Attendance was good with 93% of patients keeping appointments. Thirty seven per cent of patients attending were from SIMD1 and 88% from SIMD 1-3. The initiative was extended for a further 6 weeks to complete treatment started. This model of care is suggested as not sustainable as a long term model due to resources, including financial
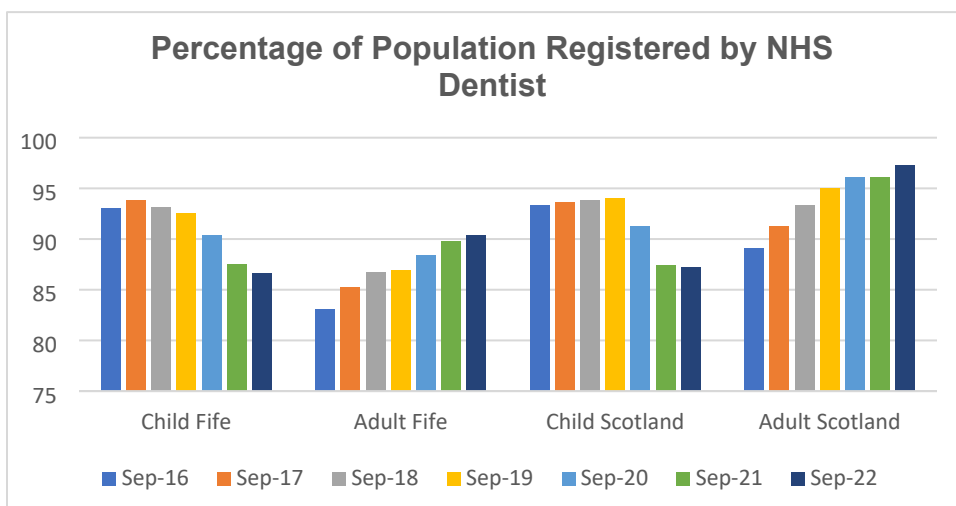
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and staff availability to cover evening clinics. The deliverables of the PC strategy and the outcomes from the implementation plan is envisioned to support sustainable PC dental services for the future.

4.4   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. The group works with NHS Fife and Fife HSCP Communications teams to ensure appropriate and consistent messaging which aligns with Scottish Government national recent messaging. [NHS Dentistry Campaign Update (prgloo.com)](#)

4.5   Dental general anaesthesia (GA) still accounts for the highest amount of inpatient and day-case hospital activity for elective surgery in children. General anaesthesia 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.

4.6   A project is underway to develop an animated video for children and parents who will be attending Fife Community Dental Centre for treatment under general anaesthetic. This will allow better accessibility, as we are conscious that for some attending the centre or a dental visit can be unachievable due to location, cost and time away from work. The first draft of scripting is being reviewed and we hope to have this completed early 2024. An information booklet will be given at assessment to support the video content, along with a 'passport' for the child.

5.   **GENERAL DENTAL SERVICES**

5.1   The latest data on patient registration and participation in NHS dentistry only reports until September 2022, the next report is due out in January 2024. Generally, the COVID-19 outbreak has had little impact on registration rates due to the 'lifetime registration' policy. Since September 2022, some dental practices are choosing to deregister NHS adult 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   Participation is a measure of patient attendance at an NHS dentist in the two years prior to the time point of interest. As a result, it could take up to two years before we can understand the full impact from COVID-19 on participation rates.

5.3   Registration

- At 30 September 2022, 86.6% of children in Fife were registered with an NHS dentist, this has decreased from 87.5% in 2021, 90.4% in 2020 and 92.5% in 2019.
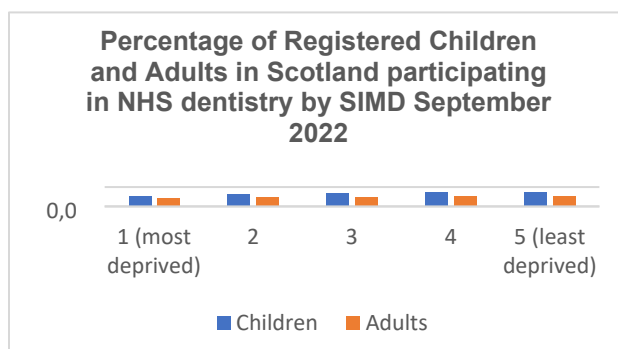
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- As of 30 September, 90.4% of adults were registered with an NHS dentist in Fife, a slight increase from 89.8% in 2021.
- For Scotland, 95.5% of adults living in most deprived areas (SIMD1) were registered with NHS dentist compared to 85.1% in least deprived areas (SIMD5). The variation is due to affordability of private dentistry.
- No data are available about people seeking and using private dental care, whether that is privately registered or membership of private dental schemes.
- Overall in Scotland, 85.3% of children living in the most deprived areas (SIMD 1) were registered with NHS Dentist compared to 88.3% in the least deprived (SIMD 5).

Percentage of Population Registered by NHS Dentist

Child Fife | Adult Fife | Child Scotland | Adult Scotland

■ Sep-16 ■ Sep-17 ■ Sep-18 ■ Sep-19 ■ Sep-20 ■ Sep-21 ■ Sep-22

Dental statistics - NHS registration and participation 24 January 2023 - Dental statistics - registration and participation - Publications - Public Health Scotland

5.4 Contact with a dentist (participation)

- In Scotland, as at 30 September 2022, 2.6 million registered patients had seen an NHS dentist within the last two years (50.4% compared to 43.1% in March 2022). Children were more likely than adults to have seen an NHS dentist within the last two years (63.9% compared to 50.2%).
- In 2022, 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).

Percentage of Registered Children and Adults in Scotland participating in NHS dentistry by SIMD September 2022

1 (most deprived) | 2 | 3 | 4 | 5 (least deprived)

■ Children ■ Adults

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. The pandemic meant that NDIP was paused in the school year 2020/2021. 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 2023 report shows a positive trend overall in Scotland, with 81.9% of Scottish Primary 7 children showing no obvious dental decay experience. However, the results for Fife, in 2023, show a reduction in the number of Primary 7 children with no obvious dental decay experience (74.3%) compared to the 2019 figure of 80.7%. A sample of just over 400 children or approximately 10% of the P7 children in local authority primary schools were inspected and due to the sample size the confidence interval is large and care is required with the interpretation of the data. Fife figures for 2023 were the lowest for all NHS Board areas in Scotland. 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. This is a focused area for improvement with trajectories set within year one of the delivery plan. Reporting will come forward accordingly.

6.3   While oral health improvement programmes play a critical role in preventing oral disease in children, access to NHS dentistry has been a challenge during the pandemic and the recovery period and has had a negative impact on the treatment of dental decay. The 2023 report highlights that in Fife 20% of P7 children inspected had untreated decay and only 15% of children with obvious dental decay experience had had dental treatment to restore the tooth, compared to a Scottish figure of 33%, again highlighting the problems with accessing dental care.

6.4   Inequalities remain in Scotland, with 69.5% of Primary 7 children estimated to have no obvious decay experience in the most deprived areas (SIMD 1), compared with 88.1% in the least deprived areas (SIMD 5) in the 2023 report.

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% of Primary 1 Children with No Obvious Decay Experience

Fife — Scotland

% of Primary 7 Children with No Obvious Decay Experience

Fife — Scotland
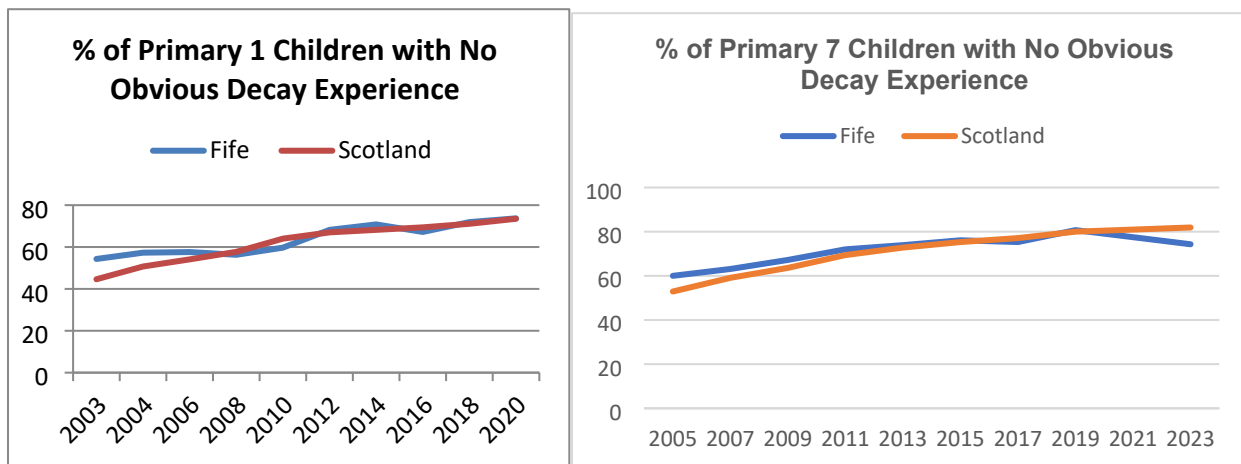
7.   GOVERNANCE ARRANGEMENTS AND KEY CHALLENGES

7.1   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 Strategic Oversight Group co-chaired by the Medical Director for NHS Fife and Director of Health and Social Care Partnership. There are five oral health outcome measures 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. During 2023, post Covid-19 pandemic, key groups have been re-established post Covid-19 pandemic, including:

- Fife's Performance and Governance Group, chaired by the interim 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.

7.2   Work is ongoing to strengthen the governance and assurance processes in place within NHS Fife and Fife's HSCP and ensure risks relating to dentistry are on the appropriate risk register.

7.3   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:

- Workforce- 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 is sending out a

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workforce survey and NHS Education for Scotland is tasked with conducting a workforce survey. The most recent dental workforce survey was published in 2021.

- Increase in Dental Body Corporates (DBCs) and associated business models is leading to the de-stabilisation of dental services across NHS 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. 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.

- 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, both registered and unregistered 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'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 rota-ed into the service. Data show that on average there were 206 patients seen per month in the Emergency Dental Service in 2022 compared to 260 patients per month in 2023. Over three quarters (77%) of patients seen in the EDS are registered with a general dental practitioner in Fife. The standby dentist, available for each session has been called out on 88% of the sessions, showing the increased demand and complexity of patients, often requiring a domiciliary visit.

8. PLANS FOR 2024/25

8.1 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).

8.2 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- Auchtermuchty, Leslie, Newburgh and Tayport (NHS: PCA(D)(2023)2 – Revised Scottish Dental Access Initiative – 25 April 2023 | Scottish Dental)

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8.3   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 are still in development (as detailed in years 2-3 of the Primary Care Strategic Action Plan).

8.4   As part of the Scottish Government's commitment to reduce inequalities use the recent NDIP data to target resources.

8.5   Continue to work with partner organisations to ensure oral health of refugees is assessed in a timely manner and people are signposted into the necessary services. Work with Equality and Diversity to develop information to manage public expectations.

8.6   In summary, during 2024/25, 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 work to improve oral health and address inequalities in oral health.

EMMA O'KEEFE
Consultant in Dental Public Health

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NHS Fife

Meeting:	**Public Health and Wellbeing Committee**
Meeting date:	**15 January 2024**
Title:	**Eating Well & Having a Healthy Weight and Staying Physically Active**
Responsible Executive:	**Dr Joy Tomlinson, Director of Public Health**
Report Author:	**Jo-Anne Valentine, Public Health Manager (Health Improvement)**

1 Purpose

The purpose of this report is to provide members of the Public Health and Wellbeing Committee with assurance of progress within the area of Eating Well, maintaining a Healthy Weight and Being Physically Active.

This report is presented for:

- Assurance

This report relates to:

- Annual Delivery Plan
- Government policy/directive
- Local policy
- National Health and Wellbeing Outcomes/Care and Wellbeing Portfolio
- NHS Board/IJB Strategy or Direction/Plan for Fife

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

Public Health Priority 6: a Scotland where we eat well, maintain a healthy weight and a physically active was one of a number of Scottish public health priorities developed in 2018. Recent activity in this area includes development of a food strategy for Fife, the inclusion of physical activity with social connectedness as a community planning leadership theme, and the continued provision of weight management and dietetic

services and collaboration with the East Region Diabetes Prevention Partnership. The three elements were brought together in a PHP6 event in September 2023.

Members are asked to note development of the Food for Fife Strategy and to be assured of progress with PHP6: eating well, maintaining a healthy weight and being physically active.

2.2   Background

There has long been a body of evidence that to improve public health we need to take action to eat well, maintain a healthy weight and to be physically active. Making progress with these three areas is complex and requires action across systems, and within services and teams that are part of Community Planning partner organisations. All three parts of this public health priority feature within the delivery plan for Fife's Communities and Wellbeing Partnership.

Public Health Priority 6 (PHP6), developed nationally as a public health priority, has three parts: eating well, maintaining a healthy weight and being physically active. Poor diet is major risk factor for obesity, cancer, coronary heart disease and diabetes, whilst being overweight and obesity is the UK's biggest cause of cancer after smoking. Both locally and nationally we have high levels of overweight and obesity. Physical inactivity is a major risk factor for ill health and contributes to 1 in 10 premature deaths from Coronary Heart Disease and 1 in 6 of all deaths from any cause. Conversely physical activity is protective. It promotes healthy growth and development, and helps with healthy weight maintenance in mid-life and maintaining independence in older people. There are strong links between food insecurity and health inequalities. There are workstreams and actions across Fife taking forward each part of PHP6.

2.2.1 Levels of obesity and being overweight are high across all parts of society. Around two-thirds of adults are overweight (including obesity). Rates of obesity and Type 2 Diabetes in adults are both increasing across Scotland, they are more common in older age groups and in the most deprived areas compared to the least deprived areas.

Information on rates of overweight and obesity are available at different parts of the life course. Body Mass Index (BMI) is recorded for pregnant women at time of antenatal booking. Children in primary 1 have their BMI recorded as part of the Child Healthy Weight programme. For the adult population we are reliant on information gathered through the Scottish Healthy Survey. Rates of overweight and obesity in Fife are similar to those for the whole of Scotland.

The figures below show levels of overweight and obesity in Fife for different population groups with some comparisons for Scotland.

Figure 1 shows 3 year rolling average trends of obesity at time of maternal booking amongst women in Fife and in Scotland. The figures exclude bookings where BMI was not recorded. Maternal BMIs have been rising nationally and internationally for some years.

 In Fife during 2021/22, 2.2% of women attending for booking were underweight, 37.5% were a healthy weight, 29.8% were overweight and 30.6% were obese. This is broadly similar to Scotland with Fife having a lower proportion of healthy weight bookings compared to Scotland (Fife 37.5%, Scotland 40.9%) and higher proportion of obese mothers (Fife 37.5%, Scotland 27.3%). Maternal age also affects the likelihood of obese

and overweight BMIs at booking. In 2021/22 around 64% of bookings with a maternal age of over 35 were overweight or obese in Fife, somewhat higher than Scotland (58.3%). Women who live in areas more affected by deprivation also have an increased likelihood of having either obese or overweight BMI's at booking. In 2021/22 for both Fife and Scotland, over 60% of bookings from the most deprived areas were classed as overweight or obese (64.3% Fife, 61.1% Scotland).

