Fife NHS Board

Date: 19 May 2026
Enquiries to: fife.boardadministration@nhs.scot

AGENDA

A meeting of Fife NHS Board will be held on TUESDAY 26 MAY 2026 at 10.00 AM in the BOARDROOM, VICTORIA HOSPITAL, KIRKCALDY

PAT KILPATRICK
Chair

10:00	**1.**	**CHAIRPERSON'S WELCOME AND OPENING REMARKS**	PK	
	2.	**DECLARATION OF MEMBERS' INTERESTS**	PK	
	3.	**APOLOGIES FOR ABSENCE:**	PK	
	4.	**MINUTE OF PREVIOUS MEETING HELD ON 31 MARCH 2026**	PK	(enclosed)
	5.	**MATTERS ARISING / ACTION LIST**	PK	(enclosed)
10:10	**6.**	**CHAIRPERSON'S REPORT**		
	6.1.	Chairperson's Update	PK	(verbal)
	6.2.	Board Development Session – 28 April 2026	PK	(enclosed)
10:20	**7.**	**CHIEF EXECUTIVE'S REPORT**		
	7.1.	Chief Executive Up-date	WE	(verbal)
	7.2.	Patient Story – Cardiology (Dr Jagdeep Singh)	WE	(presentation)
10:25	**8.**	**PERFORMANCE**		
	8.1.	Integrated Performance & Quality Report – March 2026 Position	WE	(enclosed)

	8.2.	Financial Performance Report at March 2026	SD	(enclosed)
	8.3.	Transformation Portfolio Update and Savings Delivery	SD/SF	(enclosed)
	8.4.	Staff Training Compliance		
	8.4.1.	Core Skills / Mandatory Training Compliance Rates & Sustainability Plan	DM	(enclosed)
	8.4.1.1	Estates, Facilities and Capital Planning Leadership Development	NM	(enclosed)
	8.4.2.	Personal Development Plan Review Compliance Rates & Sustainability Plan	DM	(enclosed)
	8.5.	Reduction in Working Week Update	DM	(enclosed)
	8.6.	Annual Delivery Plan 2025/26 March Update	SF	(enclosed)
11:30	**BREAK**			
11:40	**9.**	**GOVERNANCE**		
	9.1.	Maternity Inspection Report	GMcA	(enclosed)
	9.2.	Annual Review of Code of Corporate Governance	GM	(enclosed)
	9.3.	Health and Care (Staffing) (Scotland) Act 2019 – Quarter Four Update Report 2025/2026	DM	(enclosed)
	9.4.	Whistleblowing Annual Performance Report 2025/26, incorporating Whistleblowing Quarter Four 2025/26 Report	GM/JO	(enclosed)
12:15	**10.**	**STRATEGY AND PLANNING**		
	10.1.	Delivery Plan and Corporate Objectives 2026/27	SF	(enclosed)
	10.2.	Medium-Term Financial Plan 2026/27 - 2028/29	SD	(enclosed)
	10.3.	Transformation Portfolio Update 2026/27	SF	(enclosed)
	10.4.	Internal Communications Survey Results and Action Plan 2025/26	KM	(enclosed)
12:55	*Patient Story*			

13:10 BREAK

13:45	10.5.	NHS as a Population Health Organisation: Developing a prevention-focussed system	JT	(enclosed)
	10.6.	Digital & Information Delivery Plan 2026/27	CM	(enclosed)
	10.7.	Mental Health & Wellbeing Strategy Update	LG	(enclosed)
	10.8.	University of St Andrews Partnership Update	CM/DW	(verbal)
14:25	**11.**	**RISK**		
	11.1.	Consolidation and Revision of the Corporate Risk Register	CM	(enclosed)
	11.2.	Risk Management Annual Report	CM	(enclosed)
14:40	**12.**	**STANDING COMMITTEE REPORTS**		
	12.1.	Governance Committee Chairs' Assurance Reports:	PK	
	12.1.1	Audit & Risk Committee Report and Minute dated 14 May 2026 (unconfirmed)	AW	(enclosed)
	12.1.2	Clinical Governance Committee Report and Minute dated 1 May 2026 (unconfirmed)	AH	(enclosed)
	12.1.3	Finance, Performance & Resources Committee Report and Minute dated 5 May 2026 (unconfirmed)	AM	(enclosed)
	12.1.4	Public Health & Wellbeing Committee Report and Minute dated 11 May 2026 (unconfirmed)	DW	(enclosed)
	12.1.5	Staff Governance Committee Report and Minute dated 12 May 2026 (unconfirmed)	CG	(enclosed)
14:55	**13.**	**ANNUAL REPORTS**		
	13.1.	Population Health & Wellbeing Strategy Annual Report	SF	(enclosed)
	13.2.	Area Partnership Forum Annual Assurance Report 2025/26	LP	(enclosed)
15:10	**14.**	**MINUTES**		
		Other		
	14.1.	Fife Health & Social Care Integration Joint Board dated 28 January 2026 **Approved Minutes**		(enclosed)

	14.2.	Audit & Risk Committee dated 12 March 2026		(enclosed)
	14.3.	Clinical Governance Committee dated 6 March 2026		(enclosed)
	14.4.	Finance, Performance & Resources Committee dated 10 March 2026		(enclosed)
	14.5.	Public Health & Wellbeing Committee dated 2 March 2026		(enclosed)
	14.6.	Staff Governance Committee dated 3 March 2026		(enclosed)
	15.	**ANY OTHER BUSINESS**		
	16.	**DATE OF NEXT MEETING:**		
		Tuesday 30 June 2026 (Annual Accounts) at 10 am in the Boardroom, Victoria Hospital, Kirkcaldy		
		Tuesday 28 July 2026 at 10.00 am in the Boardroom, Victoria Hospital, Kirkcaldy		
15:15	**BREAK**			

AGENDA

PRIVATE SESSION

15:20	**1.**	**DECLARATION OF MEMBERS' INTERESTS**	PK
	2.	**APOLOGIES FOR ABSENCE:**	PK
	3.	**MINUTE OF THE PRIVATE SESSION OF FIFE NHS BOARD HELD ON 31 MARCH 2026**	PK
	4.	**MATTERS ARISING / ACTION LIST**	PK
	5.	**EMERGING ISSUES**	WE
	6.	**PLANNING, PERFORMANCE & RESOURCES**	
	6.1.	Savings Delivery at Month 1	SD
	7.	**MINUTES FOR NOTING**	
	7.1.	Audit & Risk Committee – Private Session dated 14 May 2026 (unconfirmed)	

7.2 Clinical Governance Committee – Private Session dated 1 May 2026 (unconfirmed)

7.3. Finance, Performance & Resources Committee – Private Session dated 5 May 2026 (unconfirmed)

7.4. Public Health & Wellbeing Committee – Private Session dated 11 May 2026 (unconfirmed)

7.5. Remuneration Committee Report and Minute (Edited) dated 30 March 2026 (unconfirmed)

7.6. Staff Governance Committee – Private Session dated 12 May 2026 (unconfirmed)

Approved Minutes

7.7. Audit & Risk Committee – Private Session dated 12 March 2026

7.8. Clinical Governance Committee – Private Session dated 6 March 2026

7.9. Finance, Performance & Resources Committee – Private Session dated 10 March 2026

7.10. Public Health & Wellbeing Committee – Private Session dated 2 March 2026

7.11. Remuneration Committee (Edited) dated 1 December 2025

7.12. Staff Governance Committee – Private Session dated 3 March 2026

FINISH

Fife NHS Board

MINUTE OF THE FIFE NHS BOARD MEETING HELD ON TUESDAY 31 MARCH 2026 AT 10:00 AM IN THE BOARDROOM, VICTORIA HOSPITAL, KIRKCALDY

PAT KILPATRICK
Chairperson

Present:

P Kilpatrick **(Chairperson)**
C Potter, Chief Executive
J Bennett, Non-Executive Director
S Braiden, Non-Executive Director
S Dunsmuir, Director of Finance
C Grieve, Non-Executive Director
A Haston, Non-Executive Director
J Kemp, Non-Executive Director
C MacDonald, Non-Executive Director
G McAuley, Director of Nursing
C McKenna, Medical Director
A Morris, Non-Executive Director
J O'Sullivan, Non-Executive Director
N Robertson, Non-Executive Director
J Tomlinson, Director of Public Health,
A Wood, Non-Executive Director

In Attendance:

V Bennett, Health & Social Care Partnership Local Partnership Forum Co-Chair/Staff Side Representative
C Conroy, Head of Community Care Services, Health & Social Care Partnership
C Dobson, Director of Acute Services
F Forrest, Acting Director of Pharmacy & Medicines
S Fraser, Deputy Director of Planning & Transformation
A Graham, Director of Digital & Information
B Hannan, Director of Planning & Transformation
K MacGregor, Director of Communications & Engagement
G MacIntosh, Associate Director of Corporate Governance & Board Secretary
N McCormick, Director of Property & Asset Management
D Miller, Director of People & Culture
P King, Corporate Governance Support Officer (Minutes)

1. CHAIRPERSON'S WELCOME AND OPENING REMARKS

The Chair welcomed everyone to the meeting, including V Bennett, Health & Social Care Partnership (HSCP) Local Partnership Forum Co-Chair/Staff Side Representative, and C Conroy, Head of Community Care Services, HSCP, who were deputising for their respective Directors. A welcome was also extended to S Fraser, Deputy Director of Planning & Transformation, who would be a regular attendee as

she transitions to taking on full responsibilities of the Planning & Transformation portfolio, and media colleagues joining today's public session as observers to the meeting.

The Chair reminded those attending that the notes are being recorded to aid production of the minutes. Members were also reminded that the Scottish Parliament election takes place on Thursday 7 May 2026, with the pre-election period having begun on 26 March 2026. Guidance has been issued by Scottish Government for NHS Bodies on the conduct of business during the Scottish Local Government Elections campaign.

On behalf of the Board, the Chair congratulated NHS Fife's School Nursing Service, shortlisted in the Children's Nursing & Midwifery Award category at the Royal College of Nursing Nurse of the Year Awards 2026, which will take place at the end of April.

The Chair advised that, in order to allow for succession planning for vacancies occurring in the next year, she will shortly be seeking nominees from the eligible Non-Executive Member cohort for the position of Vice Chair of the Board, to succeed A Morris from 1 July. A letter will follow this meeting to those members eligible to stand for the position.

It was also advised that Fife Council has nominated a new representative to the Board. The nominee is currently going through pre-appointment checks, prior to seeking Scottish Government approval for the appointment, and further details on a likely start date will be announced to the Board when that process is complete.

The Chair was delighted to announce the appointment of W Edwards as new Chief Executive of NHS Fife, taking up post on 20 April 2026. Mr Edwards joins NHS Fife from NHS Greater Glasgow and Clyde, where he has served as Deputy Chief Executive since May 2025, having previously held the role of the Board's Chief Operating Officer.

Finally, the Chair acknowledged that this is the last Fife NHS Board meeting for a number of our colleagues: C Potter, who is taking early retirement as Chief Executive; F Forrest, Acting Director of Pharmacy & Medicines, who is also retiring at the beginning of April, and B Hannan, Director of Planning & Transformation, who is taking up a new post as Director of Service Transformation, Planning and Performance in NHS Lanarkshire at the end of April 2026. The Chair offered thanks on behalf of the Board to those colleagues for their valuable contributions to NHS Fife.

2. DECLARATION OF MEMBERS' INTERESTS

There were no declarations of interest made by members.

3. APOLOGIES FOR ABSENCE

Apologies for absence were received from L Parsons, Employee Director, D Williamson, Non-Executive Director, and attendee L Garvey, Director of Health & Social Care.

4. MINUTE OF PREVIOUS MEETING HELD ON 27 JANUARY 2026

Approval of the minute of 27 January 2026 was **proposed** by A Morris, Non-Executive Director, and **seconded** by A Wood, Non-Executive Director.

5. MATTERS ARISING / ACTION LIST

There were no matters arising.

The Board **noted** the items on the rolling action list and updates provided.

6. CHAIRPERSON'S REPORT

6.1. Chairperson's Update

The Chair provided an overview of the meetings she attended since the last Board meeting, including fortnightly national planning meetings that has resulted in the production of the first East of Scotland Plan, representing a notably rapid and substantial programme of work. NHS Fife continued to contribute actively across the four agreed workstreams, which will remain in place, with no immediate change anticipated during the pre-election period. An Extraordinary Private Session of the Board was held earlier in the month to consider the draft East of Scotland Plan and accompanying workstream reports, and it was noted that, following the election, additional issues or services may come forward for consideration by the sub-national planning group, as discussed recently at the Board Chairs' and Chief Executives' meeting.

Engagement continued on a range of priority areas, including a follow-up meeting on the hip fracture service, focused on service improvement, additional investment and reducing time from diagnosis and admission to surgery. Attendance at the Fife Partnership Board highlighted shared priorities for Fife, particularly mental health, child poverty and drug and alcohol addiction, themes which resonated strongly with partner organisations, including Police Scotland and the Fire Service. National activity included participation in Scottish Government work on attracting Chairs to Health Boards, regular Chairs' engagement with the Cabinet Secretary, and involvement in the National Waiting Times Programme Board.

The Chair confirmed that significant work was undertaken on the Chief Executive recruitment process, which was completed successfully within a short timeframe, and she thanked the Director of People & Culture for his work in this regard.

It was noted that Partnership discussions continued to address financial challenges within the HSCP. The Board Development Session on 24 February, hosted by the University of St Andrews, showcased joint research and innovation and reinforced the challenge of translating research into clinical practice.

The Chair advised that the General Medical Council (GMC) visit on 24 March provided very positive feedback on the St Andrews MBChB programme, facilities and NHS–University partnership working. Overall feedback from the GMC was positive, with particular commendation for the quality and strength of partnership working between

the University and NHS Fife, noting that this level of close, aligned collaboration is not routinely seen elsewhere. St Andrews Community Hospital was highlighted as an outstanding training environment and a significant asset for recruiting students, providing a high-quality, supportive and modern clinical setting.

Finally, the Chair commented on a joint Board Chairs' and Chief Executives' away day, focusing on health policy, sub-national planning, operational performance and the future role of the Public Service Delivery Unit, with strong engagement and shared leadership across the system.

The Board **noted** the update.

6.2. Board Development Session – 24 February 2026

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

6.3. Board Committee Appointments

The Chair referred to the paper, which outlined several proposed Board Committee Membership moves, following discussion with individual members, presented for formal Board approval.

The Board **formally approved** the new Committee membership arrangements, noting some changes are effective 1 April and others are from 1 July 2026.

7. CHIEF EXECUTIVE'S REPORT

7.1. Chief Executive's Update

The Chief Executive formally acknowledged the appointment of W Edwards as Chief Executive from 20 April and welcomed his return to NHS Fife. It was noted that Mr Edwards has previously worked in Fife as General Manager for eHealth and brings both extensive professional experience and a strong understanding of the local system. The Chief Executive expressed confidence in the appointment and offered best wishes to Mr Edwards as he takes up the post.

The Chief Executive confirmed that regular meetings continued with Scottish Government and Chief Executive colleagues from across the NHS Scotland Boards, mentioning a recent meeting with the First Minister, the Director General and NHS Chief Executives, which provided an overview of current performance and system pressures and represented the final such meeting with the First Minister under the current government. It was reported that the First Minister commended NHS teams for the improvements seen in waiting times performance and explicitly recognised the collective effort required to deliver this progress, acknowledging the contribution of staff across the system.

A number of recent visits were highlighted, including a visit by Archbishop Leo Cushley, Archbishop of the Archdiocese of St Andrews & Edinburgh, to meet staff and patients during a visit to the Victoria Hospital in Kirkcaldy, spending time in a number

of clinical areas including the Accident and Emergency, Renal Unit, Victoria Hospice and Maggie's Centre; internationally renowned robotic surgeon Professor Vipul Patel also visited Victoria Hospital, where he met local surgical teams and observed one of our pioneering robotic surgeries; and a visit by the local Childsmile team to visit the Scottish Parliament to help mark 20 years of the national Childsmile programme, providing an opportunity for the team to showcase the important work that they do.

It was advised that Ophthalmology has now successfully gone live with Scan for Safety at NHS Fife and thanks were recorded to the project team and all colleagues who supported delivery of the national programme, noting this marks an important step forward in improving patient safety for that service.

Members noted that from 1 April 2026, the Workforce Directorate will formally become the People & Culture Directorate, reflecting a change in focus from transactional workforce processes to a more holistic approach, that puts people, culture, wellbeing and leadership at the heart of NHS Fife. The Chief Executive recently spent time with staff in the Directorate discussing the future hopes and ambitions for the way in which the service could support the organisation going forward.

Finally, the Chief Executive recognised that both F Forrest, Acting Director of Pharmacy & Medicines, and B Hannan, Director of Planning & Transformation, are attending their last Fife NHS Board meeting and she recorded thanks to them both for their work and support to her and NHS Fife, wishing them all the best for the future.

8. GOVERNANCE

8.1. Performance and Assurance Framework

The Board received an update on the development of the Performance and Assurance Framework, noting the stepped approach taken over the past year to build a comprehensive assurance information system. It was confirmed that the framework strengthens the organisation's overall governance by integrating timely performance reporting with wider assurance mechanisms and aligning these to the national Model Framework outlining statutory Board functions and reporting. It was noted that elements of the framework had been operating since October and had already proved useful in practice. Thanks were recorded to the Associate Director of Corporate Governance & Board Secrtary for their work undertaken to align the system with national expectations.

Members noted several points arising from discussion, including clarification that while regulatory reports are primarily aligned to specific committees, they may on occasion be escalated to others as appropriate, and that an issue relating to the circulation of monthly Integrated Performance & Quality Report (IPQR) information between formal reporting cycles would be addressed. It was confirmed that the framework is intended to be a living document, capable of iterative development as arrangements mature, and that it would support both the incoming Chief Executive and future governance and regulatory scrutiny by clearly articulating end-to-end assurance arrangements.

The Board welcomed the clarity provided by the framework, particularly the articulation of assurance lines across all statutory and regulatory requirements. and agreed that it

would provide a strong foundation for Board business and the quality of performance conversations. Points were raised regarding the future development of improvement capability across the system and the importance of ensuring consistency of language with the Corporate Risk Register, both of which were acknowledged and noted as areas for further refinement.

It was noted that the Audit & Risk Committee had endorsed the framework and recommended its approval to the Board.

The Board **noted** the progress made in strengthening performance management and governance assurance arrangements across NHS Fife; took **moderate assurance** that the system of control is suitably designed and operating effectively, noting that final embedding work will continue during 2026; and **approved** the NHS Fife Performance and Assurance Framework as the organisation's Assurance Information System.

8.2. Draft Risk Management Framework 2026/28

The Medical Director presented the updated Risk Management Framework, which has been refreshed to support the forthcoming revision of the Corporate Risk Register. It was explained that the revised framework represents an evolution of the existing approach, refining and strengthening risk management arrangements. The framework had been endorsed by the Audit & Risk Committee and was presented to the Board for approval. The Medical Director thanked the Associate Director for Risk & Professional Standards for the work to update the framework.

The Board **approved** the Risk Management Framework, noting that the framework will continue to be reviewed and refreshed on a two-yearly cycle to ensure it remains current and effective.

8.3. Health and Care (Staffing) (Scotland) Act 2019 – Annual Report and Quarter Three Update Report 2025/2026

The Director of People & Culture provided an overview of the report, which was presented in the standard format and had been reviewed through the relevant groups and committees. Members noted that the overall position remained consistent with the previous year and that a moderate level of assurance was being sought. Attention was drawn to the continued reliance on some paper-based, real-time systems, which presents challenges in evidencing compliance with certain duties, although the Board was assured that all statutory requirements continue to be met. It was noted that the requested assurance level is unlikely to change until the SafeCare system is fully implemented across the organisation, as this will enable more timely and robust oversight.

The Board acknowledged ongoing work to strengthen compliance with specific duties, particularly in relation to real-time staffing risk assessment, internal escalation processes and the consistent application of staffing tools. Progress was noted in mental health services, where additional external support has been secured and recent developments are expected to inform a more robust and standardised approach, with improved feedback loops for staff. Members recognised the

heightened national and regulatory interest in mental health staffing and inspections and welcomed assurances that this area has been a recent focus of improvement.

The Director of Nursing provided an update on the phased rollout of the Safe Staffing system, with priority given to adult inpatient 24-hour services due to their complexity. An additional 76 clinical areas had been onboarded since last August and further work is underway to ensure consistent and effective use of the system following onboarding. In responding to questions, it was confirmed that all staff groups have progressed, although further work is required in areas reliant on paper-based systems. The Board requested that future reports highlight any risks associated with staff groups where real-time assessment tools are not in place.

Members noted emerging engagement with the Scottish Government as part of national data collection and system development, which is expected to support further enhancements for Boards. It was confirmed that no whistleblowing concerns relating to staffing had been raised, with issues instead being managed through established professional and trade union routes.

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

8.4. Whistleblowing Quarter Three 2025/26 Report

The Director of Planning & Transformation presented the Quarter Three report, which provided an update on whistleblowing activity and organisational arrangements. Members noted that two new concerns had been raised during the quarter, in addition to two ongoing concerns carried forward from quarters one and two, both of which remain under investigation. It was also noted that three cases were concluded during the reporting period.

The report highlighted positive local media coverage of Speak Up Week and outlined associated engagement and awareness-raising activity, which the Board welcomed. Members noted progress in relation to whistleblowing training, while acknowledging that further work is required to strengthen reporting metrics, including the development of appropriate denominators. A whistleblowing work plan was also being developed for the year ahead.

The Chair highlighted that the whistleblowing module on Turas is included within mandatory training and she encouraged the Non-Executive Board members to actively participate in Speak Up Week and engage directly with staff, recognising the value of informal conversations in gaining insight into staff experience and concerns. Members were advised of a planned visit to maternity services in April, which some Non-Executive Board members would be attending. The Chief Executive emphasised the importance of Board visibility and engagement with frontline services, noting that arranged visits provided valuable insight and context for Board discussions and are a meaningful opportunity to recognise staff commitment and service quality.

A question was raised around whistleblowing activity levels, with concern expressed that the number of formal whistleblowing cases remains somewhat low and that recent concerns were raised anonymously, potentially indicating ongoing barriers to staff

confidence in speaking up. In response, assurance was provided that a wider range of concerns are being raised and addressed through alternative Speak Up and informal routes, many of which are resolved locally without escalating to the formal whistleblowing process. Members noted that this reflects an improving culture of early engagement and resolution, which is consistent with the Board's stated aim of encouraging higher volumes of lower-level concerns to support organisational learning.

The Whistleblowing Champion confirmed that she continued to be assured by the strong processes in place, recognising that whistleblowing can be a daunting process for staff and that anonymity and confidentiality remain critical considerations. She highlighted the importance of walkabouts and engagement with staff to raise awareness of whistleblowing processes and to provide reassurance to staff and she intended to undertake benchmarking with other Boards to help identify further improvements. Members acknowledged that whistleblowing is a challenging process for staff and were reassured that many concerns are being raised and resolved locally without progressing to formal cases, which was viewed as a positive indicator of early resolution and appropriate diligence, while recognising the need to continue building confidence in the system.

The Board took a **moderate level of assurance,** reflecting the fact that work continues to improve the organisational support to Whistleblowing activity, including outreach to staff to encourage speaking up and to improve the timeliness of handling concerns.

8.5. Blueprint for Good Governance Improvement Plan Closure

The Board considered a closure report relating to the action plan arising from the 2024 self-assessment against the second edition of the Blueprint for Good Governance, which had been undertaken at the request of the Scottish Government. Members were reminded that two actions had remained outstanding on that plan. The first, relating to the development of an Assurance Framework, had been addressed earlier on the agenda and its approval by the Board enabled that action to be closed. The second action concerned the recruitment process and improving diversity and it was suggested that this has transitioned into business-as-usual arrangements, with recruitment now operating on a regular annual cycle, with strong input into that process from the Ethical Standards Commissioner and the Public Appointments Team.

It was noted that closure of the overall action plan was proposed with a moderate level of assurance, reflecting that there are currently no plans for the Scottish Government to rerun the national assessment exercise. Ongoing discussions through the Board Secretaries' Group were highlighted, including whether Boards may undertake their own local Board-level self-assessments in future and develop action plans accordingly, complementing the annual committee self-assessment process. Members also noted the evolving governance landscape, including the implications of sub-national planning and the need to consider the impact on local Board governance arrangements.

The Board **noted** took a **moderate level of assurance** from the actions completed and **noted** the closure of the Board's current Improvement Plan.

8.6. Draft Fife NHS Board Annual Workplan 2026/27

The Associate Director of Corporate Governance & Board Secretary introduced the draft Fife NHS Board Workplan 2026/27, which outlines the draft schedule of items for the Board for the financial year, as required under the Code of Corporate Governance. It was noted that the plan will remain iterative and be updated throughout the year as Board business requires.

A question was raised on the Performance and Assurance Framework, specifically whether further mapping work was required to ensure that relevant second- and third-line assurance papers were appropriately reflected within supporting appendix. It was confirmed that the appendix remained under development and that this work would include identifying any gaps and determining how these would be addressed through committee structures and, where appropriate, escalated to the Board. It was noted that not all information would necessarily be brought to Board level, with committees retaining oversight of detailed assurance within their remit.

The Board **approved** the draft workplan for 2026/27, noting that the plan will remain iterative and be updated throughout the year as Board business requires.

9. PERFORMANCE

9.1. Integrated Performance & Quality Report (IPQR) – January 2026 Position

The Chief Executive introduced the IPQR, which had been scrutinised in detail through the governance committees and reports on performance to the end of January 2026. The document provided a moderate level of assurance for Quality and Care, Finance and Public Health & Wellbeing sections, and a limited level of assurance regarding the Operational Performance metrics and Workforce section.

Key improvements within the performance data were highlighted, particularly in relation to mental health self-harm, new outpatient waits, and diagnostic and treatment times. Performance for inpatient, day case and new outpatient pathways remained on trajectory, with encouraging progress in reducing the number of patients waiting over 52 weeks. It was acknowledged that, while challenges in staff governance areas persisted, the report demonstrated improvements in Personal Development Plan Review (PDPR) performance and ongoing confidence around the Child and Adolescent Mental Health Services target. Ongoing areas of challenge were recognised as set out in the report, with particular emphasis on day-to-day operational pressures arising from the sustained level of demand across services, including delayed discharge within the community and pressures on the acute site. Concerns regarding Stage 2 complaints were noted, alongside confirmation that joint work was being led by the Director of Nursing and Director of Acute Services to address this. Sickness absence and MMR2 were also highlighted, with MMR2 performance having been previously noted through the Public Health & Wellbeing Committee.