Figure 1: Percentage of women who are obese at ante natal booking, 3-year rolling average 2010/11-2012/13 to 2019/20-2011/12
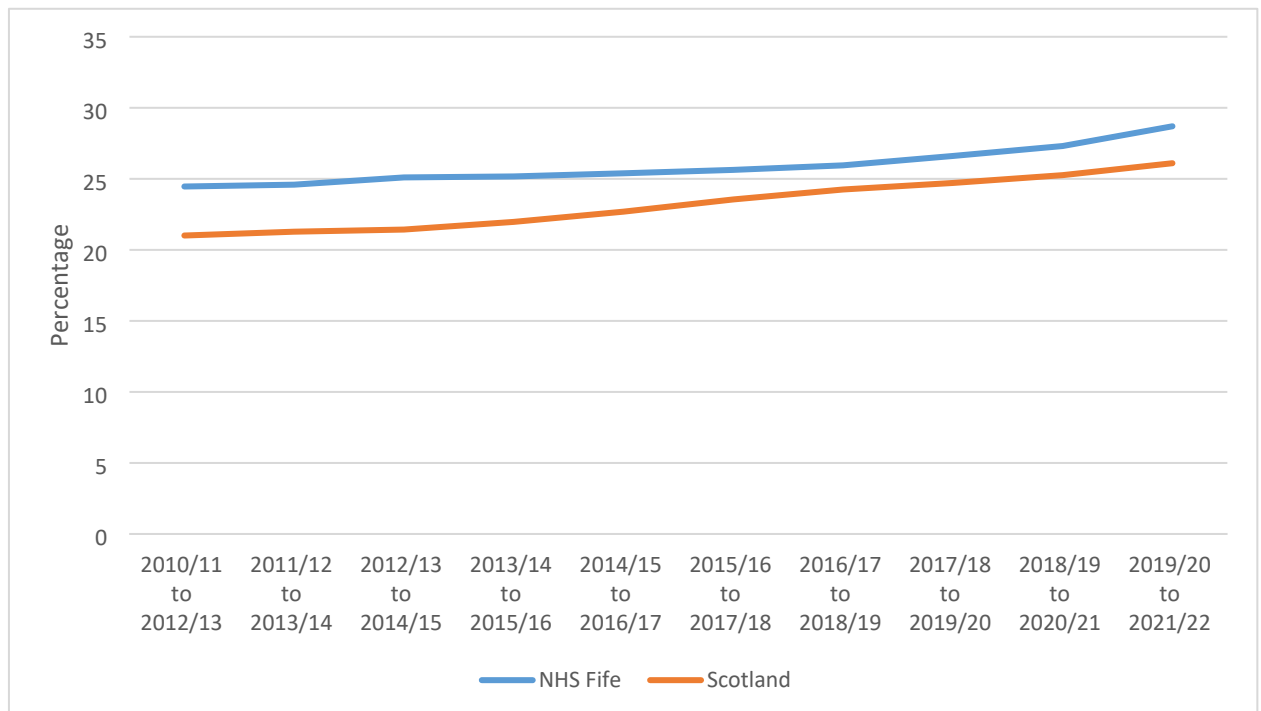
Source: SMR2

As part of Child Healthy Weight programme, the weight of Primary 1 aged children across Scotland is recorded. **Figure 2** shows the levels of healthy weight and obese weight amongst primary 1 aged school children in Fife and Scotland between 2012/13 and 2022/23. During the pandemic, there was not sufficient information collected to enable presentation of information at local Health Board level. Information for Scotland as a whole is available. The latest information for Fife shows 77% of children have a healthy weight. There is a higher prevalence of obesity amongst primary 1 children in deprived areas than in least deprived areas.

Figure 2: Percentage of Primary 1 aged children with a healthy weight and percentage with obesity in Fife and Scotland, 2012/13-2022/23
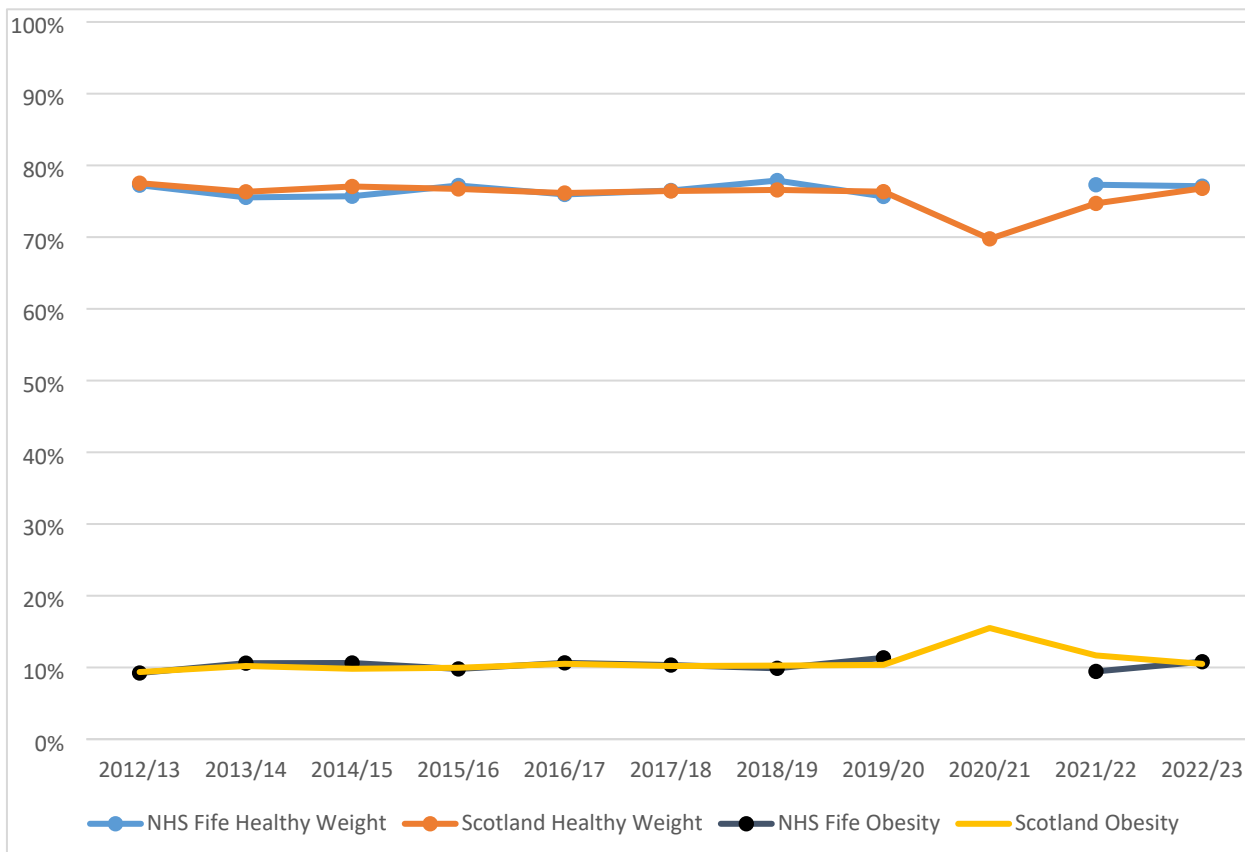
Source: Child Healthy Weight

Figure 3 show levels of overweight, obesity and severe obesity amongst men and women in Fife 2012 and 2019. This information is derived from the Scottish Health Survey and presented as 3 year rolling averages. Levels of overweight presented include obese and severe obesity. Between 2012 and 2019 more than two thirds of the adult population in Fife were overweight, obese or severely obese. In the most recent time period, obesity and severe obesity is slightly higher in women than in men. Levels of overweight, obesity and severe obesity are higher in more deprived areas than in least deprived areas. The prevalence of overweight, obesity and severe obesity in Fife is similar to prevalence across Scotland.

Figure 3: Percentage of adult population who are overweight, obese and severely obese for males and females, 3 year rolling average 2012-2015 – 2016-2019, NHS Fife
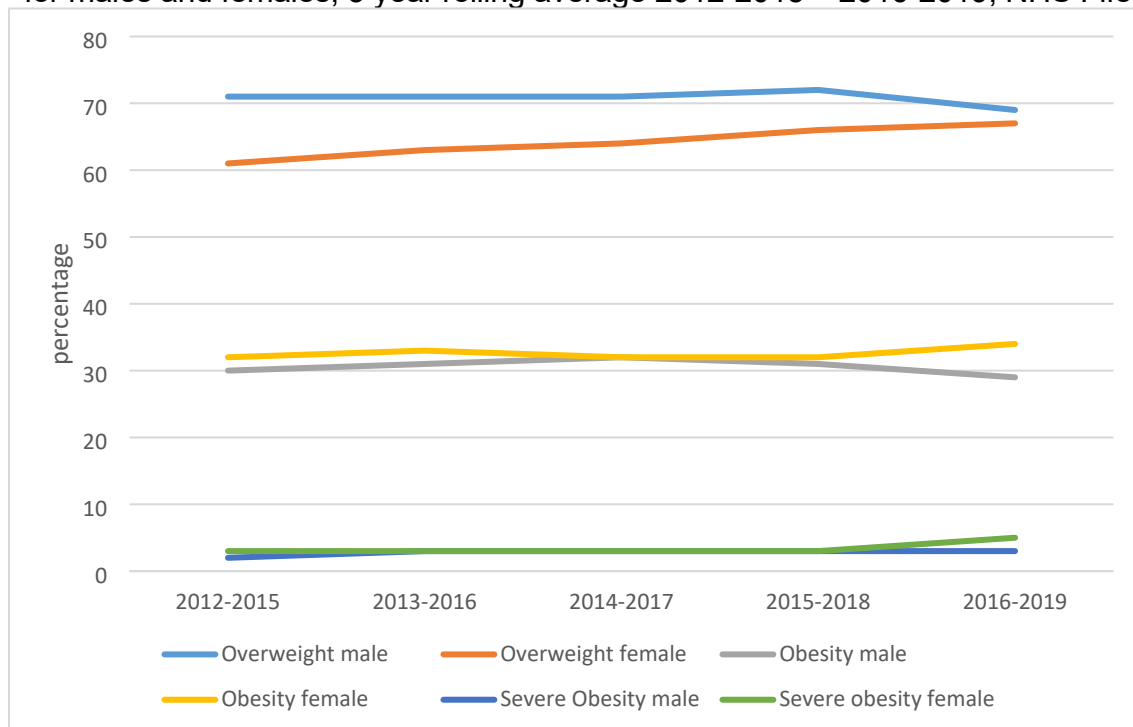
Source: Scottish Health Survey

The information presented above shows that across different sections of the population levels of overweight and obesity are high and overall there is an upward trend in overweight and obesity over time. This upward trend is also apparent in the prevalence of diabetes across Fife and Scotland, and is presented in the Scottish Diabetes Survey, 2022. . .

2.2.2   As part of the Eating Well strand of PHP6, Fife's Food for Fife Partnership was established with representation from NHS Fife, Fife Health and Social Care Partnership, Fife Council, St Andrews University, Fife College, local Voluntary sector organisations and the local food and drink sector. This group has worked to develop a Food for Fife Strategy with a vision to develop a sustainable food culture for a healthy Fife.   The vision sums up the ambition to create a healthy, sustainable and local food system that is thriving by 2030 doing that by:

- working to stop and prevent food insecurity by providing dignified, fair and just access to healthy and affordable food for all.
- growing food in Fife that is climate friendly and climate ready, reduces waste, redistributes excess and supports soil health and biodiversity.
- empowering Fife's food community and citizenship through communication and increased access to growing spaces, food skills and education.
- using Fife's public procurement for community wealth building bringing local food into our public buildings, including schools, hospitals and learning institutions.
- supporting local food producers and suppliers to create a food economy and culture that supports living wages, and that is local, high quality and innovative with good career prospects.
- working in partnership across all parts of the food system, driving positive change through leadership and a Fife-wide food strategy.

Public consultation on the draft strategy took place in April 2023 since when work has continued on development of the strategy and accompanying action plans.   The community planning governance route for the strategy is through Fife's Communities and

Wellbeing Partnership. The draft strategy was presented to Communities and Wellbeing Partnership in April and in October 2023. In January 2024 there will be discussion with Public Health Scotland about carrying out a Health Impact Assessment on the Food Strategy. More information on the detail contained in the strategy and action plans can be found **here**.

2.2.3 'The maintaining a healthy weight' part of PHP6 presents challenges, with such a high proportion of the population being overweight or obese. Increasing weight and obesity comes with increased association with multiple co-morbidities and high costs to public services. Conversely greater weight loss leads to improved health outcomes.

The Weight Management Service is a multidisciplinary team led by the Nutrition and Dietetic Department, comprising of Dietitians, Psychologists, Physiotherapists, Surgeons, Support Workers and Exercise Specialists There are close links with Fife Sports and Leisure Trust with whom there is an SLA to deliver Tier 2 weight management programmes and support the physical activity component of the Tier 3 Specialist Weight Management Programme..

The Weight Management Service works with patients across diverse population groups including children, young people, families and adults. They support diet and behaviour change, aiming to reduce or delay the onset of type 2 diabetes for those deemed at high risk , including those living with pre-diabetes. They also offer a type 2 diabetes remission programme. Service provision is offered via phone, a digital app, online or face to face either on a 1:1 basis or within a group.