The Board discussed performance and assurance matters arising from the report, with particular focus on stroke services and the stroke care bundle. The Director of Acute Services confirmed that a hyperacute stroke unit was not yet operational but was in development, with work underway on staffing model and the impact on existing

medical and high dependency services. The Medical Director explained that current national reporting arrangements adversely affect bundle performance where patients are appropriately admitted to high dependency or intensive care rather than directly to a stroke unit and are recorded as not meeting bundle requirements, even where clinically appropriate care is provided, which adversely affects reported performance. The complexity of the bundle calculation methodology was highlighted, including the cumulative impact of individual elements on overall scores. The Chair expressed support for the proposed hyperacute stroke unit and welcomed the offer of a visit to walk through the pathway, to see what it looks like currently and potential changes, and to speak to the team, who are passionate about their work and the constant approach to ongoing improvement.

The Board noted ongoing progress in completing Significant Adverse Event Reviews and sought further assurance in relation to reliance on supplementary staffing, which would be followed up through staff governance processes. Updates were provided on 62-day cancer waiting times, with the in-year 75% target on track, highlighting urology improvements, including direct-to-MRI pathways and additional robotic surgery sessions, eliminating the robotic prostatectomy backlog; however, further work is required to meet the 95% target for 2026/27. It was confirmed that space for a fixed breast screening unit has been identified at Queen Margaret Hospital, though, as the service is nationally commissioned, approval from National Services Division is still awaited, with funding not available this financial year. The matter has subsequently been raised with the national Screening Director.

Trends in mental health incidents were discussed, with acknowledgement that ligature, restraint and physical violence incidents remained above target, while self-harm incidents were below target. It was noted that significant work continued in this area to both improve the mental health physical estate and reduce risks, which was tied into the work with Healthcare Improvement Scotland on staffing requirements.

The Board took a **moderate level of assurance** on reported performance to date, noting **limited assurance** for Operational Performance and Workforce sections, in relation to achieving year end targets, and **moderate assurance** for Quality and Care, Finance and Public Health & Wellbeing.

9.2. Financial Performance Report at 31 January 2026

The Board received the month 10 financial position as at the end of January, previously considered by the Finance, Performance & Resources Committee on 10 March, which reported a revenue overspend of £9.3m. This position reflected the consistent cost pressures experienced throughout the year and incorporated within the financial plan, across both delegated and retained services. Key pressures were noted within retained services, particularly workforce costs with increases in Service Level Agreements (SLA) alongside sustained demand-led pressures. Within delegated healthcare services, ongoing mental health cost pressures, SLA uplifts and increased spend with non-Fife providers were highlighted.

Savings delivery at the end of January totalled £17.6m (62% of the £28.5m target), remaining behind planned trajectory; however, the forecast deficit remained aligned to the £9.2m position agreed with the Scottish Government, assuming delivery of a

further £4.5m of savings by year end (77% of the savings target). The position continued to be supported by improved run rates and underspends within Acute services and corporate functions, alongside additional funding received for new medicines and the outturn of the CNORIS accrual. Members were advised that the month 11 position had maintained this trajectory, and confidence was expressed in achieving the agreed outturn, subject to final month 12 results.

The Director of Finance highlighted the capital funding position, noting that in-year capital allocations increased from an initial £8.2m to over £22m. This was attributed to the Board's readiness to identify and deploy capital funding at pace, supported by clear understanding of priority investment needs. It was confirmed that the full allocation was expected to be spent by year end across clinical and non-clinical equipment and digital investments. The Chair recognised the success in securing additional capital funding in the current environment and commended the leadership of the Director of Property & Asset Management in delivering complex works across the estate.

The Chair also commended the work of the Finance, Performance & Resources Committee over the year, recognising the collective effort across the organisation to deliver savings and maintain financial control and she expressed appreciation to Directors and teams who had identified and implemented transformational savings. Members noted recent successful medical recruitment, including in haematology, acute medicine and radiology, reducing reliance on locum staffing, and acknowledged the continued focus required to sustain and grow the workforce, particularly in mental health services, which would remain a key focus. It was noted that the Medical Workforce Strategy would be brought to the Board in due course.

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

9.3. Staff Training Compliance

9.3.1. Core Skills / Mandatory Training Compliance Rates & Sustainability Plan

The Director of People & Culture spoke to the key points, as set out in the Executive Summary of the paper, and confirmed that the Core Skills Compliance rate is 69% as of 31 December 2025 against a target of 80%, the highest rate achieved since December 2021, with an expected outturn of 75% at the year end. It was advised that good discussion has taken place at the Staff Governance Committee over the year, with recognition of the significant effort by colleagues and staff to enable this progress. Efforts would continue into 2026/27 to ensure the target of 80% is achieved.

Members congratulated all involved for the progress made, noting that improving compliance in this area has been a challenge for many years and achieving traction has required sustained effort over time and would need to continue going forward into 2026/27. Specific thanks were extended to colleagues who had championed the work, including the Employee Director.

The Board took a **moderate level of assurance** from the update.

9.3.2. Personal Development Plan Review Compliance Rates & Sustainability Plan

The Board discussed progress towards the 65% target, noting some positive developments in data quality and engagement but no overall sustained increase in completion levels to date. It was recognised that, while improvement was expected to be seen in the final quarter, performance remained variable across services and the paper appropriately reflected a limited level of assurance.

Discussion focused on the underlying causes, with agreement that the issue was primarily cultural and behavioural rather than a lack of time or commitment, and that training and compliance were not consistently prioritised in some areas. Particular challenge was noted within medical services, where operational pressures and staffing constraints continued to impact performance. A recovery approach was outlined, including development of a targeted plan for the new financial year, breaking activity into manageable actions, and use of digital solutions, including transcription and automation tools to record staff conversations, to reduce administrative burden. Members also noted that similar challenges were being experienced nationally.

It was agreed that reporting would continue through the Staff Governance Committee, with less frequent Board reporting unless deteriorating performance required further escalation.

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

9.4. Annual Delivery Plan (ADP) 2025/26 January Update

The Director of Planning & Transformation presented an update as at the end of January, noting that the plan and its progress had been reviewed through the Finance, Performance & Resources Committee and that key concerns were reflected in IPQR performance discussions. Whilst the paper provided an important retrospective view, work is ongoing to develop the forward delivery plan, with reconciliation between the two to be discussed further in the private session later today.

A query was raised in relation to the Women's Health Plan, noting that phase 2 of the plan had been published in January. In terms of capturing progress for 2026/27, it was noted that the whole approach to delivery planning would be different and the matter would also be discussed in private session.

Clarification was sought on mental health delivery, particularly the extent to which the strategy was translating into a shift from inpatient care towards community-based provision. While strong commitment to the strategic direction was affirmed, the Board emphasised the need to see clearer evidence of progress, including detail on pathways, resource shifts, workforce implications and associated business cases, noting opportunities to redesign services through new models of care.

A Wood, as Mental Health Champion, was able to confirm that significant work has been undertaken to establish governance, processes and engagement structures, and there was awareness that greater focus is now required on outcomes and tangible service change. The Board also discussed digital capacity and data maturity,

acknowledging challenges in workforce capability and adoption, and noted plans to refresh communications and support implementation of new technologies.

The Board took a **moderate level of assurance** regarding the delivery of the ADP as a whole, with a **limited level of assurance** against the Corporate Objective (Urgent and Unscheduled Care) due to confidence in achieving year end targets.

10. STANDING COMMITTEE REPORTS

10.1. Governance Committee Chairs' Reports

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

A Wood, Chair of the Audit & Risk Committee, confirmed that there were no matters to be escalated to the Board from the meeting held on 12 March 2026. She drew attention to two adaptions to the Internal Audit Progress Report, deferring planned reviews of the Digital Framework and Risk Framework to 2026/27 to release audit capacity for priority work, including the Freedom of Information (FOI) and Subject Access Request (SAR) audit. Attention was also drawn to the two limited assurance audit reports relating to FOI and SARs, noting the follow-up audit status and that a significant action plan is in place, overseen by the Director of Digital & Information.

A Haston, Chair of the Clinical Governance Committee, referred to the meeting held on 6 March 2026 and highlighted the areas with limited assurance that are subject to ongoing discussion and scrutiny at the committee. An update on adult protection staffing was provided, noting approval to recruit to posts and progress would be reported back to the Clinical Governance Committee from ELT for assurance. Reference was made to the recent orthopaedic trauma development session, which had been extremely useful for members, with further detail on the challenge and wider narrative on this performance metric.

A Morris, Chair of the Finance, Performance & Resources Committee, confirmed that there were no matters to be escalated to the Board from the meeting held on 10 March 2026.

J Kemp, Chair of the Public Health & Wellbeing Committee, confirmed there were no matters to be escalated to the Board from the meeting held on 2 March 2026. It was noted that good discussion had taken place around Fife's Suicide Prevention Action Plan 2022/25 Impact Report and development of the Population Health Organisation Framework.

In relation to opportunities to strengthen suicide prevention and health promotion for young people, the Chair raised awareness of the work of the Canmore Trust, which provides school-based support and has demonstrated positive impact in neighbouring areas. Members recognised the value of exploring partnership working with agile third-sector organisations to enhance existing suicide prevention arrangements, alongside the current locally agreed plan. It was noted that health promotion services are embedded within the HSCP, and that there was scope to consider further enhancement through external collaboration.

The Board also discussed drug and alcohol harms, with particular focus on emerging concerns around ketamine use among young people. The effectiveness of current pharmacy-based communications was acknowledged, alongside the need to consider wider, targeted health promotion and education in schools as part of a broader, multi-agency response. Members noted that ketamine misuse is a growing national issue and that work was already underway through the Alcohol & Drug Partnership to consider appropriate commissioning and education approaches. It was emphasised that no single organisation holds the full solution and that collaborative working across partners would be essential to support young people

C Grieve, Chair of the Staff Governance Committee, confirmed that there were no matters to be escalated to the Board from the meetings held on 3 March 2026.

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

11. ANNUAL REPORTS

11.1. Annual Duty of Candour Report 2024/25

The Medical Director advised that the report is presented to the Board on an annual basis and is thereafter required to be published. It was noted the report is similar to previous years and relates to every incident where the organisational duty of candour legislation was activated. Members noted that the report detailed the number of occasions on which the duty was activated, with comparative figures from previous years, and confirmed compliance with the statutory requirements. The report also set out actions taken in response to learning from adverse events, which were noted by the Board.

The Board **reviewed** the substance and content of the report, taking a **moderate level of assurance** and **noted** that any incidents that conclude after submission of the 2024/2025 report will be included in the 2025/2026 report.

11.2. Pharmaceutical Care Services Report 2024/25

The Acting Director of Pharmacy & Medicine presented the Annual Pharmaceutical Care Services Report 2024/25, noting that the final report is published on the Board's website and that, for the first time, it covers a three-year period, supported by an annual action plan on how the team will seek to improve services. Annual updates will be provided for further assurance. It was clarified that the report is produced independent of the process for control of entry for new pharmacy applications, but that process does consider this plan in terms of assessing need for additional pharmacies. It was confirmed that the report had been considered by the Public Health & Wellbeing Committee and provided significant assurance regarding the provision of community pharmacy services across Fife, delivered through 86 pharmacies.

The report presented detailed delivery statistics demonstrating good accessibility to community pharmacy services and increased uptake, including Pharmacy First, with around 18,000 people accessing the service each month who might otherwise have attended general practice or out-of-hours services. Members noted that Pharmacy First Plus was now provided by around 50% of pharmacies, that community

pharmacies supported just over 70% of smoking cessation activity, and that they played a key role in public health, harm reduction, and drug and alcohol services. While no unmet need had been identified, a number of actions were set out to further improve pharmacy services across Fife in the coming year.

The Chair commended the plan, highlighting that it provided a strong population health and disease incidence profile, offering a clear understanding of community need and how services are tailored to meet that need, and thanks were recorded to the Lead Pharmacist, Public Health & Community Pharmacy Services, for her contribution.

Clarification was sought on how the plan aligned with the pharmaceutical application process, particularly where new approvals may suggest unmet need, and how both processes together provide a wider picture. The Acting Director of Pharmacy & Medicines advised on service provision, explaining that from a professional and planning perspective no gaps in community pharmacy services had been identified. She noted that 89% of the population can access a pharmacy within one mile of their home and, as such, there are no identified gaps in service delivery or planning. She clarified that there is a separate statutory process through which new pharmacies are considered, noting that two new pharmacies had opened within the past five years. That process assessed local community needs in detail and independently considered the Pharmaceutical Care Plan alongside wider requirements. While this can give rise to a perceived disparity, it is intended to operate separately, and no unmet need has been identified through this report.

The Board thanked the Acting Director of Pharmacy & Medicines and her team for the comprehensive and well-evidenced report and agreed to take a **significant level of assurance** regarding the provision of pharmaceutical care services in Fife.

12. OTHER COMMITTEE MINUTES

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

12.1. Communities & Wellbeing Partnership dated 5 March 2026 (unconfirmed)
12.2. Fife Health & Social Care Integration Joint Board dated 26 November 2025 (confirmed)

Approved Minutes:
12.4. Audit & Risk Committee dated 10 December 2025
12.5. Clinical Governance Committee dated 9 January 2026
12.5. Finance, Performance & Resources Committee dated 13 January 2026
12.6. Public Health & Wellbeing Committee dated 12 January 2026
12.7. Staff Governance Committee dated 6 January 2026 and Extraordinary meeting dated 16 January 2026

13. ANY OTHER BUSINESS

13.1. Chief Executive Retirement

The Chair paid tribute to C Potter on the occasion of her retirement as Chief Executive of NHS Fife, a position she has held for six years, having served as NHS Fife Director of Finance prior to that date. On behalf of the Board, the Chair warmly thanked C Potter for her commitment and dedication to NHS Fife and the people of the Kingdom of Fife and wished her well in her future endeavours.

14. DATE OF NEXT SCHEDULED MEETINGS

Tuesday 26 May 2026 at 10.00 am in the Boardroom, Victoria Hospital, Kirkcaldy

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

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

FIFE NHS BOARD – ACTION LIST
Meeting Date: Tuesday 26 May 2026

NO.	DATE OF MEETING	AGENDA ITEM / TOPIC	ACTION	LEAD	COMMENTS / PROGRESS	COMPLETION DATE
1.	27/01/26	**Digital Framework 2025/28**	Consider dedicating time in a future Board Development Session and/or further engagement with the Director of Digital & Information and his teams re Board's role in digital investment, including exploring opportunities around Artificial Intelligence and rapid diagnostics.	~~**AG**~~ **CM**	Consideration of this session is ongoing. Timing of session being considered.	Ongoing
2.	27/01/26		A further paper on immediate priorities would be provided to a future meeting.	**AG**	Ongoing. Paper to be available for May 2026 meeting.	May 2026

Report to the Board on 26 May 2026

BOARD DEVELOPMENT SESSION – 28 April 2026

Background

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

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

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

April Development Session

4. The most recent Board Development Session took place in the Boardroom, Victoria Hospital, Kirkcaldy on Tuesday 28 April 2026. The main topics for discussion related to Unscheduled Care, Capital Investment Priorities and Whole System Infrastructure Plan and the Closing Financial Position for 2025/26.

Recommendation

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

PAT KILPATRICK
Board Chairperson
29 April 2026

NHS Fife

Meeting:	**Fife NHS Board**
Meeting date:	**26 May 2026**
Title:	**Integrated Performance & Quality Report**
Responsible Executive:	**Susan Fraser, Deputy Director of Planning & Transformation**
Report Author:	**Bryan Archibald, Planning & Performance Manager**

Executive Summary

The Integrated Performance and Quality Report (IPQR) was scrutinised by each of the relevant standing committees in this cycle. As at the end of Month 12 (Mar-26), overall, the IPQR provides a **moderate** level of assurance.

Limited assurance is provided for Operational Performance and Workforce sections, in relation to achieving year end targets, whilst moderate assurance is provided for Quality and Care, Finance and Public Health & Wellbeing.

Quality and Care:

No confidence targets can be achieved without change for **All Inpatient Falls and Stage 2 Complaints**.

Operational Performance:

Improving variation displayed for **New Outpatient waits within 12 weeks.**
Emergency Access, **TTG** and **FOI** are displaying **concerning variation**.
Targets cannot be achieved without change for **Emergency Access**, **All Delayed Discharges**, **Acute Waiting Time Standards (TTG and New Outpatients)**.

Workforce:

Targets cannot be achieved without change for **PDPR** and **Sickness Absence** with the latter displaying **concerning variation**.

Public Health and Wellbeing:

There is **confidence target can be consistently achieved** for **CAMHS**.
No confidence targets can be achieved without change for **Psychological Therapies** and **MMR2 uptake at 5 years of age**.

1 Purpose

This is report is presented for:

- Assurance

This report relates to:

- Annual Delivery Plan

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

This report informs the Board of performance in NHS Fife and the Health & Social Care Partnership against a range of key health and wellbeing measures (as defined by Scottish Government 'Standards' and local targets).

The period covered by the performance data is generally up to the end of Feb-26, although some are available up to the end of Mar-26. However, there are a number of measures with a data time lag either due to their nature or when the information is published by Public Health Scotland: these are tabled in Appendix 1 – Table of Metrics and Data Lag.

2.2 Background

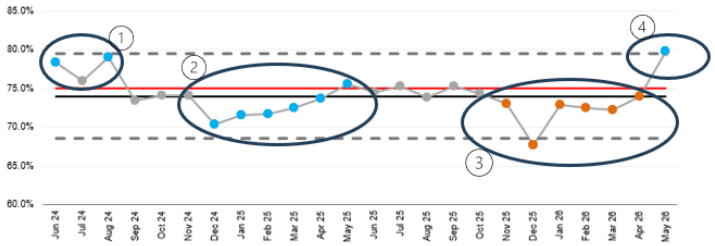
The Integrated Performance & Quality Report (IPQR) is the main corporate reporting tool for the NHS Fife Board and is produced monthly.

Targets for 2025/26 have been reviewed, and following approval through relevant Governance processes, will be monitored via IPQR. Trajectories agreed with Scottish Government to Mar-26 will also be monitored.

A summary of targets to be achieved by Mar-26 are tabled in Appendix 2 – Trajectories to end of 2025/26.

The use of Statistical Process Control (SPC) methodology has been extended. Following recent 'Making Data Count' session from NHS England, all SPC rules (listed below) have now been adopted, where applicable, rather than just 'single point outwith process limits' rule.

1. two out of three points close to a process limit
2. run of points in consecutive ascending / descending order
3. shift of points above / below mean
4. single point outside control limits

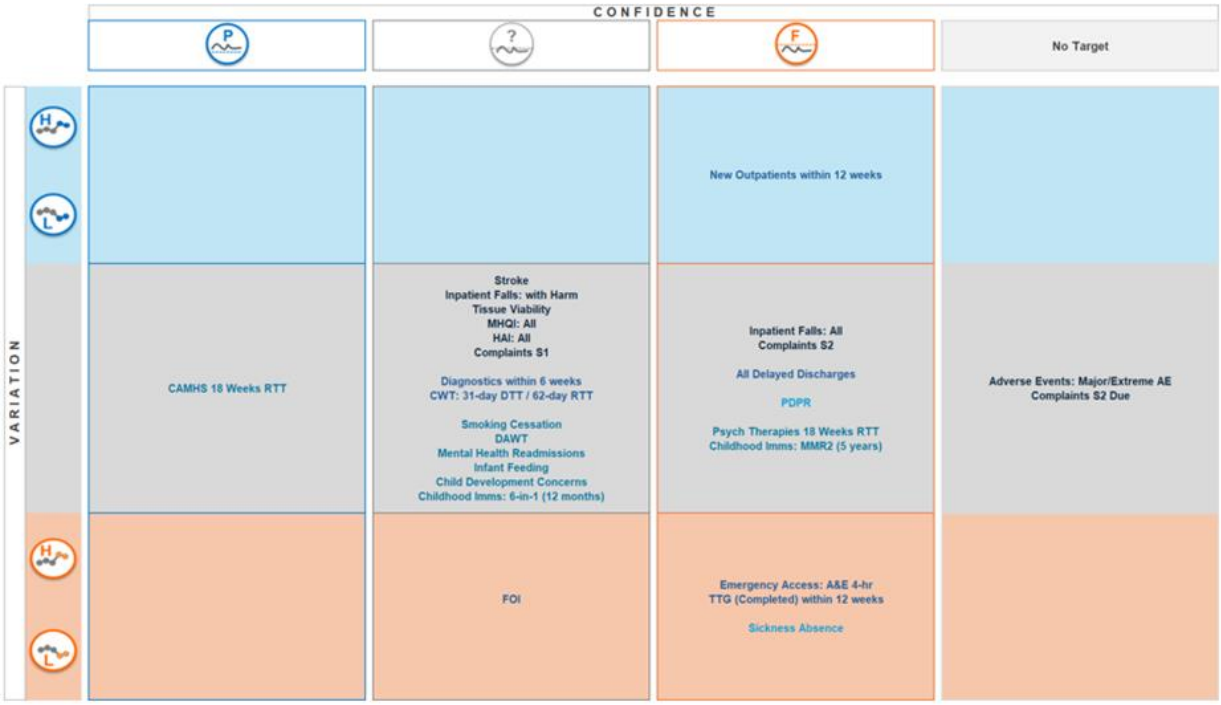


SPC has also been utilised to provide an indication of 'confidence' in regard to whether targets can be achieved or not. An additional icon is applied to metrics with 2025/26 trajectories.



2.3 Assessment

Summary of current performance in relation to 'Variation' and 'Confidence' in achieving targets by March 2026, utilising SPC methodology.



Page 26 of 785

A more in-depth examination of each IPQR section is provided below.

Quality and Care (17 metrics): targets cannot be achieved without change for All Inpatient Falls and Complaints S2

- **SAER Median Days to Report** data shows that the median for 3 months to Feb-26 has decreased to 206 days.
- **All Inpatient Falls** is displaying **common cause variation**; target is outwith control limits, therefore **no confidence target can be achieved without change**.
- All four **Mental Health Quality Indicators** are displaying **common cause variation** with **no confidence target can be reliably met**.
- SPC methodology for **Healthcare Associated Infections** continues to display **common cause variation** and **no confidence targets can be reliably met**. Projections, based on 2025/26 data so far, suggest targets for CDI and ECB will be exceeded.
- **Stage 2 Complaints** performance continues to display **common cause variation**; target is outwith control limits, therefore **no confidence target can be achieved without change**.

Operational Performance (12 metrics): targets cannot be achieved without change for Emergency Access, All Delayed Discharges, and Acute Waiting Time Standards (TTG and New Outpatients)

- **A&E 4-hour performance** is **not achieving 2025/26 trajectory** and there is **no confidence 82% target can be achieved without change**.
- **All Delayed Discharges** is displaying **common cause variation**, is **not achieving 2025/26 trajectory** and there is **no confidence target of 78 can be achieved without change**.
- **Cancer 31-day DTT** and **62-day RTT** performance continues to show **common cause variation** and **targets cannot be reliably met**.
- **TTG** waits >52 weeks is **achieving 2025/26 trajectory** although continuing to display **concerning variation** in completed waits performance within 12 weeks, there is **no confidence 12-week target can be achieved**
- **New Outpatient** waits >52 weeks is **achieving 2025/26 trajectory**; there continues to be **improving variation** in the number of reductions. There is **improving variation** displayed in 12-week performance, but **no confidence target can be achieved without change**
- **Diagnostic** waits >6 weeks is **not achieving 2025/26 trajectory** with '% within 6 weeks' now displaying **common cause variation**.

There are 2 metrics reported via the IPQR relating to Finance.

Workforce (6 metrics): targets cannot be achieved without change for **Sickness Absence** and **PDPR Compliance**

- **Sickness Absence** is displaying **concerning variation** and is consistently not achieving target, therefore **no confidence target can be achieved without change**.
- **PDPR** compliance is displaying **common cause variation** but is consistently not achieving target, therefore **no confidence target can be achieved without change**.

Public Health and Wellbeing (13 metrics): there is no confidence targets can be achieved without change for Psychological Therapies and MMR2 uptake at 5 years of age

- **CAMHS** continues to exceed the national standard of 90% and continues to display **common cause variation**; there is **confidence that target can be consistently achieved**.
- **Psychological Therapies** continues to display **common cause variation**; target is outwith control limits, therefore **no confidence target can be achieved without change**.
- **MMR2 at 5 years uptake** continues to display **common cause variation**; target is outwith control limits, therefore **no confidence target can be achieved without change**.

Comments from Committees

Clinical Governance Committee

Committee expressed optimism relating to improvement work around Complaints and that it is heartening to hear that staff are also being taken on this journey. Whilst routine monitoring will be through the IPQR, a formal update was proposed for Committee in November meeting, to allow time for actions due to progress and to consider how quality of responses is monitored.

Public Health and Wellbeing Committee

Committee enquired whether there was a report that could be shared around barriers to MMR2 immunisations. Response stated whilst there is no specific report on this and NHS Fife has carried out several pieces of work to understand barriers to childhood immunisation, including broader review work and more detailed qualitative work on MMR2. A programme board is considering the full range of actions needed to meet national immunisation standards. Further detail on performance and barriers is expected through the annual immunisation report, likely coming to a meeting around July.

Further information was requested by Committee on how Community Pharmacies are being enabled to support Smoking Cessation. Response stated Community Pharmacies are a critical partner in achieving target and there are improvement actions being undertaken in relation to capacity issues.

Additional query on whether there was an increasing number of rejected referrals and what the pathways are for these patients. This was taken offline in order to provide assurance to Committee.

Staff Governance Committee

Improvement in Mandatory Training was welcomed by Committee as well as the continued focus as a priority going forward.

Committee queried increase in PDPR target for 2026/27 when the target was not achieved for 2025/26. It was explained the trajectory was agreed previously to show an improvement over a number of years to achieve the historic target of 80%. This is not a directive from Scottish Government but a local improvement trajectory. There were concerns raised that the drive to increase performance may lead to less meaningful conversations around personal development.

Finance, Performance and Resource Committee

There was praise from Committee in relation to year end Elective Waiting Time position.

This report provides the following Level of Assurance agreed at the appropriate committee:

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

2.3.1 Quality, Patient and Value-based Health & Care

The Quality and Care section of the IPQR includes comprehensive reporting on quality measures to ensure continuous oversight and enhancement of patient care standards across NHS Fife. This section focuses on a broad range of indicators designed to monitor patient safety, clinical effectiveness, patient experience, and value-based care delivery. Regular assessment of these metrics facilitates timely identification of potential risks or variations in care quality, enabling proactive measures and improvement initiatives. By systematically evaluating these quality indicators, NHS Fife promotes optimal patient outcomes, improved care experiences, and effective utilisation of resources in line with national healthcare priorities.