Figure 4 below details the tiered service approach to weight management and the current programmes offered in Fife. The Weight Management Service offer spans tiers 2, 3 and 4. An additional tier, Tier 1 relates to universal prevention services.
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Figure 4: Tiered Service approach to Weight Management Services and current programmes in Fife
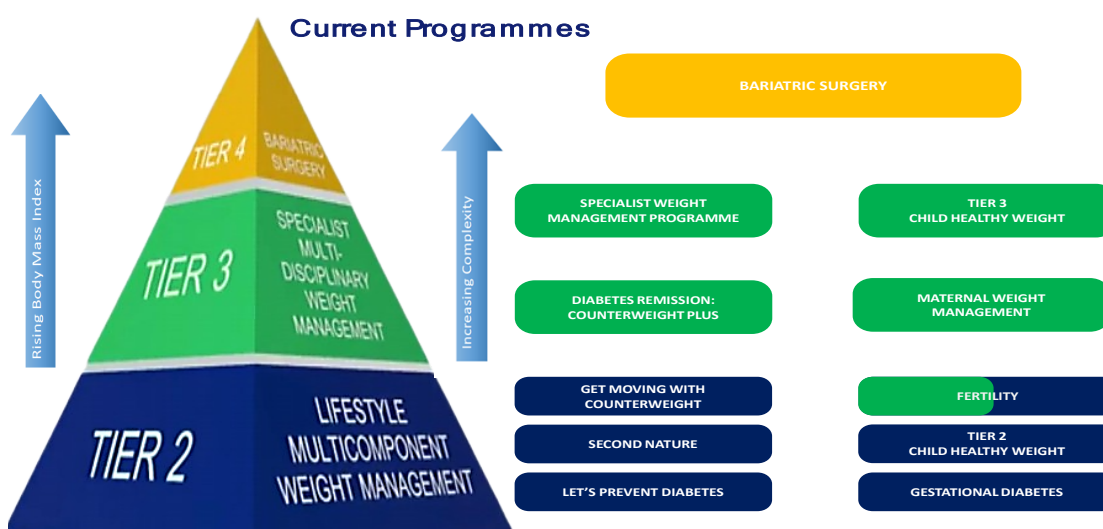
2.2.4 As part of Fife Partnership leadership discussions physical activity with social connectedness was chosen as a health and wellbeing priority. The recommendations from the work encompassed planning, resources and organisational design and governance with detailed recommendations including:

- Prioritise / make physical activity visible within a range of place and workforce planning strategies and structures
- Create a joint partnership Greenspace Strategy
- Make better use of data from a range of sources, to lead what we do, and use consistent impact measures across services / organisations
- Use our strengths as anchor institutions to make better use of green spaces
- Pool funding and staff resources for active places and spaces
- Target some resources towards those who are least active, people facing the starkest inequalities, and those at life transition points (while encouraging a cross-population shift in activity levels).
- Local area multi-disciplinary groups with shared outcomes
- A Programme Board for Health and Wellbeing with Physical Activity as first focus area
- Design organisations and service settings so that physical activity is 'normalised'
- Continue the leadership conversations and extend to other leaders.

More detailed information on the Fife Partnership Leadership discussions can be found **here**.

2.3 Assessment

Elements of Public Health Priority 6 link to a number of strategies and action plans within Fife particularly the Food for Fife Strategy and the Physical Activity and Sport Strategy but also to NHS Fife's Greenspace Strategy and the Population Health and Wellbeing Strategy, as well as Fife Council's draft Transportation Strategy as well as to national strategies such as the National Planning Framework (NPF4).   There are links too to the recovery and renewal priorities for the Plan for Fife and to the ambitions being led by Communities and Wellbeing Partnership (CWP):

- reduced levels of preventable ill health and premature mortality across all communities
- every community has access to high quality outdoor, cultural and leisure opportunities.

All elements of PHP6 are included with the Communities and Wellbeing Partnership delivery plan.

In recent years across community planning partnerships developing strategies and action plans there has been an increasing understanding that in order to tackle complex problems there is a need to work across systems. We need to base action plans on system change rather than on individual lifestyle change.

Recognising the complexity and volume of activity that is happening across Fife linked to PHP 6 and the need to ensure that we recognise and make system-wide changes the Director of Public Health led a PHP6 even in September 2023 where the aim was to identify priority areas for action and agree how we work together to improve health and reduce health inequalities in this area. This was building on the leadership discussion held in 2023.   Detailed information on the event including the local presentations on eating well, maintaining a healthy weight and being physically active can be found **here**.

Professor Lindsay Jaacks, Professor of Global Health and Nutrition, University of Edinburgh was invited to present a new report **Local Levers for Diet and Healthy Weight**, commissioned by Obesity Action Scotland.

The report includes reviews of evidence and recommendations for seven measures which can be utilised as part of a place-based approach to addressing diet and healthy weight. It recommends that in areas that wish to take a whole systems approach to diet and healthy weight that these levers are used to inform approaches and guide action planning.

The seven local levers include:
- Restricting food advertising
- Utilising planning to improve food environments
- Strengthening public food procurement and provision standard
- Working with the out of home sector to reduce calories on menus
- Improving uptake of school meals
- Promoting and supporting physical activity
- Protecting, promoting and supporting breastfeeding and healthy diets for children.

During the PHP6 event facilitated discussion around gaps and future priorities was framed in relation to the seven local levers. The discussion highlighted the level of activity happening across Fife in relation to eating well, maintaining a healthy weight and being physically active. Our whole systems pilot work identified priority areas for action within Cowdenbeath and Dunfermline (transport, access to unhealthy foods and the home environment). Discussion also highlighted the need to include all three elements of PHP6 within any refresh of the Fife's Local Outcome Agreement/Community Plan (Plan for Fife).

The Local Levers report can provide a framework for a wider whole systems approach to diet and healthy weight across Fife. At their October 2023 meeting, Communities and Wellbeing Partnership agreed to adopt the recommendations of the Local Levers for Diet and Healthy Weight Report.

Next steps
A PHP6 working group has been established to identify where gaps exist in relation to the local levers and how community planning partners can address these gaps. This will help to shape the objectives of Communities and Wellbeing Partnership around PHP6 for the next iteration of the Plan for Fife in 2024.

2.3.1 Quality, Patient and Value-Based Health & Care
This work proactively supports public health and wellbeing by addressing a national public health priority through partnership working across organisations in Fife.

2.3.2 Workforce
The Food for Fife Strategy includes a public procurement workstream that will have a positive impact on staff wellbeing

2.3.3 Financial
No financial implications for NHS Fife have been identified in relation to the work described within this paper.

2.3.4 Risk Assessment / Management
Risk is not fundamental to the contents of this paper.

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

Making improvements around all three aspects of Public Health Priority 6 can have an impact on reducing health inequalities. The Food for Fife Strategy in particular links to the wider strategic ambitions, in particular to the Board becoming an Anchor Institution as it includes elements directly linked to procurement and to sustainability as well as to community wealth building in supporting the local economy.

2.3.6 Climate Emergency & Sustainability Impact

The Food for Fife Strategy will contribute to the Board meeting it's climate emergency and sustainability aims and targets as it links to local food procurement and to use of greenspace.

2.3.7 Communication, involvement, engagement and consultation

The PHP6 event held on 19th September was attended by sixty-six people from a range of community planning organisations. The event included information sharing on current projects and activities of those present as well as discussion about priority areas for action identified by participants.

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.

- Communities and Wellbeing Partnership, 6 October 2023

2.4 Recommendation

Members are asked to note the progress being made with the Food for Fife Strategy, the content of the PHP6 event held on 19th September and the adoption of the Local Levers for Diet and Healthy Weight Report as a framework for action planning.

This paper is provided to members for:

- **Assurance** – for Members' information

3 List of appendices

No appendices. Further information is included as links within the paper.

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NHS Fife

Meeting:	**Public Health & Wellbeing Committee**
Meeting date:	**15 January 2024**
Title:	**Health & Inequalities Deep Dive**
Responsible Executive:	**Joy Tomlinson, Director of Public Health**
Report Author:	**Rishma Maini, Consultant in Public Health Medicine**

1   Purpose

This report is presented for:

- Assurance
- Discussion

This report relates to:

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

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

- Safe
- Effective
- Person Centred

2   Report summary

2.1   Situation

This paper is brought to the Public Health & Wellbeing Committee to update on progress against actions being taken 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:

> • review the updated risk assessment and actions contained within the Deep Dive (Appendix 1); and
>
> • consider and be assured of the mitigating actions to improve the risk level.

2.2   Background

A Corporate Risk Register has been agreed which aligns to our 4 strategic priorities. This allows us to present the corporate risks in a manner which facilitates effective and focused scrutiny. The approach creates the conditions for deeper conversations around assurance on the effectiveness of mitigations in terms of:

- relevance
- proportionality
- reliability; and
- sufficiency.

The health inequalities risk was added to the corporate risk register in 2022, and an initial Deep Dive was presented to the Public Health Assurance Committee (PHAC) in December 2022. This was subsequently approved by the Public Health & Wellbeing Committee in January 2023. Since then, much progress has taken place in terms of management actions related to this risk, in particular the publication of the NHS Population Health and Wellbeing Strategy and development of a draft Anchors Strategic Plan. This SBAR briefly updates on the progress which has been made since then and reassesses how this is reflected in the overall and target risk levels.

2.3 Assessment

Since the last Deep Dive, several management actions have been progressed locally. These include:

- The submission of a draft Anchors Strategic Plan to the Scottish Government
- Publication of the NHS Population Health and Wellbeing (PHW) Strategy, which has addressing inequalities at the centre of its vision;
- An update on progress over the first 6 months of the implementation of the PHW strategy;

Furthermore, additional actions being undertaken have been identified which will contribute to mitigating this risk. These include:
- Work being undertaken by the screening team to expand on an action plan around addressing inequalities; and
- Analysis being undertaken by the Integrated Planned Care Board around healthcare inequalities for inpatient and outpatient appointments.

Nationally, a group under the Public Health Action Team (PHAcT) has also been established which will aim to provide boards with a systematic framework for identifying and addressing healthcare inequalities.

There has been some slippage in the development of an evaluation framework with robust metrics to measure progress of the NHS Population Health and Wellbeing Strategy against key objectives. This delay has occurred due to the need for the Strategy to align with national indicators, currently under development by the Care and Wellbeing Portfolio. Timelines for finalisation of these indicators are not clear. Given this, the existing target risk level in year is unlikely to be met. Following discussion at the PHAC on 6 December 2023, it is recommended this committee consider the following amendment to the in-year target risk level which may be more realistic:

Extant risk level and rating:

Current Risk Level & Rating	High 20	Likelihood 5	Consequence 4
Target Risk Level (in year delivery)	Moderate 10	Likelihood 5	Consequence 2

Now adjusted to:

Current Risk Level & Rating	High 20	Likelihood 5	Consequence 4
Target Risk Level (in year delivery)	High 15	Likelihood 5	Consequence 3

2.3.1 Quality / Patient Care and Value- Based Health & Care

Effective management of risks to quality and patient care will support delivery of our strategic priorities, to improve health and wellbeing and the quality of health and care services. Applying realistic medicine principles will achieve a more holistic focus on patients' needs, and the outcomes and experiences that matter to them, and their families and carers.

2.3.2 Workforce

The Corporate Risk Register acknowledges the workforce is facing significant pressures in delivering services. Recommendations within management actions therefore aim to be pragmatic and achievable within current resources, to avoid placing additional strain on the system.

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

Subject of the paper.

2.3.5 Equality and Diversity, including 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

The Deep Dive accompanying this paper has been updated by members of the Public Health team, Integrated Planned Care Board and Planning and Performance team. The groups have either supported the content, or their feedback has informed the development of the content presented in the Deep Dive.

2.3.8 Route to the Meeting

This paper has been shared with members of the Public Health Assurance Committee on 6 December 2023.

2.4 Recommendation

We recommend the Public Health & Wellbeing Committee take assurance that we are robustly overseeing and managing the risk of health inequalities, and to discuss and agree the current and target risk level ratings.

- **Assurance** – For Members' information.
- **Discussion** – For examining and considering the implications of a matter, in particular whether an amendment to in-year target risk levels is required.

3 List of appendices

The following appendices are included with this report:

- Appendix No. 1, Updated Deep Dive Health Inequalities

Report Contact
Rishma Maini
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Email rishma.maini@nhs.scot

Deep Dive Review

Corporate Risk Title	Health Inequalities			
Strategic Priority	To improve health and wellbeing			
Risk Appetite	**HIGH**			
Level of Risk Assurance	Substantial Assurance	Reasonable Assurance	Limited Assurance	No Assurance
Confirm Assurance Level (Add a Yes)		**YES**		
Risk Description	**Context:** Our communities and groups within them do not experience equal health outcomes. Lives are being cut short for people living in poverty. In 2019-21, men from the most deprived areas of Fife lived on average 10 years less than men in the least deprived communities. These differences in health outcomes are described as health inequalities. To a large extent they are avoidable. Poverty is a significant driver of poor health outcomes. The current cost-of-living crisis is therefore forecast to exacerbate health inequalities due to its impact on determinants of health such as housing, food etc. 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. Health inequalities could manifest as differences in: - life expectancy; - rates of avoidable mortality; - incidence of and effective primary and secondary management of long-term conditions; - prevalence of poor mental health and wellbeing; and - exposure to preventable risk factors for poor health.			
Root Cause (s)	Social factors including education, employment, income, protected characteristics and the conditions in which we live and work are all thought to have a significant influence on health and wellbeing. Ultimately, these factors drive health inequalities and the health behaviours that may influence them. Price inflation has risen rapidly in the UK, creating risks for the affordability of food, heat and other goods and services. This is likely to affect health through multiple pathways. Public Health Scotland have undertaken a rapid health impact assessment which indicates population premature mortality could still increase by up to 6.4%, and life expectancy could decrease by up to 0.9%. The mortality impacts would be greater in more deprived areas under all scenarios, resulting in increased absolute and relative health inequalities. The most deprived areas of Fife have 53% more hospitalisations than the overall average. A few examples below illustrate the severe impact in terms of poorer clinical outcomes and ongoing long-term effects associated with health inequalities:			

Cancer in Fife
- The most deprived areas had 15% more cancer registrations than the overall average in 2018-2020.
- Rates of cancer registration are 1.3 times greater in the most deprived areas than in the least deprived areas. Deaths from all cancers remains the biggest cause of death in Fife.
- The most deprived areas had 41% more cancer deaths among the population aged under 75 years than the overall average in 2021.
- Rates of early deaths from cancer in the most deprived areas are double those in the least deprived areas.

Coronary Heart Disease in Fife
- The most deprived areas in Fife had 33% more patients hospitalised with coronary heart disease (CHD) than the overall average in 2019/20 - 2021/22
- Patient hospitalisations would be 24% lower in Fife if the levels in the least deprived areas were experienced across the whole population.
- Rates of CHD death among those under 75 years of age in the most deprived areas are almost three times (2.9) greater than in the least deprived areas in 2021.
- Early deaths (<75 years) from CHD would be 44% lower in Fife if the levels in the least deprived areas were experienced across the whole population.

Mental Health in Fife
- Adults living in the most deprived areas in Scotland were almost twice as likely in to report two or more symptoms of depression and twice as likely to report two or more symptoms of anxiety than those living in the least deprived areas in 2021.
- Reports of feeling lonely 'often or all of time' across Scotland in 2021 increased with increasing deprivation from 5% of respondents in the least deprived areas to 13% in the most deprived.
- The most deprived areas had 36% more people receiving prescribed drugs for anxiety/depression/ psychosis than the Fife average in 2019/20,
- The rate of suicide in the most deprived areas in Scotland was 2.9 times higher than in the least deprived areas in 2021.

Dental Health in Fife
- The results from the 2023 National Dental Inspection Programme showed a stabilisation in the number of Primary 1 children who had severe decay or abscess from 3.4% in 2020 to 11.7% in 2022 and 11.6% in 2023 for Fife; this compares to an increase for Scotland from 6.65% in 2020 to 9.7% in 2022 to 8.4% in 2023.
- In 2023, the report focused on Primary 7 children and inequalities remain, with 71.9% of Primary 7 children estimated to have no obvious decay experience in the most deprived areas (SIMD 1), compared with 88% in the least deprived areas (SIMD 5) in Scotland. ·
- The latest report on NHS dental registration and participation was published January 2023. Participation is defined as accessing NHS dental assessment and treatment in the last 2 years. In 2022, children and adults from the most deprived areas in Fife were less likely to have seen their dentist within the last two years (56.6% compared to 74.7% for children and 45.7% compared for 54.1% of adults). *N.B: The report only includes data on patients registered with an NHS dentist within primary care; data for patients registered with or treated by private dentists are not available.*

Child Health
- In 2018/19-2020/21 the three-year average proportion of expectant mothers reporting smoking at booking was eight times higher in the most deprived areas (34.5%) than the least deprived areas (4.2%) in Fife.
- Smoking during pregnancy would be 79% lower if the levels in the least deprived area were experienced across the whole population in Fife.
- The most deprived areas in Fife had 31% more premature births than the overall three-year average in 2018/19-2020/21.
- The proportion of babies being exclusively breastfed at 6-8 weeks of age in 2021/22 in the least deprived areas (44%) was more than double that in the most deprived areas (18%) in Fife.
- Inequalities are evident in child healthy weight, 75% of children living in the most deprived areas were a healthy weight at aged 4-5 years compared with 81% of those living in the least deprived areas in 2021/22.

Whilst 'undoing' these factors is outside of the control of the NHS, many opportunities have been identified in the NHS Population Health and Wellbeing Strategy to prevent and mitigate the impacts of deprivation and poverty on health and wellbeing, thus reducing health inequalities in Fife.

Our risk appetite for addressing health inequalities remains high; insufficient action to address inequalities will only further compound current pressures on services, leading to worse health outcomes which disproportionately affect the most vulnerable. The Population Health and Wellbeing Strategy published in March 2023 signals our strong commitment to addressing inequalities across NHS Fife, justifying the lowering of our target risk level. Although the target risk level for in year delivery initially identified was 10 (moderate), we now feel this is unrealistic given slippage in the development of an action plan and associated evaluation framework with robust metrics which are vital in measuring progress of the strategy against key objectives.

Current Risk Rating ([LxC] & Level (e.g. High Moderate, Low)	**Likelihood -** 5	**Consequence –** 4	**Level** HIGH 20
Target Risk Rating([LxC] & Level (e.g. High, Moderate, Low)	**Likelihood -** 5	**Consequence –** 3	**Level** HIGH 15 **Target Date: 31/03/2024**

Management Actions		
Action	**Status**	**Impact on Likelihood/ Consequence**
A standing committee of the board has been established: the Public Health and Wellbeing Committee, with the aim of providing assurance that NHS Fife is fully engaged in supporting wider population health and wellbeing for the local population.	**Delivered – ongoing**	**Reduced consequence**
Since July 2023, the NHS Fife Screening Team has embarked on a more joined up approach to addressing inequalities in national screening programmes delivered in Fife. Following a workshop in July 2023 bringing together a wide range of stakeholders, an action plan has been developed to clearly articulate priorities and activities for reducing inequalities over the next few years. This includes both activities across multiple programmes, such as improved dissemination of information about screening to staff and organisations already working with people in lower uptake areas and groups. Work will also	**(New action) On track - ongoing**	**Reduced consequence**

be done to strengthen each individual programme to identify and address barriers to participation.		
Nationally, a healthcare inequalities Public Health Action Team (PHAcT) was formally established in June 2023 to develop a systematic framework aimed at identifying and addressing healthcare inequalities. The outputs of this group will be used to inform Fife's approach to healthcare inequalities.	**(New action) On track - ongoing**	**Reduced consequence**
NHS Fife and HSCP will engage with Place Based Approaches and Community Planning across all the Fife Partnership Board to collaborate on wider determinants of health inequality. This includes issues such as housing, employability, child poverty, environment, alcohol, substance use, mental well-being and preventable disease.	**On track - ongoing**	**Reduced likelihood**
The Integrated Planned Care team have been undertaking detailed analysis into healthcare inequalities in outpatient and inpatient scheduled care. The analysis work commenced in July 2023 is ongoing but hopes to eventually inform actions which will improve healthcare access and equity. It has also committed to reviewing outputs from the Atlas of Variation routinely.	**(New action) On track - ongoing**	**Reduced consequence**
The NHS Fife Population Health and Wellbeing Strategy was approved in March 2023 and commits NHS Fife to implementing evidence-based approaches to reduce inequalities.	**Completed - March 2023**	**Reduced consequence**
Continue ongoing work by NHS Fife already aimed at reducing health inequalities, including Health Promotion, Vaccination, Screening, Dental Public Health. This includes inequality related policies and interventions in individual departments e.g. maternity work on financial inclusion; midwife work relating to barriers causing Did not Attends (DNAs); and the improving the cancer journey project.	**On Track – ongoing**	**Reduced consequence**
Under protected characteristics, include consideration of social and economic characteristics in stage 1 of EQUIA documentation when considering policy, programmes, service design and projects.	**Ongoing**	**Reduced consequence**
NHS Fife Board has submitted a draft Anchor Institution Strategy to the Scottish Government. The strategy builds on the work already underway and will continue working more closely with communities and building on their existing strengths and assets. Baseline metrics have now been agreed by Scottish Government and Fife will be completing these prior to finalising the Anchors strategic plan (March 2024).	**On Track – ongoing**	**Reduced consequence**
As outlined in the Tackling Poverty Annual Report, during 22/23, training was delivered to NHS Boards on Financial Inclusion Referral Pathways. Citizen's Advice and Rights Fife's Money Talk Team provided the income maximisation service as part of the pathway. Training was delivered by the Health Promotion service on the Fife Benefit Checker which was procured in October 2022, and poverty awareness.	**On Track – ongoing**	**Reduced consequence**
An evaluation framework for the Population Health and Wellbeing Strategy is under development. Plans include using robust metrics to monitor progress and outcomes focussing on how it is addressing health inequalities. A six-month report outlining progress against the strategy has been shared with EDG. However, the development of indicators is on pause as we are also awaiting the final version of health and social care and wellbeing analytics from Scottish Government, as well as relevant underpinning framework documents and other strategies which are not yet all in place. Where possible, indicators will be disaggregated by Scottish Index of Multiple	**Significant level of delivery challenge -**	**Reduced consequence**

| Deprivation (SIMD), age, sex, other characteristics. | | |

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

NHS Fife

Meeting:	**Public Health & Wellbeing Committee**
Meeting date:	**15 January 2024**
Title:	**Participation and Engagement Report**
Responsible Executive:	**Janette Keenan, Executive Director of Nursing**
Report Author:	**Janette Keenan, Executive Director of Nursing**

1   Purpose

This report is presented for:

- Assurance

This report relates to:

- Annual Delivery Plan
- Government policy / directive
- Legal requirement
- Local policy
- NHS Board / IJB Strategy or Direction / Plan for Fife

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

- Safe
- Effective
- Person Centred

2   Report summary

2.1   Situation

This report has been prepared to provide assurance to the Committee on public engagement and consultation work undertaken in the last year.

2.2   Background

"*Community engagement is a purposeful process which develops a working relationship between communities, community organisations and public and private bodies to help them to identify and act on community needs and ambitions. It involves respectful dialogue between everyone involved, aimed at improving understanding between them and taking joint action to achieve positive change*" (The National Standards for Community Engagement, Scottish Community Development Centre).

"**Planning with People**, Community Engagement and Participation Guidance for NHS Boards, Integration Joint Boards and Local Authorities that are planning and commissioning care services in Scotland" was published in March 2021, replacing CEL4 2010. This guidance supports organisations to deliver their existing statutory duties for engagement and public involvement. "Planning with People" sets out how members of the public can expect to be engaged by NHS Boards, Integration Joint Boards and Local Authorities. It encourages close working between bodies to minimise duplication and share learning.

This guidance applies to all health and care services and promotes working with people as equal partners whilst embedding consistency, culture change and collaboration. Although not legally binding, the guidance supports organisations to deliver their existing statutory duties for engagement and public involvement.

The Quality Framework for Community Engagement and Participation, which was published in April 2023, supports NHS boards and Health and Social Care Partnerships (HSCP) to carry out effective community engagement and demonstrate how they are meeting their statutory duties for public involvement and community engagement. It provides a framework to organisations and those assuring them, on what good quality engagement looks like and helps to develop practice and share learning.

It is suggested that the self-evaluation is completed on a 12-month rolling cycle by NHS boards and HSCPs. However, organisations can decide when to use the framework and which domains to include. This self-evaluation will form the basis for organisations demonstrating how their engagement activity is in line with statutory duties, as set out in national guidance. Regular self-evaluation will form part of good internal governance and is a key driver for local improvement work.

Importantly, NHS Fife is developing a **Public Participation and Community Engagement Strategy 2024 – 2028**, led by the Associate Director of Communications. Self-evaluation will be completed as part of this work. It will be closely aligned to the Integration Joint Board Participation and Engagement Strategy for Fife 2022-25.

2.3   Assessment

There has been extensive engagement with staff and the public in relation to the development of the **Population Health and Wellbeing Strategy.**

In March 2023, the NHS Fife Board approved its new Population Health and Wellbeing Strategy for the next five years, with a commitment to providing high-quality health and care services for all Fife citizens.

There was wide-ranging engagement undertaken with members of the public in Fife, community groups and the NHS Fife workforce. An external company, Progressive, was commissioned to support this work. A survey was undertaken which received 1300 responses. Further work was commissioned with Progressive to follow up with a range of focus groups and interviews to explore the findings of the questionnaire in more detail.

Public participation and community engagement will play a crucial role in the implementation and delivery of the strategy, with a focus on a comprehensive engagement programme. The organisation will regularly update staff and the public on progress while seeking feedback and ideas and suggestions from service users and communities across Fife to help shape current and future service delivery in line with the ambitions outline in NHS Fife's strategy and to ensure they address the needs of our diverse range of stakeholders.

Collaborating with other partner organisations involved in planning and providing services will be essential to achieving the strategy's objectives and our community engagement ambitions.

The new NHS Fife Public Participation and Community Engagement Strategy will outline the best practice methods for achieving this engagement.

This includes collaborating with the Fife Health and Social Care Partnerships Engagement team to deliver their participation and engagement strategy ensuring we work in partnership to build services around people's needs and aspirations and work with individuals and communities to build their resilience so that people in Fife are supported to live healthy, independent lives.

The model for participation and engagement includes a **Participation & Engagement Advisory Group (PEAG).**

PEAG is made up of professional staff who act as a single point of contact for services seeking public participation across Acute Services, HSCP Services, Corporate Services and Localities.

Over the last year there has been 21 requests to the PEAG for support. Activity is described in Appendix 1.

Another example of public participation and engagement is with Women and Childrens Services. Service users as part of our midwife led unit development research in conjunction with the City of London University (MUSA). Service users are engaged in the development of pathways of care, for example, Induction of Labour, parent education.

2.3.1 Quality / Patient Care and Value-Based Health & Care

As highlighted in the Feeley Report, "*Service design and delivery can only improve if people with lived experience are involved in the process. It is impossible to address inequality if the people who experience it are not in the room*". Meaningful and sustained engagement practice will ensure that a person-centred approach is undertaken in the planning and delivery of services. Work is being taken forward to ensure people with 'lived experience' are explicitly involved deign and redesign.

The NHS Fife Public Participation and Community Engagement Strategy 2024-2028 will be a significant enabler for delivery of the Population Health and Wellbeing Strategy together with other local strategies. Therefore, it will contribute towards improving Quality / Patient Care.

2.3.2 Workforce

Public participation and engagement supports our workforce to consider how to continually improve the ways in which people and communities can become involved in developing services that meet their needs.

2.3.3 Financial

n/a

2.3.4 Risk Assessment / Management

The duty to involve people and communities in planning how their public services are provided is enshrined in law in Scotland.

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

People can expect to experience integrated care and support services that are underpinned by a Human Rights Based Approach, in which:

- People's rights are respected, protected and fulfilled
- Providers of care clearly inform people of their rights and entitlements
- People are supported to be fully involved in decisions that affect them
- Providers of care and support respect, protect and fulfil people's rights and are accountable for doing this
- People do not experience discrimination in any form
- People are clear about how they can seek redress if they believe their rights are being infringed or denied

2.3.6 Climate Emergency & Sustainability Impact

n/a

2.3.7 Communication, involvement, engagement and consultation

HIS CE recommends that the self-evaluation and improvement plans are shared and published on NHS Fife website to demonstrate how the organisation is planning to improve its approach to community engagement. A group will be established to take this work forward.

2.3.8 Route to the Meeting

This paper has been previously considered by the Patient Experience Team.

2.4 Recommendation

- The Committee is asked to take **assurance** from this report and note future steps.

3 List of appendices

The following appendices are included with this report:

- Appendix 1 - Participation and Engagement Activity, 1 April 2022 – 31 March 2023

Report Contact
Janette Keenan
Executive Director of Nursing
Email janette.keenan@nhs.scot

PEAG: PARTICIPATION AND ENGAGEMENT ACTIVITY 1 APRIL 2022 – 31 MARCH 2023

	Project Title	Request	Distribution	Outcome / Notes
1	Consultation Kincardine Pharmacy	Share with PPD / PP for information	N/A	N/A
2	ENT Leaflets	Readability & Format	N/A	Comments collated and shared with service
3	CYPOT - leaflets	Readability & Format	N/A	Add note
4	RGR - QA Oversight Group	RGR - QA Oversight Group (mental health)	RGR	On hold
5	Psychology Leaflet BLIGSH	Readability & Format	N/A	Comments collated and shared with service
6	Psychology Leaflet Mindfulness & Relaxation	Readability & Format	N/A	Comments collated and shared with service
7	Pharmaceutical Consultation	Consultation	P&ED / P&E External networks	Comments collated and shared with service
8	Consent	Readability & Format	N/A	Comments collated and shared with service
9	Patient Relations Re-branding concept	To ascertain notes of interest	P&ED / P&E External networks	Comments collated and shared with service
10	Stakeholder Event - Fife Rehabilitation Service	To ascertain notes of interest	P&ED / P&E External networks	Comments collated and shared with service
11	Digital Information	Request Public Reps	P&ED / P&E External networks	Comments collated and shared with service
12	SMART East Region	Range participation activities	P&ED	Comments collated and shared with service
13	PE rebranding concepts	Readability & Format	N/A	Comments collated and shared with service
14	Ophthalmology Leaflets	Readability & Format	N/A	Comments collated and shared with service
15	Patient Experience Questionnaire	Readability & Format	N/A	Comments collated and shared with service

16	Patient Hub Project Group	To ascertain notes of interest	PED / PP / Dist lists	Notes of interest collated and shared with service. 18/01/2023
17	Review Map page website Communications	Readability and Format	P&ED Review Group	Comments collated and shared with Service.
18	Cancer Services Groups	Representation	P&ED / P&E External networks	Notes of interest collated and shared with service 27/03/2023
19	Pulmonary Rehabilitation	Readability and Format	P&ED Review Group	Comments collated and shared with Service.
20	Oral & Maxillofacial	Readability and Format	P&ED Review Group	Comments collated and shared with Service.
21	CIRCuiTS - Psychology	Readability and Format	P&ED Review Group	Comments collated and shared with Service.