2.3.2 Workforce

The Workforce section of the IPQR provides detailed reporting on workforce measures, ensuring robust oversight and management of staffing resources within NHS Fife. This section evaluates key indicators including staff sickness absence, vacancies, and Personal Development and Performance Review (PDPR) compliance. Monitoring these metrics enables identification of workforce pressures, informs targeted interventions, and

supports effective workforce planning and engagement strategies. Through continuous analysis of workforce data, NHS Fife aims to enhance staff wellbeing, optimise performance, and maintain sustainable staffing levels to deliver safe, high-quality patient care.

2.3.3 Financial

The Finance section of the IPQR summarises key financial performance measures, providing high-level assurance and highlighting areas that require ongoing attention. This section ensures the Board remains informed of overarching financial risks, trends, and pressures affecting NHS Fife. It should be noted that comprehensive financial reporting, including detailed analysis and performance evaluation, is presented separately to the Board in a dedicated Financial Performance Report. This separate report enables deeper scrutiny and detailed discussion on financial matters, supporting informed decision-making and effective financial governance.

2.3.4 Risk Assessment / Management

NHS Fife systematically identifies evaluates, and manage risks that may impact organisational objectives, patient care, operational delivery, and overall performance. Regular assessment ensures that risks are effectively monitored, mitigated, and escalated as appropriate, strengthening governance processes and supporting informed strategic decision-making.

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

The IPQR contributes to NHS Fife's commitment to addressing equality, human rights, children's rights, and reducing health inequalities. Through ongoing review and analysis of relevant performance metrics, NHS Fife identifies disparities in patient outcomes, and patient experience. This supports targeted improvement efforts aligned to statutory obligations and strategic ambitions as an Anchor Institution, promoting equitable healthcare delivery, enhancing community wellbeing, and fostering social value across the region.

2.3.6 Climate Emergency & Sustainability Impact

The IPQR will be enhanced to support NHS Fife's response to the climate emergency and sustainability commitments through targeted performance monitoring. By highlighting relevant measures, the report will enable assessment of progress toward reducing environmental impacts, such as carbon emissions and sustainable resource utilisation. This alignment encourages environmentally responsible healthcare practices, promoting sustainability objectives that contribute to NHS Scotland's wider climate ambitions and statutory responsibilities.

2.3.7 Communication, involvement, engagement and consultation

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

Page 30 of 785

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 Leadership Team**, 23 April 2026
- **Clinical Governance Committee**, 01 May 2026
- **Finance, Performance and Resource Committee**, 05 May 2026
- **Public Health and Wellbeing Committee**, 11 May 2026
- **Staff Governance Committee**, 12 May 2026

2.3.9 Issues for Escalation to the NHS Fife Board

None

2.4 Recommendation

This paper is provided to members for:

- **Assurance** – This report provides a Moderate Level of Assurance.

3 List of appendices

- Appendix 1 – Table of Metrics and Data Lag
- Appendix 2 – Trajectories to end of 2025/26
- Appendix 3 - IPQR Position at M12 (Mar-26) v1.0

Report Contact

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Appendix 1 – Table of Metrics and Data Lag

Metric	Local Data Lag	Published Data Lag
HSMR	-	6 months
Mental Health Readmissions	6 months	-
Smoking Cessation	4 months	9 months
Antenatal Access	-	3 months
Public Health Screening	previous Quarter	previous financial year
Child Health	3 months	previous Quarter
Vacancies	3 months	-
Alcohol Brief Interventions	3 months	-
Drugs & Alcohol WT	2 months	3 months
Childhood Immunisation	-	3 months
Adverse Events	Adverse Events – 1 month SAER/LAER – 3 months	-
Inpatient Falls	1 month	-
Pressure Ulcers	1 month	-
Mental Health Quality Indicators	2 months	-
HAI/HCAI	1 month	3 months
Patient TTG	1 month	3 months
New Outpatients	1 month	3 months
Diagnostics	1 month	3 months
Cancer	1 month	3 months
Sickness Absence	1 month	3 months
CAMHS WT	1 month	3 months
Psychological Therapies WT	1 month	3 months
Complaints	No lag	previous financial year
PDPR	No lag	-
Emergency Access	No lag	1 month
FOI Requests	No lag	-
Delayed Discharge	No lag	1 month
Immunisation: Flu/Covid	No lag	TBC

Appendix 2 – Trajectories to end of 2024/25 & 2025/26

Metric		To achieve by
		By Mar-26
Stroke Bundle	Percentage of patients to receive appropriate Stroke Care Bundle	80%
Inpatient Falls	Reduce All Falls (inpatient) rate by 15% in FY 25/26 compared to baseline (2023/24) [rate: number of Inpatient Falls per 1,000 Occupied Bed Days]	5.89
Inpatient Falls with Harm	Reduce Falls with Harm (inpatient) rate by 10% in FY 25/26 compared to baseline (2023/24) [rate: number of Inpatient Falls per 1,000 Occupied Bed Days]	1.38
Pressure Ulcers	Reduce pressure ulcer rate by 20% in FY 25/26 compared to baseline (2022/23) [rate: number of pressure ulcers per 1,000 Occupied Bed Days]	0.89
Ligature Incidents (Mental Health)	Rate to reduce [rate: number of incidents per 1,000 Occupied Bed Days]	0.76
Incidents of Restraint (Mental Health)	Rate to reduce [rate: number of incidents per 1,000 Occupied Bed Days]	6.44
Incidents of Physical Violence (Mental Health)	Rate to reduce [rate: number of incidents per 1,000 Occupied Bed Days]	7.04
Incidents of Self Harm (Mental Health)	Rate to reduce [rate: number of incidents per 1,000 Occupied Bed Days]	0.78
Healthcare associated infection – C Diff	To Achieve no more than 26 infections by YE Mar-26	26
Healthcare associated infection – ECB	To Achieve no more than 126 infections by YE Mar-26	126
Healthcare associated infection – SAB	To Achieve no more than 43 infections by YE Mar-26	43
S1 Complaints Closed in Month on Time	Percentage of Stage 1 complaints to be completed within 5 working days	80% TBC
S2 Complaints Closed in Month on Time	Percentage of Stage 2 complaints to be completed within 20 working days	60% TBC
4-Hour Emergency Access (ED)	Percentage of ED patients to wait less than 4 hours from arrival to admission, discharge or transfer	82%
Delayed Discharges (Standard) Acute/Comm	Average number of Bed Days Lost per day due to people in delay (excluding Code 9) within Acute and Community settings to reduce	44
Delayed Discharges (Standard) MH/LD	Average number of Bed Days Lost per day due to people in delay (excluding Code 9) within Mental Health settings to reduce	4
Cancer 31-Day DTT	Percentage of patients waiting no more than 31 days from decision to treat to first cancer treatment	95%
Cancer 62-Day RTT	Percentage of patients referred urgently with a suspicion of cancer to begin treatment within 62 days of receipt of referral (National Standard 95%)	75%
Patient TTG % <= 12 Weeks	Percentage of patients to be treated (inpatient or day case setting) within 12 weeks of decision to treat	100%

Patient TTG waits > 52 weeks	Number of patients waiting 52 weeks or more for first outpatient appointment to reduce	700
New Outpatients % <= 12 Weeks	Percentage of patients to wait no longer than 12 weeks from referral to a first outpatient appointment	95%
New Outpatients waits > 52 Weeks	Number of patients waiting 52 weeks or more for first outpatient appointment to reduce	100
Diagnostics % <= 6 Weeks	Percentage of patients to wait no longer than 6 weeks from referral to key diagnostic test	95%
Freedom of Information Requests	Percentage of requests to be closed on time	90%
Sickness Absence	Percentage of staff sickness hours	5.8%
Personal Development Plan & Review (PDPR)	Percentage of PDPRs completed	65%
Smoking Cessation 40% SIMD (2024/25)	Number of successful smoking quits at 12 weeks post quit in the 40% most deprived SIMD areas	473
Alcohol Brief Interventions	Deliver 80% of Alcohol Brief Interventions in Priority Settings (Primary Care, A&E and Antenatal)	80%
Mental Health Readmissions within 28 days	Readmission rate for Mental Health Specialties within 28 days of discharge to reduce	5.0%
CAMHS Waiting Times	Percentage of young people to commence treatment for specialist CAMH services within 18 weeks of referral	90%
Psychological Therapies	Percentage of patients commencing Psychological Therapy based treatment within 18 weeks of referral (National Standard 90%)	74.3% TBC
Drugs & Alcohol Waiting Times	Percentage of clients to wait no longer than 3 weeks from referral received to appropriate drug or alcohol treatment that supports their recovery	90%
Breast Screening	Percentage of uptake of females between age of 50-70	80%
Bowel Screening	Percentage of all people between age of 50-74 (invited to participate) to have a final outright test result	60%
AAA Screening	Percentage of men screened before reaching age 66	85%
Immunisation: 6-in-1 at Age 12 Months	Percentage of children to receive 6-in-1 vaccinations by 12 months of age	95%
Immunisation: MMR2 at 5 Years	Percentage of children to receive MMR2 vaccination by the age of 5	92%
Infant Feeding	Increase proportion of infants exclusively breastfed compared to baseline (2023/24) at 6-8 weeks	33%
Developmental Concerns	Increase percentage of children with one or more developmental concerns recorded at the 27-30 month review compared to baseline (2023/24)	17%

Integrated Performance and Quality Report

Position (where applicable) at Month 12 (March 2026)

IPQR Produced in April 2026

Contents

Indicator Matrix (National Standards and Local Targets)

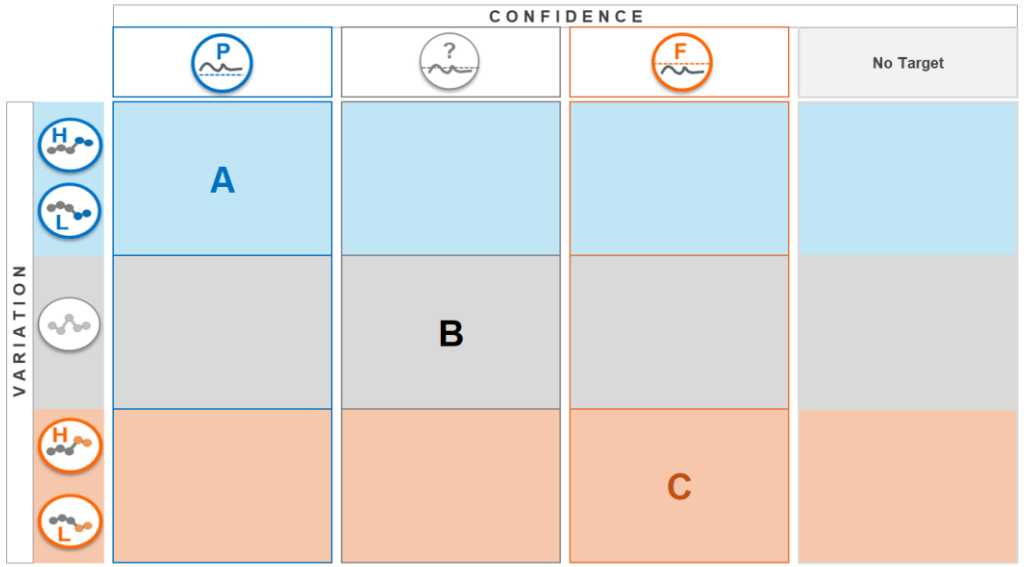
Summary of current performance in relation to ‘Variation’ and ‘Confidence’ in achieving targets by March 2026, utilising SPC methodology.

How to interpret:

Indicator A – special cause ‘improving’ variation has been identified. Target is also outwith process limits in ‘positive’ direction therefore confident that target can continue to be achieved.

Indicator B – no special cause variation has been identified. Target is also within process limits therefore cannot reliably state that target will be met consistently.

Indicator C – special cause ‘concerning’ variation has been identified. Target is also outwith process limits in ‘negative’ direction therefore confident that target will not be achieved unless there is a significant change in system/process.



Improvement Plan Trajectories

Progress against agreed trajectories with Scottish Government relating to Unscheduled and Scheduled Care.

Governance Committee Sections

Sections include Indicator Summaries for each Governance Committee as well as Exception Reports for key indicators. Incorporated into these reports is a detailed analysis utilising SPC methodology as well as improvement actions, that are designed to improve performance.

Introduction

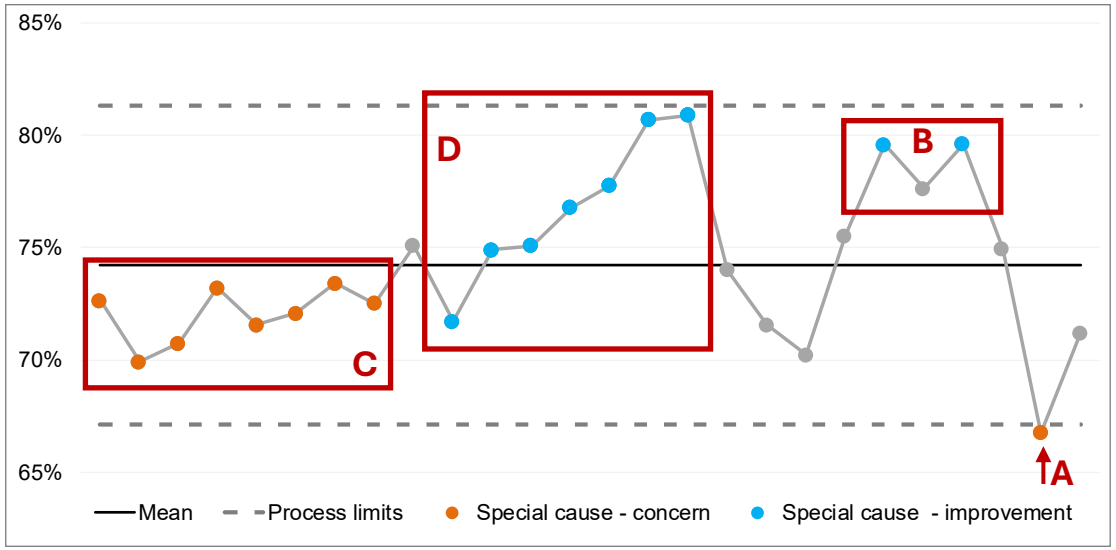
The purpose of the Integrated Performance and Quality Report (IPQR) is to provide assurance on NHS Fife's performance relating to National Standards and local Key Performance Indicators (KPI). At each meeting, the Governance Committees of the NHS Fife Board is presented with an extract of the overall report which is relevant to their area of Governance. The complete report is presented to the NHS Fife Board.