NHS Fife

Meeting:	**Public Health & Wellbeing Committee**
Meeting date:	**15 January 2024**
Title:	**Annual Climate Emergency & Sustainability Annual Report 2022/23**
Responsible Executive:	**Neil McCormick, Director of Property & Asset Management**
Report Author:	**Jimmy Ramsay, Head of Sustainability**

1   Purpose

This report is presented for:

- Assurance
- Discussion

This report relates to:

- Emerging issue
- Local policy

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

- Effective

2   Report summary

2.1   Situation

Under paragraph 65 of the Policy for NHS Scotland on the Climate Emergency and Sustainable Development (DL (2021) 38), 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 Health and Social Care directorates (SGHSC) for that purpose.

The report will 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

The Scottish Government (SG) require a number of reports to be provided annually in respect to Climate Emergency and Sustainability:

<u>Public Bodies Climate Change Report</u>

Our return was made by the end of November 2023 in keeping with statutory requirements and a copy submitted to SG for information.

2.3 Assessment

The Draft Annual Climate Emergency and Sustainability Report 2022/23 is attached at Appendix 1.

Following consideration by the PHWC, the report will be presented to the NHS Board to allow publication and to meet the requirements from SG.

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 are no direct impacts 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.

There is an overall corporate risk identified in terms of delivering the requirements of the National Policy and Strategy.

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

An Impact Assessment has not been carried out.

2.3.6 Climate Emergency & Sustainability Impact

The report is provided on an annual basis and will allow NHS Fife to monitor progress towards the policy and strategy related to Climate Emergency & Sustainability.

2.3.7 Communication, involvement, engagement and consultation

There has been no specific activity in this area.

2.3.8 Route to the Meeting
The report will be considered by:

- NHS Fife Board on 30 January 2024

2.4 Recommendation
PHWC members are asked to take **assurance** and **consider** the content in terms of finalising the Draft Annual Climate Emergency and Sustainability Report 2022/23.

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

- Appendix No. 1, Draft Annual Climate Emergency & Sustainability Annual Report 2022/23

Report Contact
Neil McCormick
Director of Property & Asset Management
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Property and Asset Management

Annual Climate Emergency and Sustainability Report

2022-2023

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Contents

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1.   Introduction

This is NHS Fife's annual Climate Emergency and Sustainability Report covering the financial year 2022/2023.

NHS Fife provides health care services to the 375,000 people who live in Fife and employs approximately 9,805 members of staff of which, 7,955 are WTE staff.

As part of NHS Fife's commitment to becoming a net zero health board by 2040, and to meet the requirements set out in the NHS Scotland Climate Emergency & Sustainability Strategy 2022-2026, we have prioritised sustainability across many areas of our organisation. This has involved putting great effort into reducing greenhouse gas emissions as well as transitioning to more sustainable practices, where possible. This report aims to capture the board's progress and highlight the key areas we have been working on as part of our commitment to sustainability.

At NHS Fife, our key focus will always be the health and wellbeing of our staff and patients. However, as a key public sector organisation and anchor institution in Fife, we have the opportunity to demonstrate environmental stewardship by limiting our impact on the environment; creating a more sustainable health service for the people of Fife both now and for future generations to come.

2.   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.

In February 2023, guidance for the Annual Delivery Plan (ADP) was released and now includes a section on 'Climate Emergency and Environment'. This outlines our plans to deliver changes across seven key areas that will reduce greenhouse gas emissions and contribute to wider societal decarbonisation, adapt to the risks caused by climate change, and decrease NHS Fife's impact on the environment.

This year we have continued to build a dedicated and specified workforce to help us meet the commitments set out in the NHS Climate Emergency and Sustainability Strategy. This has involved creating two new Sustainability Officer roles and appointing a Head of Sustainability (July 2023). This has enabled NHS Fife to greatly increase our sustainability efforts and progress. To grow our team further, we plan to recruit an Energy Manager. The Energy Manager will support the board's energy transition strategy.

Towards the end of 22/23, we started developing a working group to help us complete the National Sustainability Assessment Tool (NSAT). The NSAT mandates that all health boards in Scotland monitor their sustainability progress across 16 key areas. The NSAT working group will bring together all the leads from across the organisation and offers a great opportunity to discuss areas where we are doing well and identify areas for improvement whilst monitoring our progress across the board and meeting reporting requirements. Commitment to this group will follow in 23/24.

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The following table represents the current roles in the organisation:

Executive Director	Executive Input to Objective	Role
Non-Exec Director	Contributor and non-exec Board Champion for sustainability	The role is a non exec Board Champion and will ensure that the Board is aware of the key priorities and responsibilities within the strategy. The BC 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. In addition, the LE will take responsibility for sustainable buildings and land, sustainable travel, and the reporting of progress.
Director of Public Health	Board lead for anchor Institute and Contributor	The role will ensure that the Board is aware of the key priorities and responsibilities within the strategy. and also lead the development of sustainable communities and adapt to the impact of climate change.
Medical Director	Contributor	Lead and develop the thinking and models around Sustainable Care into the future including: • 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 Services	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 engaging with 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 objectives.
Energy Manager (Proposed)	Contributor	Delivering energy projects and supporting NHS Fife to meet objectives.

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3. Greenhouse gas emissions

NHS Fife aims to become a net-zero organisation by 2040 for the sources of greenhouse gas emissions set out in the table below. The table sets out the amount of greenhouse gas produced annually by NHS Fife.

Greenhouse gas emissions 2021/22 & 2022/23, tonnes CO2 equivalent

Source	Description	2021/22 – emissions	2022/23 – emissions	Percentage change – 2021/22 to 2022/23
Building energy	Greenhouse gases produced when providing electricity and energy heat for NHS buildings	20395	19864	-2.6%
Non-medical F-gas use	Greenhouse gases used for refrigeration and air conditioning	3033.9	312.32	-89.7%
Medical gases	Greenhouse gases used in anesthetics - nitrous oxide (N20), Entonox (which contains nitrous oxide), desflurane, sevoflurane and isoflurane	1524	1338	-12.2%
Metered dose inhaler propellant	Greenhouse gases used as a propellant in inhalers used to treat asthma and chronic obstructive pulmonary disorder (COPD)	5786	6034	+4.29%
NHS fleet use	Greenhouse gases produced by NHS vehicles	502.08	468.44	-6.7%
Waste	The greenhouse gases produced by the disposal and treatment of waste produced by the NHS	1088.95	1150.44	+5.65%
Water	The greenhouse gas produced from the use of water and the treatment of wastewater (note this is only ten months usage due to an issue with billing)	103.6	70.5	-31.95%
Business travel	Greenhouse gases produced by staff travelling to work (not using NHS vehicles)	Not Available	Not Available	Not Available
Total greenhouse gases emitted		**32433.53**	**29237.7**	**-9.85%**
Carbon sequestration	The amount of carbon dioxide captured per by woodland, trees, grassland, and shrubs growing on NHS grounds	259.7	259.7	0
Greenhouse gas emissions minus carbon sequestration		32173	28978	-9.9%

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4. Climate change adaptation

The climate is changing due to the greenhouse gases already emitted into the atmosphere. While efforts to reduce the rate and scale of climate change continue, we must also adapt to the new conditions we are facing.

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 available here: 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?

1. Overheating - risk to electrical equipment, patient and staff health, delay in service provision.
2. Flooding and downpours - infrastructure damage, equipment damage, staff unable to commute to work, appointment and service cancellations, impacts on patient and staff health.
3. Structural damage from high winds - infrastructure damage, equipment damage, risk to patient and staff health.

What actions has the health board taken to reduce those risks?

The board has collaborated with local organisations such as Fife Council to assess similar risks and how to best approach these issues from a place-based approach. Based on the CCRA for NHS Fife's estates, we identified our key risks as listed above. From this analysis, we will create an action plan based on risk to prioritise those.

Climate change, Business continuity, and long-term organisational resilience.

When it comes to climate changes and business continuity as professionals, we are no longer planning for the incidents that may never happen; we are preparing for situations directly linked to global temperature changes that have a direct link to climate where there is increasing evidence of severe weather impacts.

Business Continuity Management (BCM) is an integral aspect of NHS Fife's management to ensure a continued services capability. NHS Fife undertakes business continuity impact analysis assessment across service areas to ensure planning has been considered for response preparedness.

Business Continuity (BC) planning is promoted by the resilience team & senior managers across all service areas to ensure that any risks that may pose a threat to normal service delivery are identified and planned for. Improvements to support managers in preparedness planning have progressed with the introduction of new action card templates that incorporate considerations to weather impacts mitigations & services response. BC plan testing and exercising is undertaken to support the quality of plans and to ensure response memory capabilities and situational awareness within the workforce.

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What are we doing to be prepared for the impacts of climate and increase the resilience of our healthcare assets and services?

We have begun work on our Environmental Management System (EMS) implementation journey, and the creation of EMS policy/aspects and impacts will help us to better coordinate a consistent approach to climate risk management. We are taking a multidisciplinary approach to our climate adaptations by working closely with Fife Council and our Public Health resilience team.

5.   Building energy

We aim to use renewable heat sources for all the buildings owned by NHS Fife by 2038.

NHS Fife has 46 buildings such as Hospitals, Health Centres & Clinics.

In 2022/23, 19864 tonnes of CO2 equivalent were produced by NHS Fife for the use of energy for buildings. This was a decrease of 2.6 % since the year before.

In 2022/23, NHS Fife used 96,401.634 kWh of energy. This was a decrease of 3.42% since the year before.

In 2022/23, NHS Fife generated 27,560 kWh of energy from renewable technologies (Jan – March 2023 only *(does not include Glenwood HC or IPCU, this data was unavailable at this time)*

Building energy emissions, 2015/16, 2021/22 and 2022/23 – tCO2e

	2015/16 energy use	2021/22 energy use	2022/23 energy use	Percentage change 2015/16 to 2022/23
Building fossil fuel use	16041	14898	15211	-5.17%
District heat networks and biomass	218.1	166.8	65.6	-69.9&
Grid electricity	11969	5329	4587	-61.68%
Totals	**28228.1**	**20393.8**	**19863.6**	**-29.63%**

Building energy use, 2015/16, 2021/22 and 2022/23 – MWh

	2015/16 energy use	2021/22 energy use	2022/23, energy use	Percentage change 2015/16 to 2022/23
Building fossil fuel use	76626	69401	71114	-7.19%
District heat networks and biomass	7314	7236	3554	-51.4%
Grid electricity	24099	23059	21733	-9.82%
Renewable electricity	Not available	Not available	27.56	Not Available
Totals	**108039**	**99695**	**96428**	**-10.7%**

What did we do last year to reduce emissions from building energy use?

In 2020, a project funded through the Low Carbon Infrastructure Transition Programme with an award of £1.8 million was established. The project was completed in March 2023 and included:

- Installation of solar photovoltaic cells at Glenrothes Hospital, Queen Margaret Hospital and Victoria Hospital
- Installation of an up-to-date BMS (Building Management System) Front End Software Programme to centrally monitor and control heating and ventilation across all NHS Fife sites
- Insulation of heating pipes to reduce heat loss at Kirkcaldy Health Centre, Lynebank Hospital, Queen Margaret Hospital, Victoria Hospital and Whyteman's Brae Hospital
- Installation of LED lighting at Kirkcaldy Health Centre, Linburn Health Centre, Leven Health Centre, Lynebank Hospital, Queen Margaret Hospital and the Victoria Hospital
- Coolnomix air conditioning system to improve control and efficiency was installed at Adamson Hospital, Kirkcaldy Health Centre, Linburn Health Centre, and Lynebank Hospital

What are we doing this year to reduce emissions from building energy use?

- Proposed grant from the SG to improve the building fabric at the Fife College of Nursing building, along with other measures such as insulation and VSD on fans.
- Installation of a waste hot water recovery system at the Victoria Hospital Laundry.
- Realignment of capital funds to target LED lights across the Estate.
- Replacement windows (Stratheden Hospital).

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What projects are we planning for the longer term to reduce emissions from building energy use?

- A development scheme is underway looking at the Cameron Hospital site, to remove aged steam boiler plant and replace with an alternative.
- We have net zero route-maps for all properties and plan to use this information to prioritise and install 'no regret' measures such as LED lighting and building fabric upgrades.

6. Sustainable care

The way we provide 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.

6.1 Anaesthesia and surgery

Greenhouse gases are used as anaesthetics and for pain relief. These gases are nitrous oxide (laughing gas), 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 2022/23 were 40, a decrease of 10 from the year before.

More detail on these emissions is set out in the tables below:

Volatile medical gas emissions, 2018/19, 2021/22, 2022/23 – tCO2e

	2018/19 (baseline year)	2021/22	2022/23	Percentage change 2018/19 to 2022/23
Desflurane	95	9	-4	-104.2%
Isoflurane	6	1	0	-100%
Sevoflurane	51	40	44	-13.7%
Total	152	50	40	-73.7%

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Nitrous oxide and Entonox emissions, 2018/19, 2021/22, 2022/23 – tCO2e

Source	2018/19 (baseline year)	2021/22	2022/23	Percentage change 2018/19 to 2022/23
Piped nitrous oxide	188	217	217	+15.43%
Portable nitrous oxide	128	84	109	-14.84%
Piped Entonox	1064	1056	858	-19.36%
Portable Entonox	113	117	114	+0.88%
Total	1493	1474	1298	-13.06%

What did we do last year to reduce emissions from anaesthetic gases?

New approaches when carrying out anesthetics have been implemented to reduce the need for desflurane such as making sevoflurane first choice and encouraging the use of regional and local anesthetics where possible.

What are we doing this year to reduce emissions from anaesthetic gases?

All nitrous oxide manifolds will be removed. The focus on Entonox, is being led by a working group looking at usage across all services to reduce impact.

What are we doing this year to make surgery more sustainable?

This year we are using the implementation bundles provided by the centre for sustainable delivery to continue making progress with the national green theatre programme. These actions are being taken forward by the Green Theatre project group.

A structured approach to ensure the most appropriate and sustainable use of Entonox is in place. This focuses on minimisation of waste and leakage within the piped system, and robust oversight and guidance on the use of portable Entonox.

6.2 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 6034.96 tonnes of CO2 equivalent.

Inhaler propellant emissions, 2018/19, 2021/22, 2022/23 – tCO2e

Source	2018/19 (baseline year)	2021/22	2022/23	Percentage change 2018/19 to 2022/23
Primary care	5358.95	5675.96	5913.86	+10.35%
Secondary care	112.09	110.4	121.1	+8.04%
Total	5471.04	5786.36	6034.96	+10.31%

What did we do last year to reduce emissions from inhalers?

The Board reviewed the respiratory chapter of the east region formulary and within adult chapters, the first choice of inhaler will be dry powder inhalers, which represents a potentially significant environmental benefit.

What else did we do last year to make care more sustainable?

We are working to ensure that sustainability is embedded as a core business across several areas. In emergency care acute clinical colleagues are delivering a plan for green ED in line with Royal College standards.

The approach within the planned care setting, focusing on green theatres, is described above.

What else are we doing this year to make care more sustainable?

The Board will undertake work following the publication of the SG strategy on the Scottish Respiratory Quality Prescribing Guide and is well placed to respond to requirements with the current respiratory managed clinical network and supporting resources. The Board is prepared to focus on reducing the use of SABA inhalers over the coming months and years in line with national direction.

7. Travel and transport

Domestic transport (not including international aviation and shipping) produced 26% of Scotland's greenhouse gas emissions in 2021. Car travel is the type of travel that 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 last year 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 last year to improve active travel?

Last year we launched our partnership with Mobility Ways. This involved a staff survey and has given staff the opportunity to receive a personalised travel plan which outlines all the sustainable commuter options available to them based on their postcode data and place of work.

We have also launched the NHS Fife Lift share scheme to encourage staff to lift share to work instead of driving in a single occupancy vehicle. This scheme gives staff the opportunity to save money as well as reduce their environmental impact.

We are also in the process of finalising our NHS Fife active and sustainable Travel Strategy in collaboration with Travel Knowhow Scotland which provides the basis to implement the necessary behaviour change to encourage more active and sustainable travel within our workforce and our implementation plan across the next 6 years.

We offer free cycle training in collaboration with Greener Kirkcaldy to all staff. This involves beginner, intermediate and advanced cycle training.

What did we do last year to improve public and community transport links to NHS sites and services?

NHS Fife promotes existing discounts from public transport providers such as Stagecoach to its employees through the staff network.

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What are we going to do this year to improve public and community transport links to NHS sites and services?

With the recent publication of the 2035 Regional Transport Strategy, SEStran are seeking to develop a Health and Transport Action Plan for the region. They are keen to engage with stakeholders and would welcome involvement from NHS Fife. This offers the opportunity to engage with region-wide resources and contribute to a joined up strategy relating to transport & health, including impacts on wider public health outcomes.

The draft of the 'Local Transport Strategy for Fife 2023-2033' sets out a vision that *'by 2033, Fife's transport system will support communities with affordable, seamless, and sustainable access to all aspects of our daily lives'*. Fair access to daily activities is one of four priorities within the strategy, noting that *'access to work, education, healthcare, and leisure is crucial for our wellbeing and our economy'*, with a commitment in Year 2-4 to explore options to improve supported bus services within Fife, including frequency and operating hours. The implementation of this strategy will directly impact NHS Fife and transport links to our sites and services.

What are we going to do this year to reduce the need to travel?

To reduce the need to travel we will encourage staff to adopt the travel hierarchy when making decisions about when is suitable to travel. This will outline that staff should only travel to work when necessary and work from home where possible.

What are we going to do this year to improve active travel?

This year we are hoping to make further progress with our Mobility Ways partnership and encourage more PTP (Personalised Travel Plan) sign ups.

We are going to keep pushing the Lift share scheme as a viable and preferable commuter option.

We worked with Greener Kirkcaldy to create a cycling action plan that we hope to implement in 2024. Within this, we focused on how to specifically increase the provision of cycling within our workforce. This will involve a programme of events such as
- Cycle training
- Led rides
- Dr Bike events
- Improving cycling facilities and infrastructure

We are going to revamp our cycle-to-work scheme to set this up as a year-round scheme for staff to use. We hope this new format will have a much greater uptake than the previous scheme which was only open for set windows each year.

We are working to remove all petrol and diesel fuelled cars from our fleet by 2025.

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The following table sets out how many renewable powered and fossil fuel vehicles were in NHS Fife fleet at the end of March 2022 and March 2023:

	March 2022		March 2023		
	Total vehicles	% Zero Emissions Vehicles	Total vehicles	% Zero Emissions Vehicles	Difference in % Zero Emissions Vehicles
Cars	55	13%	58	22%	+9%
Light commercial vehicles	78	27%	72	37.5%	+10.5%
Heavy vehicles	0	0	0	0	0

March 2022				March 2023			
Class	Zero Emission Vehicles 2023	Diesel/Petrol	Total	Class	Zero Emission Vehicles 2022	Diesel/Petrol	Total
Cars	4	51	55	Cars	13	45	58
Vans	17	61	78	Vans	27	45	72
HGV	0	0	0	HGV	0	0	0
HB Total	21	112	133	HB Total	40	90	130

The following table sets out how many bicycles and eBikes were in NHS Fife's fleet at the end of March 2022 and March 2023:

	March 2022	March 2023	Percentage change
Bicycles	0	0	0
eBikes	0	0	0

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8. 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?

We are working with a range of partners including Fife Council, Fife Coast and Countryside Trust, Scottish Natural Heritage and the Fife Environmental Partnership to share sustainability opportunities, improve community links and gain biodiversity advice and methods of improvement. We also have connections with the Fife Biodiversity Partnership which allows NHS Fife to link in with the LBAP for Fife. This alongside our 2030 Greenspace Strategy will be crucial to protecting and enhancing biodiversity across NHS Fife. We plan to visit the Botanic Gardens in Edinburgh to gain insight into nature-based solutions we could implement at the board that would tackle climate risk whilst enhancing biodiversity. We take information from the Fife Environmental Partnership and liaise with the grounds and gardens teams to make improvements where we can. We are also in the early stages of developing a Green Health Partnership for Fife which adds additional potential for nature-based activities within the NHS Fife estate that will promote health and well-being for patients, staff and communities.

We carried out site greenspace audits in 2021 which highlighted available greenspace, concerns, and priorities for action moving forward. We had tree condition surveys carried out at Whyteman's Brae Hospital and Cameron Hospital in 2022 by BNTW Scotland Environmental Consultancy. These reported on overall tree condition, a quantified tree risk assessment, recommendation of risks to reduce the risk of harm and identification of future management requirements.

Over the past 3 years, we have carried out several projects aimed at increasing biodiversity including:

- Creating a garden at St Andrew's Community Hospital as well as a mixture of hedgerow and grassland planting around the site.
- Replanting at Cameron Hospital.
- Meadow land developed at QMH.
- Continual development of the Haven Garden at QMH with the support of an active group of volunteers.

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- Horticultural Gardens at Stratheden continually developed and upgraded. Courtyards at this site have been rejuvenated and a dedicated walk-through of natural woodland has been created on site with the help of Elmwood College.
- Grass cutting reduced at Lynebank Hospital to let meadow area be created. A walking route has also been established and bird boxes and 7 feeders have been put in the walled garden.

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 mapped its entire estate using ESRI GIS technology. This digital map of our estate gave us an accurate and complete record of our natural capital; allowing us to understand where our greenspaces are and what types of greenspaces we have that will lead to better management in the future.

What actions have been taken by mainstream biodiversity across the organisation?

The development of our 2030 Greenspace Strategy has allowed us to identify shared opportunities, and partnership working and provided opportunities for any NHS Fife employee who wishes to be involved in greenspace/biodiversity improvement to have the opportunity to do so. Having this strategy alongside our mapped estate has mainstreamed our approach to greenspace and biodiversity moving forward and given us a framework to work within for greenspace development.

How have nature-based solutions been utilised to address climate and biodiversity emergencies?

After completing the CCRA, the NHS Fife board, as required by the Programme (SCCAP), is preparing strategic programmes for adaptation to climate change, based on the highest climate-related risks to the board. As part of this, we are exploring the use of nature-based solutions to tackle climate risks such as flooding as part of our adaptation plan.

What actions have been undertaken to raise awareness, engagement, and understanding of biodiversity and nature?

Alongside mapping our estate, we also created publicly available story maps and highlighted ways we have developed our greenspaces and enhanced biodiversity already as well as proposals for future development. These story maps are extremely interactive and engaging for people to look at meaning we can share the outputs of our work in a very visual and captivating way. We intend to continually update our story maps as we develop our greenspace and this will allow us to keep staff, patients, the wider community and any other stakeholders up to date and informed on what is going on about our green estate.

We published our 'NHS Fife 2030 Greenspace Strategy' in May 2023, and this outlines how we are going to develop our greenspace to bring an array of health and wellbeing benefits to patients and staff whilst addressing biodiversity loss and the climate emergency. This strategy will outline the ways we hope to develop our greenspace under six key themes to deliver a range of benefits to the board and the wider community.

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We also have a section within our sustainability staff hub that outlines greenspace developments and other relevant information to keep staff informed and up to date.

We have a range of volunteering roles across NHS Fife, including gardening. Presently, we are engaging a garden volunteer at Queen Margaret Hospital to maintain and enhance the courtyard garden that serves two of our medicine of the elderly/rehab wards. A volunteer has also started at the Victoria Hospital Hospice to complement and supplement the work of their sessional gardener.

We have two volunteers at Glenrothes Hospital. Their role is to maintain and enhance the courtyard garden areas serving three medicine of the elderly wards. In addition to maintaining the gardens, they regularly make up lavender bags using cut lavender for distribution to both staff and patients. They also decorate recycled candle jars to generate funds (donations only) to purchase seeds and plants. One volunteer will be placed in St Andrews Community Hospital in the coming few weeks, again to do light gardening tasks to maintain the garden area.

NHS Fife has an allotment in Kelty that is looked after by a volunteer (previously a patient). All produce grown on the allotment is recycled for the benefit of patients attending the allotment as part of their ongoing therapy.

We are currently advertising on our website and with Fife Voluntary Action for volunteers to attend the gardens in Adamson Hospital, Cupar, and Cameron Hospital, Windygates.

At our Horticultural Gardens at Stratheden, we have nature signage that helps individuals explore the gardens easily and understand the work that is taking place there.

What surveys, monitoring, or assessment of biodiversity have been undertaken? If you have – have systems been developed to continue monitoring long-term?

As aforementioned, we carried out site greenspace audits in 2021 which highlighted available greenspace, concerns, and priorities for action moving forward.

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Greenspace

The design and management of the NHS Scotland green estate for human and planetary health offers an opportunity to deliver a range of mutually beneficial outcomes. These include action on climate change (both mitigation and adaptation), biodiversity, health and well-being for patients and staff, community resilience building and active travel.

The table below outlines any key greenspace projects and their benefits.

Project name/ location	Benefits of project	Details of project
AU2 staff wellbeing courtyard at Victoria Hospital	Creating a attractive space for staff to relax and enjoy outdoor greenspace whilst at work. Planting materials, plant containers, and native species will all be considered as part of our commitment to sustainability and biodiversity.	At the design stage now
3-part garden upgrade at Cameron Hospital	Upgrade to a garden that will facilitate OT inpatient rehabilitation. Looking at ways to incorporate different planters, trees, and feeders that will enhance biodiversity whilst maintaining patient benefits.	At the design stage now
Renewables	Looking at the potential for renewable energy on sites to align with our greenspace strategy commitments. Solar car ports, battery storage.	Discussed internally only at this stage with a view to commitment

9. 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 2023, Global Earth Overshoot Day is on 2 August.

For the UK, the picture is more worrying. In 2023, the UK's Earth Overshoot Day is 19 May. 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 last year to reduce the environmental impact of the goods and services we buy?

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Provided various Sustainable Procurement training sessions, including the Sustainability Test, and the Sustainability Tools for procurement officers involved in tendering to ensure consideration of sustainability in specifications and scoring for all regulated procurements.

Review of single-use products within theatres, moving to reusable slide sheets and BP cuffs, resulting in procurement cost savings as well as environmental benefits.

What are we doing this year to reduce the environmental impact of the goods and services we buy?

This year we are introducing the warp-it system to NHS Fife. Warp-it is a web service and re-use platform, used by numerous public sector organisations for redistributing surplus furniture and equipment. If utilised, warp-it can bring an array of benefits to NHS Fife by reducing the requirement to purchase new, hence reducing procurement costs and manufacturing as well as reducing waste and associated disposal costs, which brings carbon savings and environmental benefits too. This system is in its infancy stages, but we are working on getting it engrained as a centralised way of moving surplus furniture and equipment around the organisation, and hope this will be fully operational by the end of 2023. The initial products used to test the system have already resulted in:

- Carbon Saved - 62 kg.
- Waste Avoided - 40 kg
- Savings - £228.00

Continuing to support Sustainable Procurement training requirements for procurement officers and expanding training to service users to provide Sustainability Awareness sessions to ensure enhanced specifications including sustainability considerations.

Most products in NHS Fife are procured nationally by National Procurement, therefore we will continue to work in partnership with them to deliver the transition to a circular economy through circular economy application in contracts and influencing procurement strategies toward circular approaches.

Continue to review single-use products across the wider organisation, to move to reusable products, to drive procurement cost savings and environmental benefits.

We aim to reduce the amount of waste we produce and increase how much of it is recycled.

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The table below sets out information on the waste we produce and its destination for the last three years. *The figures below are displayed in tonnes (weight) with the CO2e below:*

Type	2020/21 (tonnes)	2021/22 (tonnes)	2022/23 (tonnes)	Percentage change from 21/22
Waste to landfill	**42.1** *(18.89tCO2e)*	**34.5** *(15.4tCO2e)*	**35.7** *(15.93tCO2e)*	**+3.5%**
Waste to incineration	**1176.6** *(98.58tCO2e)*	**1185** *(86.92tCO2e)*	**1290** *(86.09tCO2e)*	**+8.8%**
Recycled waste	**843.1** *(1280.32tCO2e)*	**691.1** *(754.72tCO2e)*	**713.9** *(841tCO2e)*	**+3.2%**
Food waste	**56.6** *(0.5tCO2e)*	**79.2** *(0.71tCO2e)*	**55.4** *(0.49tCO2e)*	**-30.1%**
Clinical waste	**714.9** *(195.27tCO2e)*	**846.9** *(231.2tCO2e)*	**758** *(206.93tCO2e)*	**-10.5%**

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	280 tonnes
Performance – domestic waste is reduced by.	Increased by 20 tonnes
Outcome	Not achieved yet
Further reduction required.	300 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 2025.	1771 tonnes
Performance – waste sent to landfill reduced by	1886 (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	20 (tonnes)
Performance – food waste reduced by	7 (tonnes)
Outcome	Currently achieved 35% in 2022/23
Further reduction required.	13 (tonnes)

Ensure that 70% of all domestic waste is recycled or composted – by 2025.

Target – recycle of compost.	1320 (tonnes)
Performance – recycled or composted.	759 (tonnes)
Outcome	Currently achieved 40% in 2022/23
Further increase required.	561 (tonnes)

What did we do last year to reduce our waste?

In the last year, we have concentrated on our audit programme which has achieved significant reductions in the clinical waste streams. Two specific achievements have been improved segregation (which has increased domestic waste to a degree) and a reduction in the 'over-packaging' of clinical waste.

Significant progress has been made in the promotion of waste reduction and recycling across disciplines.

What are we doing this year to reduce our waste?

NHS Fife have reinvigorated their waste action plan. Amongst other things, the focus will be on ensuring segregation is returned to the pre-Covid position. A short life working group was established specifically to look at catering waste. A review of staffing is underway to release resources to create additional waste management assistance. NHS Fife has an established 'Green Theatre' group. We will continue our emphasis on audit and will strengthen the post-audit actions.