This report has adopted the 'Making Data Count' approach which utilises Statistical Process Control to support better decision-making.

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 process limits.

There are a set of rules that can be applied to SPC charts which aid to interpret the data correctly.

A. A single point outside the process limits
B. Two out of three points close to a process limit
C. A shift of points above / below the mean
D. A run of points consecutive ascending or descending order



The graphic to the right displays each of the rules with the legend applicable to all SPC charts in this report, a blue dot will represent an 'improvement' with an amber dot for a 'concern'. For rules C and D, a shift/run is defined as 6 sequential points. Generally, the mean will be rebased following a shift (rule C) of 8 points.

Within this report, current performance will be represented utilising icons: blue to indicate an 'positive' position and amber for a 'negative' position.

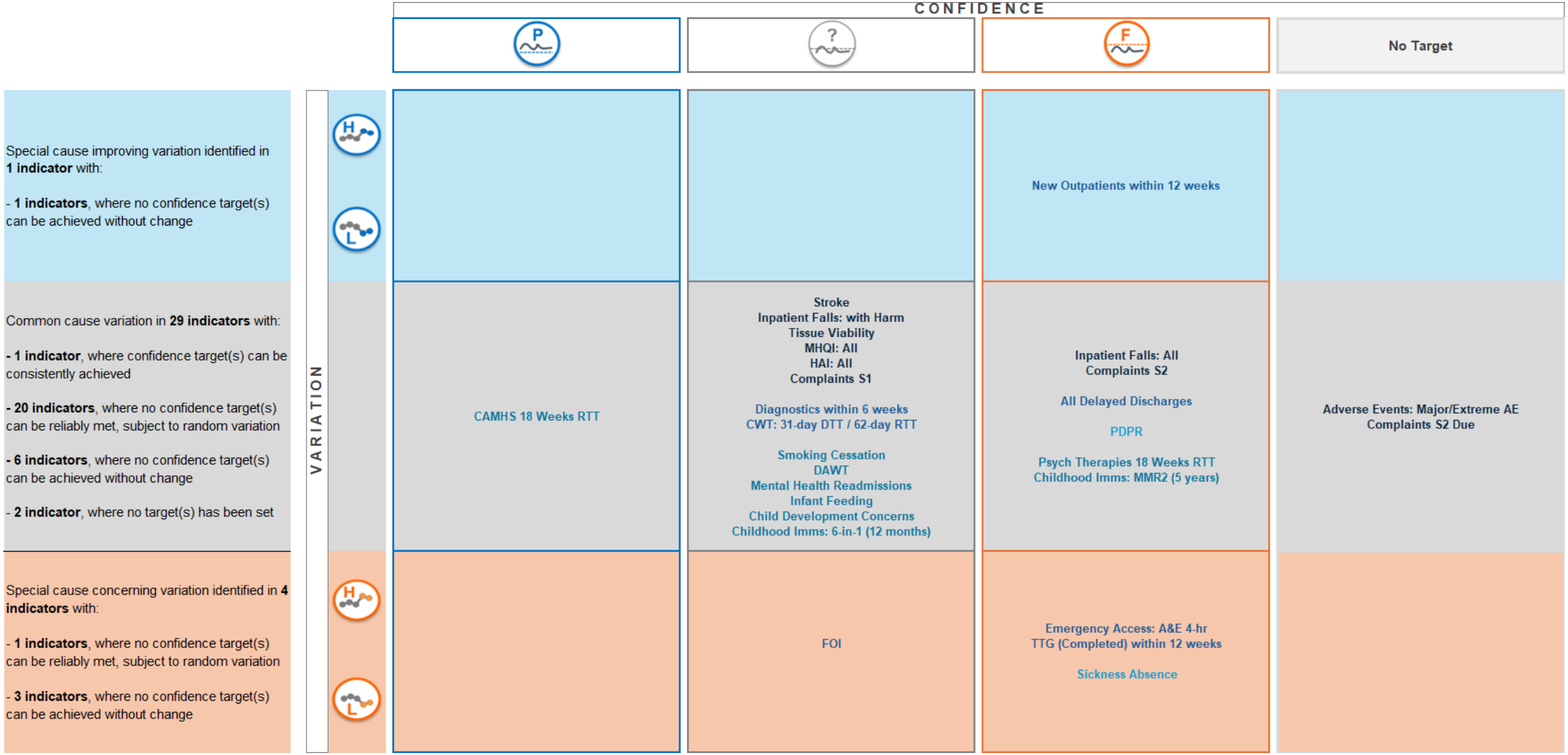
The 'Variation' icons are based on the data point following one of the four SPC rules and take into consideration whether indicator value is to be high or low.

The 'Confidence' icons are based on either:

- whether target is outwith process limits or
- performance achieving or not achieving trajectory (applicable indicators)



Indicator Matrix (National Standards and Local Targets)



Improvement Plan Trajectories

Progress against agreed trajectories with Scottish Government relating to Unscheduled and Scheduled Care.

Achieving trajectory

Not achieving trajectory

		QE Jun-25	QE Sep-25	QE Dec-25			QE Mar-26		
		Jun-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26
Emergency Access: A&E % 4-hours	Trajectory	76%	76%	77%	77%	77%	82%	82%	82%
	Actual	**74.6%**	**70.8%**	**69.5%**	**71.5%**	**69.3%**	**69.9%**	**69.1%**	**69.5%**
Delayed Discharges: All delays	Trajectory	119	93	89	89	89	78	78	78
	Actual	**118.0**	**127.5**	**117.9**	**114.3**	**118.5**	**112.2**	**105.0**	**106.7**
New Outpatients: Waits over 52 weeks	Trajectory	4,147	3,588	3,092	2,534	1,986	1,408	479	100
	Actual	**4,058**	**2,647**	**2,178**	**1,733**	**1,329**	**932**	**628**	**20**
Patient TTG: Waits over 52 weeks	Trajectory	632	749	743	662	576	500	421	340
	Actual	**695**	**598**	**647**	**727**	**718**	**610**	**494**	**401**
Diagnostics: Waits over 6 weeks	Trajectory	616	92	72	62	62	62	62	62
	Actual	**816**	**385**	**351**	**126**	**198**	**442**	**234**	**165**

Quality and Care – Indicator Summary

Indicator		Reporting Period	Current Position	Target	Variation	Confidence (Target)	Benchmarking
Major/Extreme Adverse Events		Feb-26	**17**				
SAER - Median Working Days to Report Approved		QE Feb-26	**206**				
HSMR		YE Sep-25	**0.96**				
Stroke Care Bundle		Feb-26	**57.0%**	80%			
Inpatient Falls	All	Feb-26	**7.36**	5.89			
	with Harm	Feb-26	**1.33**	1.38			
Tissue Viability (Pressure Ulcers)		Feb-26	**1.14**	0.89			
Mental Health Incidents	Ligature	Feb-26	**1.50**	0.76			
	Restraint	Feb-26	**14.34**	6.44			
	Physical Violence	Feb-26	**9.20**	7.04			
	Self Harm	Feb-26	**1.28**	0.78			
Healthcare Associated Infection	SAB	YE Feb-26	**43**	43			
	CDI	YE Feb-26	**43**	26			
	ECB	YE Feb-26	**142**	126			
Complaints Closed on Time	Stage 1	Mar-26	**70.0%**	80% TBC			
	Stage 2	Mar-26	**21.1%**	60% TBC			
S2 Complaints Due in Month and Closed On Time		Mar-26	**25.6%**				

Variation

- Special Cause Concerning variation
- Special Cause Improving variation
- Common Cause

Confidence

- Consistently achieving target
- Consistently not achieving target
- Target not reliably met

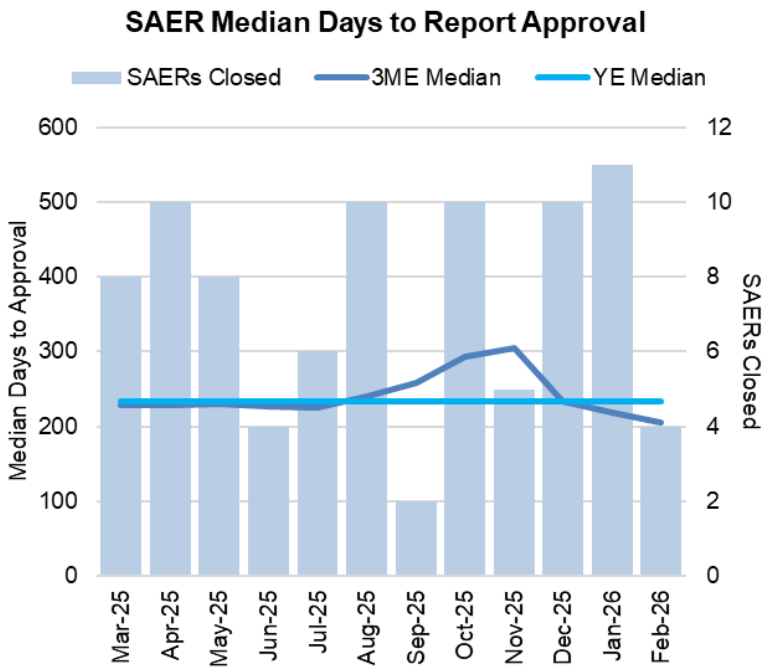
Benchmarking

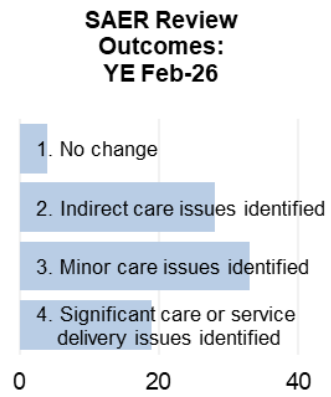
- Upper Quartile
- Mid Range
- Lower Quartile
- Not Available

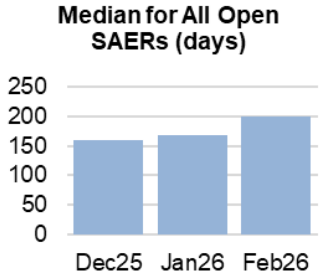
206 days

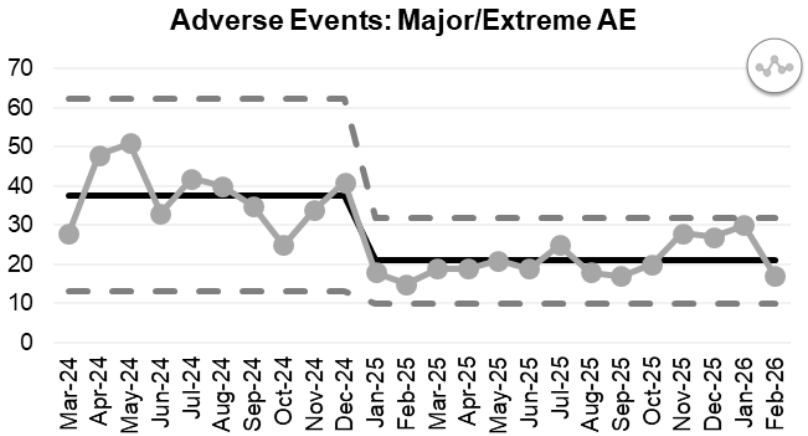
SAERs – Reviewing, Learning and Improving from Adverse Events

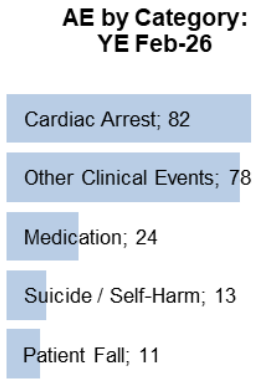
Median working days from Commissioned Date to Report Approval











Data Analysis:

There were 5 Significant Adverse Event Reviews (SAERs) commissioned in Feb-26 (12M average of 5.6) and 4 SAERs closed (12M average of 7.3). For the 3 months to Feb-26 there were 25 reports approved and median days from commissioned date was 206. Median days to report approval for all open SAERs was 200.

In terms of SAER review outcomes, those reported as ‘Significant care or service delivery issues identified’ in the 12 months to Feb-26 accounted for 23% of total reviews.

There were 17 Major/Extreme Adverse Events reported in Feb-26 from a total of 1,282 incidents indicating common cause variation against narrower range following rebased mean from Jan-25 (due to recoding at that time). 69% of all incidents were reported as 'No Harm’. In the 12 months to Feb-26, ‘Cardiac Arrest' was the most reported Major/Extreme incident.