10. Environmental stewardship

Environmental stewardship means acting as a steward, or caretaker of the environment and taking responsibility for the actions that affect our shared environmental quality.

This 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 last year to develop and implement our EMS?

Between 2022-2023, the board joined an EMS group with other health boards to coordinate and facilitate the implementation process of an EMS. A sustainability officer was employed in October 2023 with the direct responsibility of creating and implementing the EMS.

In March 2023 we worked with a consultancy to start the process of building our EMS. They visited our main site, Victoria Hospital and completed an audit of the site to identify relevant aspects and impacts to start updating our register on the RIO system. They will update some aspects of the system and are working on building an implementation plan for our pilot site, Victoria Hospital.

What did we do last year to improve our environmental performance?

In this last year, NHS Fife has set up projects such as solar/PV installation and the Fife College of Nursing decarbonisation project. The board has installed more EV charging points across its main sites and aims to introduce more in due course. The board has also started to implement the green theatre's programme to lower emissions from theatres. See point 5 for building energy projects.

The board collaborated with Mobility Ways to help lower emissions from business travel and encourage employees to try greener forms of transport such as lift sharing and public transport.

What steps will we take this year to further develop and implement our EMS?

Following the employment of the dedicated EMS resource, the board will compile an aspects register and a legal register. Once these components are finished, the EMS team can move forward to write the EMS Policy and Procedure documents which will be signed off by the Chief Executive to be implemented across NHS Fife. Once the board makes progress on developing operational control of environmental procedures across the board, we will incorporate training and awareness of these procedures for all staff and communicate these changes and progress to our key stakeholders.

The board will start planning to hire two sustainability interns from the University of St Andrews for the Summer of 2024 to help with key EMS projects that NHS Fife aims to implement. Taking on interns allows the organisation to gain valuable insight and knowledge from a renowned institution leading in environmental and climate education. The board will also strengthen its connection with one of the best rated universities in the UK and provide opportunities for future employment with the board.

What are we doing this year to improve our environmental performance?

NHS Fife is currently undertaking a wide range of projects across its sectors, some examples that have not been mentioned previously include:

Sustainable buildings and land: Creation of net-zero roadmaps for all sites, laundry heat recovery, Warp-it program to recycle and repurpose furniture, NHS Fife 2030 Greenspace Strategy.

Sustainable Travel: Expanding electric fleet and charging points where possible, cycle to work scheme, and continuing with Mobility Ways collaboration to encourage sustainable travel.

Sustainable Care: Green inhalers and prescribing plan, implementing realistic medicine principles.

Sustainable communities: We are currently establishing community partnerships based on our Greenspace Strategy, collaborating with the local council on climate risk, adaptation and training programmes and internships.

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11. Sustainable construction

Budgetary constraints, construction inflation, and zero carbon targets are enabling us to take more considered decisions around the form of construction developments. Refurbishment of existing assets is often more cost effective and reduces embodied carbon when compared to a new-build option. For these reasons, we are likely to be more selective in our decision making to build new assets moving into the future, whilst recognising there is sometimes still a clinical/technical need to do so.

For projects out with our delegated limits (currently £5m), they require to be developed and assessed using the Sustainable Design and Construction (SDaC) Guide (SHTN 02-01). This tool will help us to ensure that our construction projects are sustainable.

We have recently completed our National Treatment Centre which was awarded "very good" in accordance with BREEAM 2018 (predecessor to SHTN 02-01) and our two new proposed health and wellbeing centre's at Lochgelly and Kincardine are being developed using SHTN 02-01.

12. 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.

NHS Fife has 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 Institution - to protect and support our community's health in every way we can.

What are we doing to act as an Anchor Institution for our local community?

NHS Fife has embedded Anchor Institution principles into the development of our Population Health and Wellbeing Strategy.

We have created an Anchor Institution Operational Group that will use the Progression Framework to monitor the implementation of key objectives.

The key objectives of the group are to:

- Increase local purchases to aid social benefit
- Widen access to quality work
- Service design and delivery
- To be an exemplar employer
- Use buildings and spaces to support communities
- Reduce NHS Fife's environmental impact
- Work more closely with local partners

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We have developed a draft Anchor Strategy which will be published early next year. 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 has developed its Climate Change Risk Assessment and Adaption Plan to identify areas where we can mitigate the effects of climate change. We work in partnership with multiple agencies to achieve this and have recently combined our efforts by aligning the team at Fife Council to work together on climate adaptation within Fife.

13.   Conclusion

Overall, it Is evident that NHS Fife has made significant progress across many areas outlined in the NHS Scotland Sustainability Strategy and has excelled in its commitment to sustainability across the 2022/2023 financial year. We have made continued progress with transport, waste, and energy as well as many areas of sustainable care. Alongside reducing direct emissions, we have put great efforts into developing our Greenspace Strategy with direct links to the Population Health and Wellbeing Strategy.

This continued progress has been made through increasing staff resources to meet sustainability needs whilst planning further areas of focus and improvement. The strategy and detail that NHS Fife has presented in this report shows that the board is not only following climate adaptation policy but going beyond to support our local communities and staff wellbeing, whilst creating a more sustainable NHS for future generations. We acknowledge that the challenges we face will be arduous and challenging, but we are also confident that we possess the capacity to promote change and make significant progress over the coming years.

EQUALITY AND HUMAN RIGHTS STRATEGY GROUP

(Meeting on 10 November 2023)

Enclosed are the minutes for the NHS Fife Equality and Human Rights Strategy Group that met on 10.11.2023. Discussion points within this meeting are: Discrimination in the workplace in the words of NHS Fife A&E Consultant, Surinder Panpher, the results of the Ethnically Diverse Staff Survey, Hate reporting and Mandatory Equality training.

I would like to highlight specifically the staff statement regarding their experience of discrimination and racism in the workplace, and the results of the staff survey.

CONFIRMED MINUTE OF THE EQUALITY AND HUMAN RIGHTS STRATEGY GROUP HELD ON 10TH NOVEMBER AT 10 A.M. VIA TEAMS

Janette Keenan, Director of Nursing (Executive Lead for Equality and Human Rights) and Isla Bumba, Equality and Human Rights Lead
Co-Chairs

Present:

Alan White	Clinical Services Manager, Medical Learning Disabilities	AW
Bill Coyne	Violence and Aggression Advisor	BC
Brian McKenna	Human Resources Manager	BM
Elric Honoré	Chief Executive, Fife Centre for Equalities	EH
Gordan Strang	Interim Lead Chaplain	GS
Isla Bumba	Equality and Human Rights Lead	IB
Jamie Doyle	Head of Nursing (Corporate Acute)	JD
Janette Keenan	Director of Nursing	JK
Kerry Duffy	PPP Operational Contract Manager, Estates Central	KD
Kimberley Steel	Consultant in Palliative Care	KS
Louise Noble	Staff Side Representative	LN
Mhairi Gilmour	Research and Development Officer	MG
Pamela Galloway	Head of Midwifery and Nursing W&C	PG
Sinead Braiden	Non-Executive Board Member	SB
Siobhan Mcilory	Head of Person Centred Care	SM
Torfinn Thorbjornsen	Head of Information Management	TT
Yvonne Batehup	Support Services Manager, Catering Services	YB

In Attendance:

Becky Donnachi, Health Promotions Specialise for NHS Fife, Terrance Higgins Trust (THT)
Heather Kirkbride, Senior Administrator Equality and Human Rights Team (Minutes)

1. APOLOGIES / MINUTE & ACTION LIST / MATTERS ARISING

1.1 Apologies for Absence

Apologies were received from:

Aileen Lawrie	Director of Midwifery
Heather Bett	Senior Manager, Childrens Services Projects
Jo-Anne Valentine	Public Health Manager (Health Improvement)
Karen Whatton	Lead Nurse - Care Home Assurance and Support
Lorna Watson	Consultant in Public Health Medicine
Sally O'Brien	Head of Nursing Care Home Assurance and FNP Lead

1.2 Welcome from Co-Chairs

JK welcomed everyone to the meeting and introductions were made.
polic

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2. HIV AWARENESS PRESENTATION

Becky Donnachie, Health Promotions Specialise for NHS Fife, THT did a presentation to the group on HIV Awareness and Stigma.   The presentation involved:
- Informative slides
- 'Things not to not say to someone who is HIV positive' video.
- 'Time is running out campaign' THT advert video that is currently showing on television.

Presentation questions:
1. Do you link in with Sexual Health? Becky explained that the work she does for NHS Fife is commissioned through NHS Fife Sexual Health.
2. Can PREP be given 3 or 6 monthly in a similar mechanism to the Depo-Provera injection? Becky explained she thinks they are still at trial stage.

THT also provides in-house training for NHS Fife staff on topics such as Trans Awareness, LGBT Awareness & HIV and AIDS.

BD's contact details in her slides which will be sent to group.

3. DISCRIMINATION IN THE WORKPLACE

IB, presented 'Discrimination in the Workplace'. A statement was from Surinder Panpher, Consultant Accident and Emergency (A&E), was read to the group. Statement can be shared with group.

Discussion that followed:
- Considering updating Trakcare to include an alert icon that shows if a patient has history of aggressive, violent or inappropriate behaviour. TT to look out for relevant Trak updates.
- Creating a standardised corporate letter that is sent out to patients who had been aggressive, violent or inappropriate at an appointment.
- Under reporting of hate crime to the police and hate incidents on Datix.
- Setting up a voicemail/phone that staff can leave messages on explaining an incident, if they would like a call back and if they would like referral to Spiritual care team.

Questions and comments:
1. A member of the group stated that the statement read out was very powerful and that there is a need to consider doing work around this to support staff.
2. DATIX may be up for renewal and so should be considered when forward planning.
3. GS will look at how Spiritual Care Service can support the A&E staff around what they are experiencing.
4. IB to share GGC letter provided by SP to SM, and discuss potential for NHS Fife version to be made. SM explained PET also frequently experience abusive behaviour
5. BC highlighted that NHS Fife does not have a zero-tolerance policy. The current Violence and Aggression Policy promotes a zero-tolerance approach. BC stated this policy is due for review in Dec 23. IB is to support this policy's review.
6. JK suggested getting the Communications Team involved to support awareness.
7. IB is currently undertaking the Confidential Contacts Course and stated that she believes she is in the best position to support the phone line. Group agreed the phone line might cause stress if only one person was responding to issues raised and therefore support should be in place.

2

4. ETHNICALLY DIVERSE STAFF SURVEY RESULTS

IB sent out the Ethnically Diverse Staff survey to staff across NHS Fife during October and presented summary of findings to the group. Slides to be shared with group.

Questions and Comments
1. JK requested report of findings to take to EDG that include statement from SP, if consent gained. LN suggested this report also be shared with APF and SB suggested this is also taken to SGC.
2. SB also commented that little incidents can add up and cause a lot of issues for staff that suffer this over time.
3. PG stated that some people who move to Fife are welcomed and sometimes they are not.
4. IB discussed the plan for the DEN is to start fresh and develop a new committee. This has been advertised on Staff Links. There will be initial meetings for this before the end of year.
5. KS explained some new doctors' fall through cracks as they are not employed by NHS Fife but work within our workforce. Main issues are around accommodation and adaptations needed for them include weekly pay initially to help them set up bank accounts etc. NHS Fife has opportunity to get it right for these staff and retain them.
6. LN requested Matt Valenti, Unison, is invited to group. HK to action.

5. HATE REPORTING AND BODY CAMS

BC discussed requirement for making staff safer including suggestion of personal alarms or more preferably, body cams.

5.1 Body Cams:
- Body cams could be used when patient begins to get aggressive. Patient would be given a warning to inform them recording has started. This is expected to de-escalate situations.
- BC explained in an English trust that has been using body cams for over a decade, they were found to increase numbers of incidents by 400% - this however is due to the number of incidents being captured and staff being able to prove them, therefore increased reporting. Court imposed sanctions went up by 2250% and they saw a 97% reduction in misconduct allegations.
- In Australia, staff have a camera on their chest that reflects what is being recorded. Patients can therefore see themselves and body language and is a powerful deterrent of aggression.
- NHS Fife would need to consider how recordings and information is stored and for how long.
- SM explained she would like to introduce recording aggressive complaint calls as a de-escalation technique also.
- JK to take a summary report to Health & Safety Committee.

5.2 Hate Reporting:
- BC stated he encourages staff that have reported incidents on DATIX to inform the police, but most staff are reluctant to do so.
- IB stated that our staff (especially ethnically diverse staff) must feel empowered by organisation to report these incidents.
- IB explained that NHS Grampian were named 'NHS Scotland's first Anti-racist health board after completing a similar ethnically diverse staff survey and implementing an MS Form to report incidents of racism and discrimination as an alternative to DATIX. Staff can report through this form anonymously if they desire and the form has been very successful in promoting reporting.

6. MANDATORY TRAINING

IB informed the group that the NHS Fife Corporate induction Equality module was updated in autumn 2023.

Discussion:
1. IB explained the frequency of refreshing Equality training is for the decision of the health board.
2. Group were asked to consider if there should be a refresher every 2 or 3 years. At present NHS Fife is every 3 years.
3. IB suggested that a list of relevant Equality-related training modules be produced and staff/line managers can chose a relevant module to the individual or their work at the time the refresher is required. This would encourage completion as modules would be chosen by most relevant to the staff member.
4. The group stated this should be discussed at EDG.
5. SM told the group she did a 3 day Equality Champion Course in NHS Tayside which had an impact on her and has stayed with her.

7. EQUALITY OUTCOMES 2025

The Equality Outcomes final report and new plan are due to be written and published by 1st April 2025. IB asked the group if they agree that the new Equality Outcomes should be reflective and in support of existing board priorities such as those laid out in the Population Health & Wellbeing strategy. The group agreed in this decision.

8. MEETING REGULARITY

JK stated there is a need for the group to meet quarterly and the group agreed. HK to set up 2 further meetings.

Group also agreed that it is beneficial to have additional meetings at alternative times to the traditional 10am on the first Friday of the relevant month.

9. ACTION TRACKER

To complete and bring to the next meeting.

10. ANY OTHER BUSINESS/ITEMS TO ADD TO NEXT MEETING

There was no other business items or agenda items presented at this meeting.

11. DATE OF NEXT MEETING

The next meeting will take place on 1st February 2024 at 2 p.m. via MS Teams

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PUBLIC HEALTH ASSURANCE GROUP   **(Meeting on 18 October 2023)**
No issues were raised for escalation to the Public Health & Wellbeing Committee.

Department of Public Health
Cameron House, Cameron Bridge, Leven, KY8 5RG

Confirmed minute of the Public Health Assurance Committee Meeting (PHAC) held on Wednesday 18 October 2023 at 2.30pm via Microsoft Teams

Chair:
Joy Tomlinson (JT)   Director of Public Health

Present:
Esther Curnock (EC)   Consultant in Public Health Medicine
Olukemi Oyedeji (OO)   Consultant in Public Health Medicine
Emma O'Keefe (EOK) (Item 1 to 7 only)   Consultant in Dental Public Health
Susan Cameron (SCa)   Head of Resilience
Duncan Fortescue-Webb (DFW)   Consultant in Public Health Medicine
Cathy Cooke (CCo)   Public Health Scientist
Aileen Boags (AB)   Lead Pharmacist

In Attendance:
Brenda Ward (BW)   Executive Assistant to DPH

ACTION

1. **Welcome and Apologies**
   The Chair welcomed everyone to the meeting and apologies for absence were noted from Lorna Watson, Rishma Maini, Sharon Crabb, Lynn Burnett and Lynn Barker.