Service Update:

Over recent months, progress has continued in strengthening Adverse Event management across NHS Fife. Median closure times for SAERs continue to reduce, demonstrating sustained improvement, although the target of 80% of SAERs closed within timescale by March 2026 was not fully achieved.

The Adverse Events Team has maintained organisational oversight of all open SAERs; however, sharing of this, has been challenged by inconsistent user access to the Power BI dashboard. Key enablers were launched in February 2026, including a new training programme to build staff capability in leading and participating in reviews using a human factors approach, and an Operational Resource Pack aligned to the refreshed Adverse Events Policy to support consistent, high-quality reviews across all levels of harm.

Improvement Activity	By When	Status
Training and education programme for SAER	Mar-26	Complete
Sharing learning from SAERs – Learning and Insights from SAERs Monthly Bulletin	May-26	On Track

0.96 Hospital Standardised Mortality Ratio (HSMR)

Number of observed deaths within 30 days of admission divided by the number of deaths that were predicted.

Data Analysis:

HSMR is the number of observed deaths within 30 days of admission divided by the number of deaths that were predicted for a particular hospital.

Value less than one, means the number of deaths is fewer than predicted. Greater than one means the number of deaths is more than predicted.

For the period Oct-24 to Sep-25 there were 1849 predicted deaths with 1781 observed deaths from 40,324 patients. This gives a crude rate of 4.4% and an HSMR of 0.96, which is within observed limits and below the rate of 1.00 for Scotland.

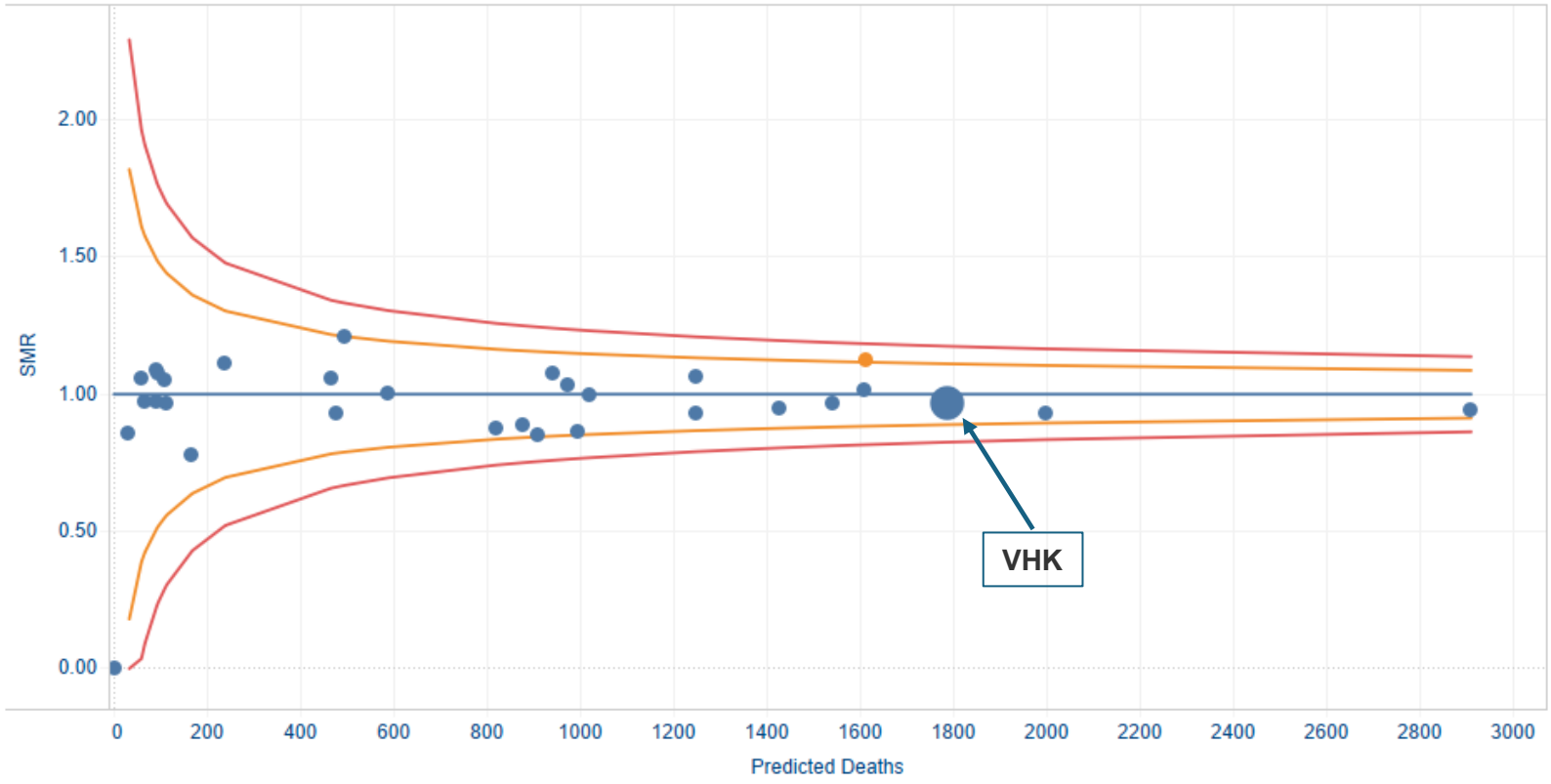
Service Update:

Proactive review of HSMR data combined with other clinical governance quality performance indicators is fundamental to ensuring the assessment and monitoring of quality and safety.

NHS Fife has a well-established and systematic process in place to review every cardiac arrest, meaning that every unexpected death is reviewed. Learning and themes from reviews are collated and an improvement plan is implemented. This is evidenced in the quarterly Deteriorating Patient Report.

Avoidable deaths are a very small fraction of all the deaths that occur in hospital. Therefore, although extremely important to ensure measures are in place to stop avoidable deaths, reducing any avoidable deaths will not necessarily change the HSMR significantly.

HSMR for deaths within 30-days of admission



57%

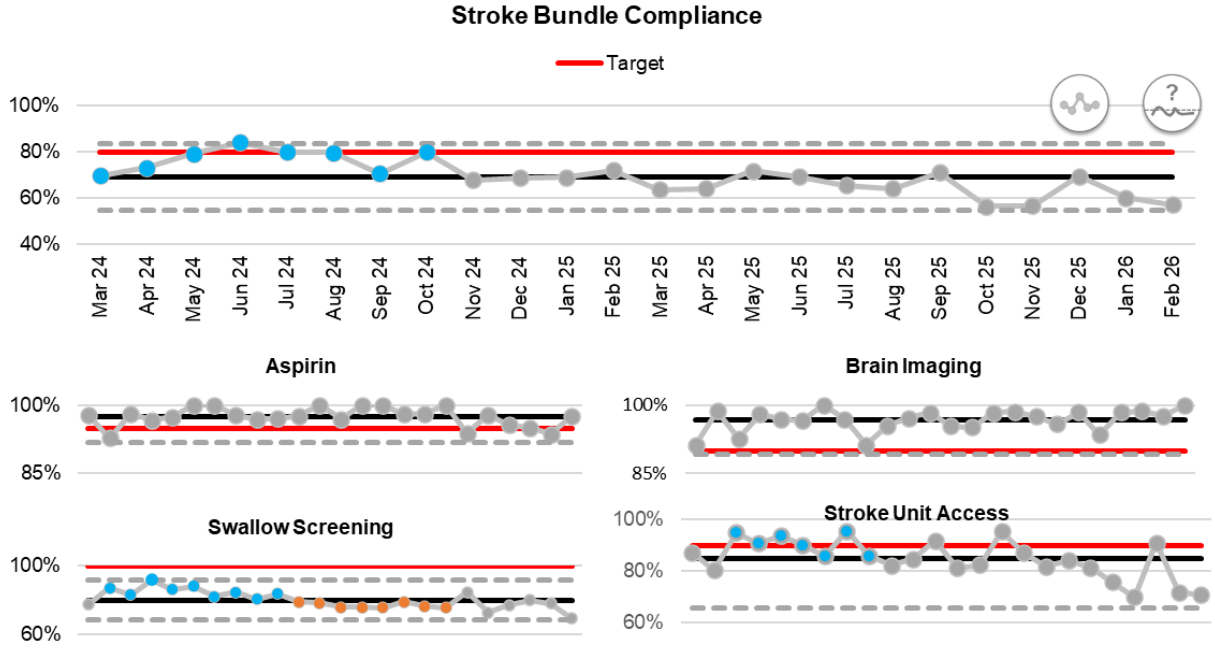
Stroke Bundle

National Standard 80% of patients to receive appropriate Stroke Care Bundle

Data Analysis:

Care bundle performance decreased to 57% in Feb-26. Performance is showing common cause variation. The target of 80% lies within the process limits indicating that there is no confidence that the target can be reliably met

- **Aspirin** – 98% of patients met this standard
- **Brain Imaging** – 100% of patients met standard increase from month prior. It has remained above the 90% standard for the last 24 months.
- **Swallow Screening** – 69% of patients met standard. It has not met the 100% standard for the last 24 months.
- **Admitted to a stroke unit within 1 day of admission** – 71% of patients met standard. It has been below standard for the last 2 months



Service Update:

Admission to the Stroke Unit continues to be challenged by high patient volumes and delays associated with downstream bed processes.

Despite this, performance improved notably in the latter part of February and early March, with 100% compliance achieved for the final two weeks of February and the first week of March. Swallow screening performance was highlighted during the annual review. While NHS Fife remains among the strongest performers in Scotland, there has been a recent deterioration against the standard which requires ongoing focus.

CYP2C19 genotyping for clopidogrel prescribing was discussed at the Acute Services Clinical Governance meeting in March.

Associated protocols are progressing through the medicines governance process and have been shared with primary care, vascular, gastroenterology and cardiology services.

Thrombolysis within 60 minutes achieved 100% compliance in three weeks during February, with performance dropping to 67% in one week. The 30-minute target continues to present challenges.

A decision on the national procurement of AI software remains outstanding.

The Regional Thrombolysis Delivery Group is scheduled to meet late March, with clinical lead in attendance.

A Stroke trainee ANP is now in post with Clinical lead overseeing training arrangements.

Improvement Activity	By When	Status
Plan is being implemented to address the OOH thrombolysis times	Apr-26	On Track

1.37 Inpatient Falls with Harm

Reduce rate by 10% to 1.38 per 1,000 Occupied Bed Days (OBD) compared to baseline (FY 2023/24)

7.36 Inpatient Falls (All Falls)

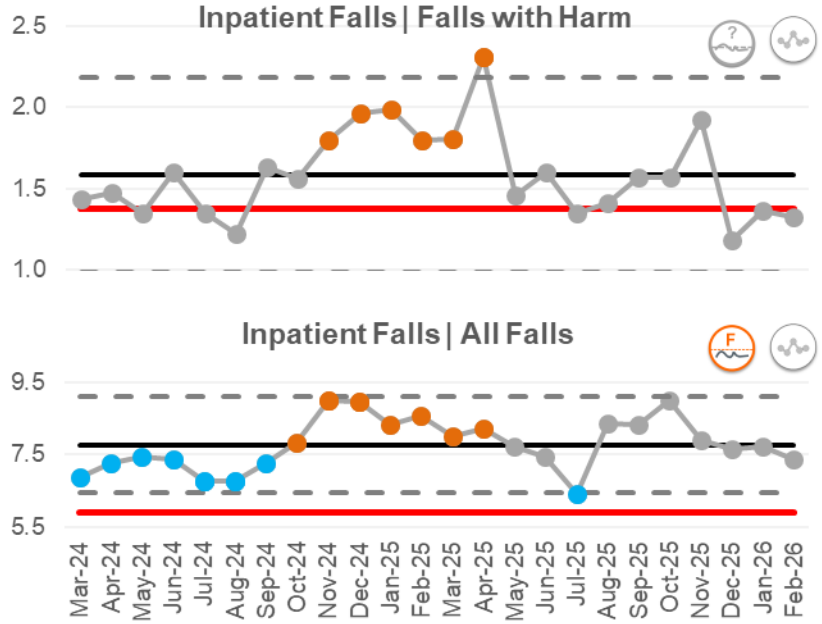
Reduce rate by 15% to 5.89 per 1,000 Occupied Bed Days (OBD) compared to baseline (FY 2023/24)

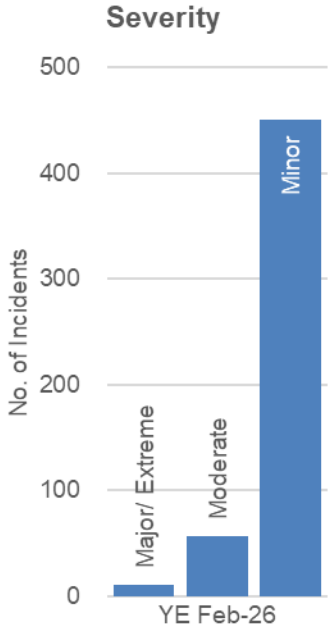
Data Analysis:

In Feb-26, there were 36 Inpatient Falls 'with Harm' which equates to a rate of 1.37 falls per 1,000 OBD. Performance is showing common cause variation with no significant change in the data. The target of 1.38 lies within the process limits indicating that there is no confidence that the target can be reliably met.

The number of Inpatient Falls in total was 208 in Feb-26, an average of 6.9 falls per day, equating to a rate of 7.36 falls per 1,000 OBD. Inpatients All Falls rate is showing common cause variation. The target is consistently not achieved and there is no confidence target can be achieved without change.