2. **Minute of previous meetings held on 02 August 2023**
   The minute of the previous meeting was agreed as an accurate record. The Chair asked the Committee to send any final amendments to BW by Friday 20th October 2023.   **ALL**

3. **Review of Action Log**
   The action log was discussed by the Committee, actions were updated and closed where complete.

4. **PHAC Terms of Reference**
   The Committee reviewed and approved the updated PHAC Terms of Reference. The Governance Structure will require a dotted line to the East Regional Health Protection Service in a future update. The Committee agreed to review the Terms of Reference in a years' time at the PHAC meeting on 23rd October 2024.

5. **Identified Near Misses, Critical Incidents & Learning**
5.1 Learnings - Decontamination Process with Sea Cadet Group
   DFW provided the Committee with an overview of the learnings and actions following a suspected chemical exposure of a Sea Cadet group in March 2023. The Chair said the lessons learned touched on a range of different responsibilities and learnings have been shared wider with Emergency Departments and colleagues in the Ministry of Defense.

6.   Emerging Issues

6.1   <u>Cervical Incident - Incorrect Management Advice</u>
CCo advised the Committee the National Services Division of NHS National Services Scotland is managing an incident in relation to Cervical Screening where participants have received incorrect management advice. The risk has been assessed as low as participants have had three negative cytology tests over a 2-to-3-year period. Letters for patients and their GPs are being issued to explain the situation and advise of the change of management advice. The incident impacts on a small number of women in Fife and additional clinics are being scheduled to see the patients impacted. The Chair added this is a contained incident and the Committee is not required to monitor, the Cervical Screening Group is providing oversight at this stage.

6.2   <u>Update from Drug Harms Assessment Group</u>
The Chair provided the Committee with an update on the unexpected deaths of three young people in Fife in September 2023. Following an investigation through a Drugs Harms Assessment meeting it was confirmed these were three isolated incidents and the deaths are not linked. In addition, Chief Superintendent Derek McEwan from Police Scotland chaired two Gold Command meetings with multi-agency representation and following a review they were assured on the investigation work conducted by Public Health and Fife ADP. During the meetings it was discussed that no single agency owned the communication cascade locally. Guidance will be produced by RADAR nationally which will help shape the local communication cascade and once this is in place sign-off for communications should be quicker. The Drug Alert issued has been shared with the Committee as Public Health participated in the investigation and identified the gaps associated with the communication cascade.

7.   New prospective risks
No prospective risks were raised.

8.   Public Health Screening Programmes Annual Report 2023
CCo presented the Committee with a high-level overview on the six national screening programmes in Fife. The Chair asked the Committee to send any final comments on the Public Health Screening Programmes Annual Report 2023 to CCo by midday on Friday 20th October 2023. The report will be presented to the Public Health & Wellbeing Committee (PHWC) on 6th November 2023.   **ALL**

9.   Corporate Risks

9.1   <u>Update on Health Inequalities Risk</u>
The Chair updated the Committee on the Health Inequalities Risk which is captured on the Corporate Risk Register and aligned to the PHWC. The risk details work undertaken on the cost-of-living and addressing Health Inequalities risks in Fife from perspective of the healthcare system. Rishma Maini (RM) will present an SBAR update on Health Inequalities to the PHAC meeting on 6th December 2023 and once approved this will be taken through the PHWC meeting on 15th January 2024.

10.   Review of current risks on Public Health Register

10.1   <u>Risk 538 Pandemic Framework Group</u>
The Committee reviewed the risk update provided by DFW and it was agreed additional information should be included on local work underway on future   **DFW**

pandemic preparedness. The status level would remain at Moderate 12 and the next review will be at the PHAC meeting on 21st February 2024.

10.2 Risk 1904 COVID-19 Pandemic
The Committee agreed the risk update provided by Chair, the status level would remain at Moderate 9 and the next review will be at the PHAC meeting on 6th December 2023.

10.3 Risk 1907 Public Health Oversight of COVID-19 in Care Homes
FB advised the Committee the dates referenced in the current management action required to be updated but the narrative remained the same. The Committee agreed the risk update and the status level would remain at Moderate 9 and the next review will be at the PHAC meeting on 6th December 2023.   **FB**

10.4 Risk 2331 Local system surge capacity for new variants
The Committee reviewed the risk update provided by DFW and it was agreed the update would be separated into two sections; the national support for the VAM plan and how we support our local system. The status level would remain at Moderate 12 and the next review will be at the PHAC meeting on 6th December 2023   **DFW**

10.5 Risk 2388 Vaccine Preventable Disease
EC advised the Committee the confirmed measles cases in Scotland had changed slightly since drafting the update but the narrative remained the same. The Committee agreed the risk update provided by EC, the status level would remain at Moderate 9 and the next review will be at the PHAC meeting on 21st February 2024.   **EC**

10.6 Risk 2472 Missed opportunity for newborn blood spot screening
The Committee agreed the risk update provided by CCo, the status level would remain at Moderate 12 and the next review will be at the PHAC meeting on 17th April 2023.

11. Governance Reporting
11.1 Annual Assurance Statement - Area Immunisation Steering Group
EC presented the Committee with a brief overview of the Annual Assurance Statement for the Area Immunisation Steering Group.

The Committee took assurance from the report and the Chair asked thanks were passed to the Area Immunisation Steering Group for the work they are progressing.

12. Any Issues to Escalate to Public Health & Wellbeing Committee
No items were raised.

13. For Information
13.1 Anchor Programme update and developing Strategy
The Chair advised the Committee the SBAR on the Anchor Strategic Plan was circulated to PHAC for information. The Strategic Plan for the Anchor Programme is currently in draft format and will be submitted to Scottish Government at the end of October 2023. A finalising of the process will take place once the national metrics are confirmed. The Chair asked the Committee to forward any comments to Sharon Crabb (SCr).   **ALL**

13.2   Public Health Annual Delivery Plan

The Chair said an update on the Public Health elements of the Annual Delivery Plan have been added to the PHAC workplan which will allow the Committee to track the actions as we proceed through the year and provide an opportunity for scrutiny and oversight of areas.

14.   Any Other Competent Business

14.1   Risk 2222 - No Cervix Exclusion – Cervical Screening Incident

OO updated the Committee on the No Cervix Exclusion Wider Cohort Audit. Early indications from all Boards are it is unlikely the Audit will be completed in the 1-year timescale by March 2024. Further discussions are taking place at a national level. Chair asked if they had an indication from the national team on a decision if it can be extended and OO clarified that the Boards are working with the assumption there would be no additional funding.

15.   Date of Next Meeting

15.1   Schedule of PHAC meetings date for 2024

The schedule was circulated to the Committee with the agenda and papers.

PUBLIC HEALTH ASSURANCE GROUP

(Meeting on 6 December 2023)

No issues were raised for escalation to the Public Health & Wellbeing Committee.

Department of Public Health
Cameron House, Cameron Bridge, Leven, KY8 5RG

Unconfirmed minute of the Public Health Assurance Committee Meeting (PHAC) held on Wednesday 6th December 2023 at 2.30pm via Microsoft Teams

Chair:
Joy Tomlinson (JT)   Director of Public Health

Present:
Olukemi Oyedeji (OO)   Consultant in Public Health Medicine
Emma O'Keefe (EOK)   Consultant in Dental Public Health
Susan Cameron (SCa)   Head of Resilience
Lynn Barker (LB)   Director of Nursing
Cathy Cooke (CCo)   Public Health Scientist
Lorenzo Iafrate (LI)   Specialist Registrar
Rishma Maini (RM)   Consultant in Public Health Medicine
Sharon Crabb (SCr)   Public Health Service Manager
Duncan Fortescue-Webb (DFW)   Consultant in Public Health Medicine
Fiona Bellamy (FB)   Senior Health Protection Nurse

In Attendance:
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 Esther Curnock, Lucy Denvir, Lorna Watson, Aileen Boags, Hazel Close and Lynn Burnett.

2. **Minute of previous meetings held on 18th October 2023**
    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. **Dental Services & Oral Health Improvement Annual Report**
    The annual Dental Report had been shared with the committee in advance of the meeting. EOK provided the Committee with a high-level overview of NHS Dentistry & Oral Health Improvement Programmes in Fife which highlights the current work that has been undertaken post pandemic and the new dental contract. EOK asked the Committee for suggestions relating to prevention and improvement, comments were requested by 14th December 2023. The report is being taken to the Primary Care Strategic Oversight Group on 18th December 2023 and the final report will be presented at the Public Health & Wellbeing Committee (PHWC) on 15th January 2024.

    ALL

5. **Identified Near Misses, Critical Incidents & Learning**
5.1 PH Learning Summary Organisational template
The Chair advised EC had presented the Shingles & Pneumococcal Vaccination Incident Lessons Learned Report to the Organisational Learning Group (OLG) on 24th November 2023. The OLG which is chaired by Nicola Robertson discussed the cascading of information to members of the public, the wider actions and the recommendation in the lessons learned section of the report on retention of admin capacity and system knowledge. The OLG plan to develop a template for reports and this will be shared once agreed.

6. **Emerging Issues**
6.1 High Consequence Infectious Disease Pathway
The Chair reported that the pathway for High Consequence Infectious Diseases required to be updated and it had not yet been possible to reach an agreed approach. A report highlighting the gaps was taken to a meeting with the Director of Public Health, Medical Director and Director of Acute Services and the next steps would include strengthening links with the Regional Infectious Diseases Unit and reviewing alternative ways to address gaps which have been identified.

7. **New prospective risks**
7.1 New Risk – Future Pandemic Preparedness/Biological Threats
DFW updated the Committee on work underway on future pandemic preparedness as we emerge from Covid and remain aware of future threats. A new draft risk on Pandemic Preparedness/Biological threats has been prepared with input from the Director of Public Health, Pandemic Framework Group and Fife's Risk Manager. The new risk is being finalised and once agreed the risk will be added the Public Health Risk Register to maintain organisational awareness.

The Chair added that an updated Deep Dive Report on the Covid19 Risk on the Corporate Register will be taken to the Clinical Governance Committee (CGC) on 12th January 2024 and will include a recommendation to close the risk. The updated report will include a reference to the new Pandemic Preparedness risk and will be aligned with the national preparedness guidance which is anticipated to be published at the end February 2024.

8. **Corporate Risks**
8.1 Update on Health Inequalities Risk
RM said to the Committee the first Deep Dive Report on Health Inequalities was presented to PHWC on 1st March 2023 and highlighted organisational actions to mitigate the risk of widening health inequalities. The updated report outlines several management actions which have been progressed locally and additional actions identified which will contribute to mitigating the risk. RM asked the Committee to review the management actions and confirm by 14th December 2023 whether the update reflects all the work of which we are aware. The Chair advised the final report will be presented at the PHWC on 15th January 2024.

ALL

8.2 Covid-19 Corporate Risk Deep Dive Report
The Chair advised an updated Deep Dive Report has been prepared and this incorporates actions relating to Infection Prevention & Control, Anti-Covid treatments, Immunisation and Testing. The Committee agreed with the proposal to close the risk on the Corporate Risk register and Covid will be

managed by the organisation in line with other infectious diseases. The Chair asked the Committee to send comments by 14th December as the Deep Dive Report will be presented to the CGC meeting on 12th January 2024.

ALL

9. Review of current risks on Public Health Register

9.1 <u>Risk 1907 Public Health Oversight of COVID-19 in Care Homes</u>
The Committee agreed the risk update provided by FB, the status level would remain at Moderate 9 and the next review will be at the PHAC meeting on 21st February 2023.

9.2 <u>Risk 918 Resilience</u>
The Committee agreed the risk update provided by SCa and the recommendation to reduce the status level from Moderate 12 to Moderate 9 (Likelihood 3, Consequence 3). The risk level change was due to planning being significantly stronger with the Incident Management Framework and Business Continuity (BC) processes being available throughout the organisation to review and monitor. The Chair asked SCa to share with the Committee the Staff Link details on the updated BC action cards which are useful for individual services to consider. The next review will be at the PHAC meeting on 12th June 2024.

SCa

9.3 <u>Risk 1904 Coronavirus Disease 2019 (COVID-19) Pandemic</u>
The Committee agreed the risk update provided by Chair, the status level would remain at Moderate 9 and the next review will be at the PHAC meeting on 21st February 2024.

9.4 <u>Risk 2331 Local system surge capacity for new variants</u>
The Committee agreed the risk update provided by DFW, the status level would remain at Moderate 12 and the next review will be at the PHAC meeting on 21st February 2024.

9.5 <u>Risk 2330 Public Health Adult Screening Programme Covid Recovery</u>
The Committee discussed the risk update and description which focuses on the gap in screening capacity as a result of the pause across adult screening programmes during the pandemic. The Committee agreed with the proposal to close the risk as the programmes have recovered, however, there will be a legacy risk which may result in harms or risks emerging over a longer time period. The Chair understands that we are awaiting guidance on the process of transitioning from a risk to recording as an issue. The Chair asked a verbal update to be provided to the Committee at the PHAC meeting on 21st February 2024 in relation to any further risks related to Adult Screening Programmes, especially the Breast Screening Programme.

9.6 <u>Risk 2222 No Cervix Exclusion - Cervical Screening Incident</u>
The Committee discussed the risk update provided by OO and it was raised the risk description did not include the timescale of the audit. Chair asked OO to reflect the following areas in the current management action update: The audit not being completed within the required timescales set by National Services Division (NSD), insufficient resource to complete, level of uptake from patients and to date no significant harms have been identified. The status level would remain at Moderate 10 and the next review will be at the PHAC meeting on 17th April 2024.

10. **Governance Reporting**
No items were raised.

11. **Any Other Competent Business**

11.1 Public Health elements of the ADP
SCr presented the Committee with the Public Health elements of the Annual Delivery Plan which focus on three deliverables; Resilience Pandemic Preparedness in responding to critical and major incidents, Public Health's capacity to support and manage an investigation of a new variant and Public Health's delivery of a sustainable BCG and TB Programme.

11.2 Healthcare Associated Infections (HCAI) Strategy
DFW presented the HCAI report from the national Health Protection Consultants group which was drafted for the Scottish Directors of Public Health in response to recommendation six of the Infection Prevention Workforce: Strategic Plan 2022-2024. The Chair said the report has also been shared with the Director of Nursing in Fife and will assist the Directors of Public Health in taking a consistent approach.

12. **Any Issues to Escalate to Public Health & Wellbeing Committee**
No items were raised.

13. **Date of Next Meeting**
Wednesday 21st February 2023 at 2:30pm

File Name:
Originator: Brenda Ward
Issue 1
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