For the 3 months to Feb-26, Falls classified as 'Major/Extreme Harm' accounted for 7.4% of Falls with Harm.





Service Update:

Acute Services are strengthening falls data quality and patient safety. The NHS Pan Fife Link Practitioner Falls (Acute) event in Apr-26 will reinforce documentation standards, use of the falls toolkit, care planning/meaningful activity, supervision, mobility to prevent deconditioning and falls paperwork audits. Learning from incidents guides targeted support, focusing on areas with the highest falls with harm, while baseline prevention continues across all Acute areas.

The HSCP falls reduction group oversees improvement in targeted areas, using time of day insights, medication review and re establishing the MDT Falls meeting. Governance is strengthened via the SPSP Essentials in Care meeting chaired by the DoN in FHCSP (first meeting Feb-26).

Delivery of the agreed target is supported through governance aligned to the Blueprint for Good Governance and HIS Essentials of Care, with routine data oversight and targeted improvement/assurance.

Falls data are reviewed monthly across the HSCP to identify trends/variation and enable timely response. Pareto analysis prioritises QI for wards with persistently higher rates and for people with recurrent falls, with actions and measures monitored monthly. Scrutiny is provided through the Quality Matters Assurance Safety Huddle, where falls remain a standing agenda item.

Overall, governance, monitoring and targeted intervention support sustained improvement and consistent delivery of safe, person-centred care.

Improvement Activity	By When	Status
Targeted improvement work is being planned for wards with highest increases: Tarvit (Adamson) and Muirview (Stratheden)	Jun-26	On track
Focussed QI work at QMH include re-establishing MDT falls meetings	Jun-26	On track
Targeted reviews with 3 acute wards showing highest incidence of falls, with particular attention to unmet patient needs and environmental or care-process	Jun-26	On track

1.14 Tissue Viability

Reduce inpatient Tissue Viability rate by 20% to 0.89 per 1,000 Occupied Bed Days, compared to baseline rate (FY 2022/23)

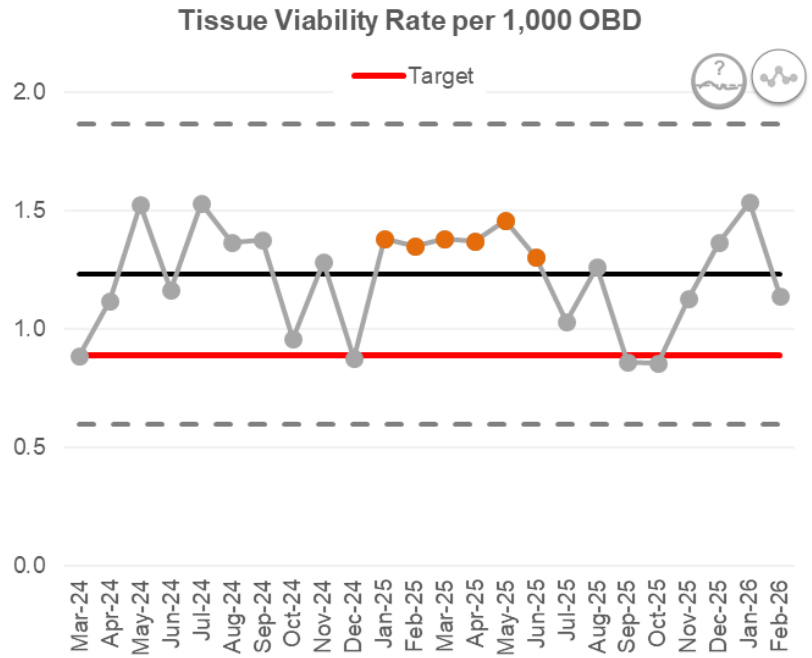
Data Analysis:

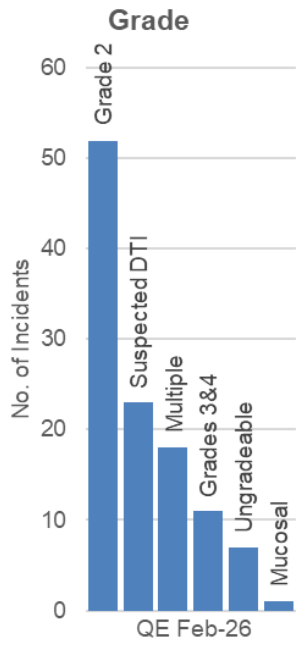
The total number of inpatient Tissue Viability (TV) incidents in Feb-26 was 30 which equates to a rate of 1.14 per 1,000 Occupied Bed Days (OBD).

Performance is showing common cause variation. The target of 0.89 lies within the process limits indicating that there is no confidence the target can be reliably met.

The number of inpatient TV incidents in Acute Services in Feb-26 was 23 (12-month average is 28) and rate was 1.71. The number in HSCP was 7 (12-month average is 6) with a rate of 0.54.

Of all inpatient TV incidents recorded in the 3 months to Feb-26, 'Grade 2' accounted for 46.4% of the total; with 'Suspected DTI' and 'Multiple' accounting for 20.5% and 16.1% respectively.





Service Update:

Acute Services continue to show variable but broadly stable pressure damage rates, with February 2026 improving after a January spike linked to high acuity, operational pressures, staffing challenges and documentation reliability (notably Ward 31 and Surgical HDU). Harm remains predominantly Grade 2, with higher grade ulcers rare. Improvement work is underway, including strengthened leadership oversight, targeted education, increased audit and assurance, improved real time documentation, and quality improvement support from Tissue Viability Nursing and Excellence in Care. Sustained focus is required to embed reliability and maintain improvement.

The data shows random variation with fluctuation around the target, including an increase in November 2025 that reduced in December. Assurance is provided through robust governance, continuous monitoring, and improvement activity aligned with the Blueprint for Good Governance and HIS Essentials of Care. Tissue viability data is routinely reviewed through established structures (QMASH, TVIG, Portfolio QMAG, and HSCP QMAG) to ensure scrutiny, escalation and oversight. Learning from LAERs and CCRs is embedded through MDT cluster reviews and shared across clinical teams via leadership engagement and established communication routes. Progress is monitored regularly, with actions on track to sustain or improve performance.

Improvement Activity	By When	Status
Design and implement a rolling Tissue Viability Learning Programme (TVLP) within 3 months, ensuring all community-based staff can access regular PU prevention education, with quarterly evaluation.	Apr-26	On Track
Deliver the Quality Improvement actions identified during the recent Grade 4 PU deep dive. Implement all QI initiatives arising from the Grade 4 PU deep dive across community nursing teams, with a target of reducing the number of Grade 4 Pressure Ulcers by within 6 months of programme commencement	Jul-26	On Track
Deliver ongoing TV Link practitioner teaching sessions, aiming for 100% coverage of all community teams within the next 6 months, with attendance and impact monitored monthly.	Jul-26	On Track

Mental Health Quality Indicators reduce incident rates (per 1,000 Occupied Bed Days) by Mar-26

1.50	Ligature by 10%	**1.28**	Self-Harm by 10%	**14.34**	Restraint by 20%	**9.20**	Physical Violence by 20%

Data Analysis:

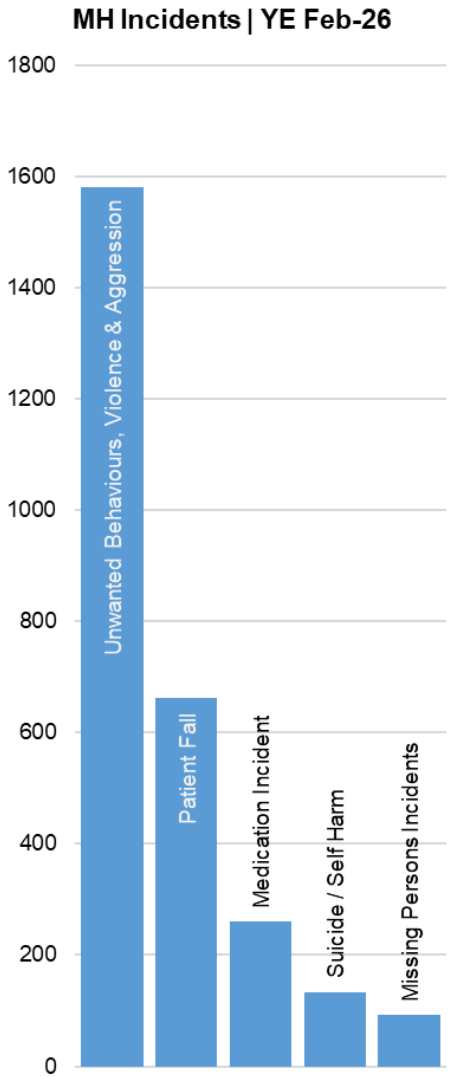
There were 228 incidents reported in relation to Mental Health wards in Feb-26, an increase from 289 previous month and is lower than same month in previous year (300). All indicators are showing common cause variation; targets lie within process limits indicating that there is no confidence targets can be reliably met. The data demonstrates high variability, with spikes attributed to individual patients.

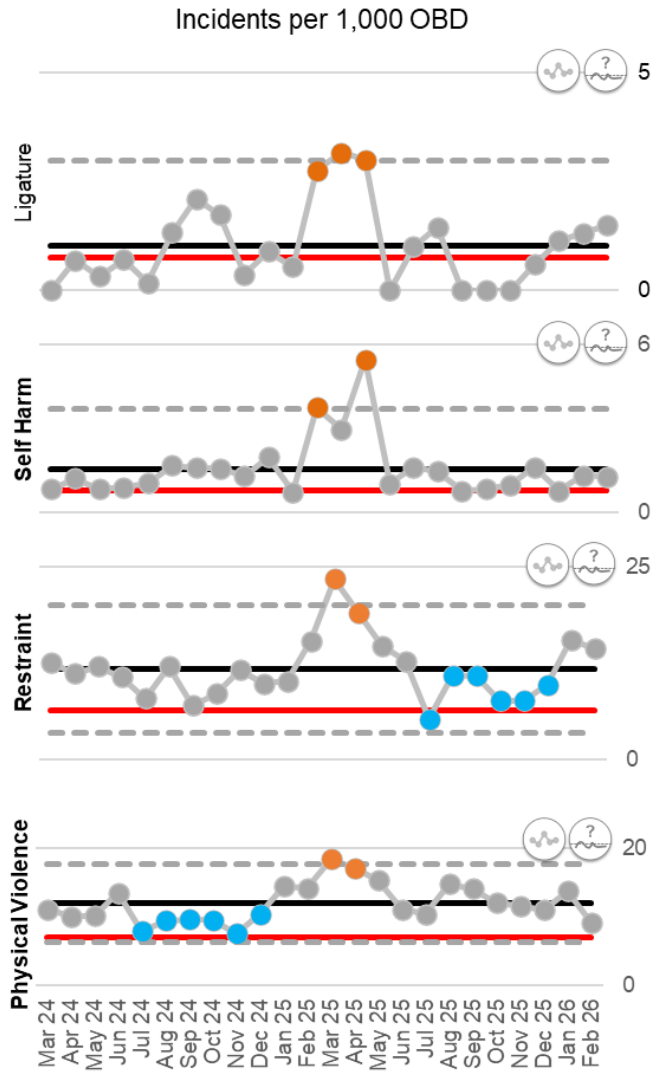
- 7 Ligature incidents, no change from previous month, 1 with minor harm.
- 6 Self Harm incidents decrease from previous month, 1 with minor harm.
- 67 Restraint incidents, decrease from previous month, 3 with minor harm.
- 43 Physical Violence incidents, decrease from previous month, 9 with minor harm.

Service Update:

Assurance is provided through established governance and routine reporting via QMASH, Portfolio QMAG, and HSCP QMAG, supporting oversight, scrutiny, and escalation of risk in line with the Blueprint for Good Governance and HIS Essentials of Care. Where increases are identified, focused analysis (including a recent deep dive) is undertaken to understand contributory factors, implement targeted actions, and monitor progress through governance forums to ensure improvements are effective and sustained.

Improvement Activity	By When	Status
(PV) Group to continue improvement work with Seclusion practice and policy	Jun-26	On Track
(Res) Group to continue improvement work with observation into practice, supervision policies and therapeutic engagement	Jul-26	On track
(PV & Res) Group to continue improvement work with Trauma Informed Care	Jul-26	On track
(SH) Group to continue improvement work with observation into practice supervision policies and therapeutic engagement	Jul-26	On track
(Lig) Development of alternatives to admission, care pathways, inpatient psychology and therapeutic activity	Aug-26	Not Started
(Lig) Anti-Ligature specification upgrade across Mental Health Estate	Jan-28	On track





Healthcare Associated Infections (HCAI)

43	**CDI** No more than 26 in 2025/26	**142**	**ECB** No more than 126 in 2025/26	**43**	**SAB** No more than 43 in 2025/26

CDI Data Analysis: There were 0 CDI Healthcare Associated Infections (HCAIs) in Feb-26, 43 over the past 12 months. Target for 2025/26 is 26.There is no significant change in performance, and no confidence target can be reliably met.

All cases are reviewed and risk factors identified and feedback is given to key staff via a monthly report.

The Antimicrobial Management Team meet on a quarterly basis, with the over-arching aim of reducing inappropriate antibiotic usage across NHS Fife. PPI messaging to GPs via monthly newsletter.

ECB Data Analysis: There were 9 ECB HCAIs in Feb-26, 142 over the past 12 months. Target for 2025/26 is 126. There is no significant change in performance, and no confidence target can be reliably met.

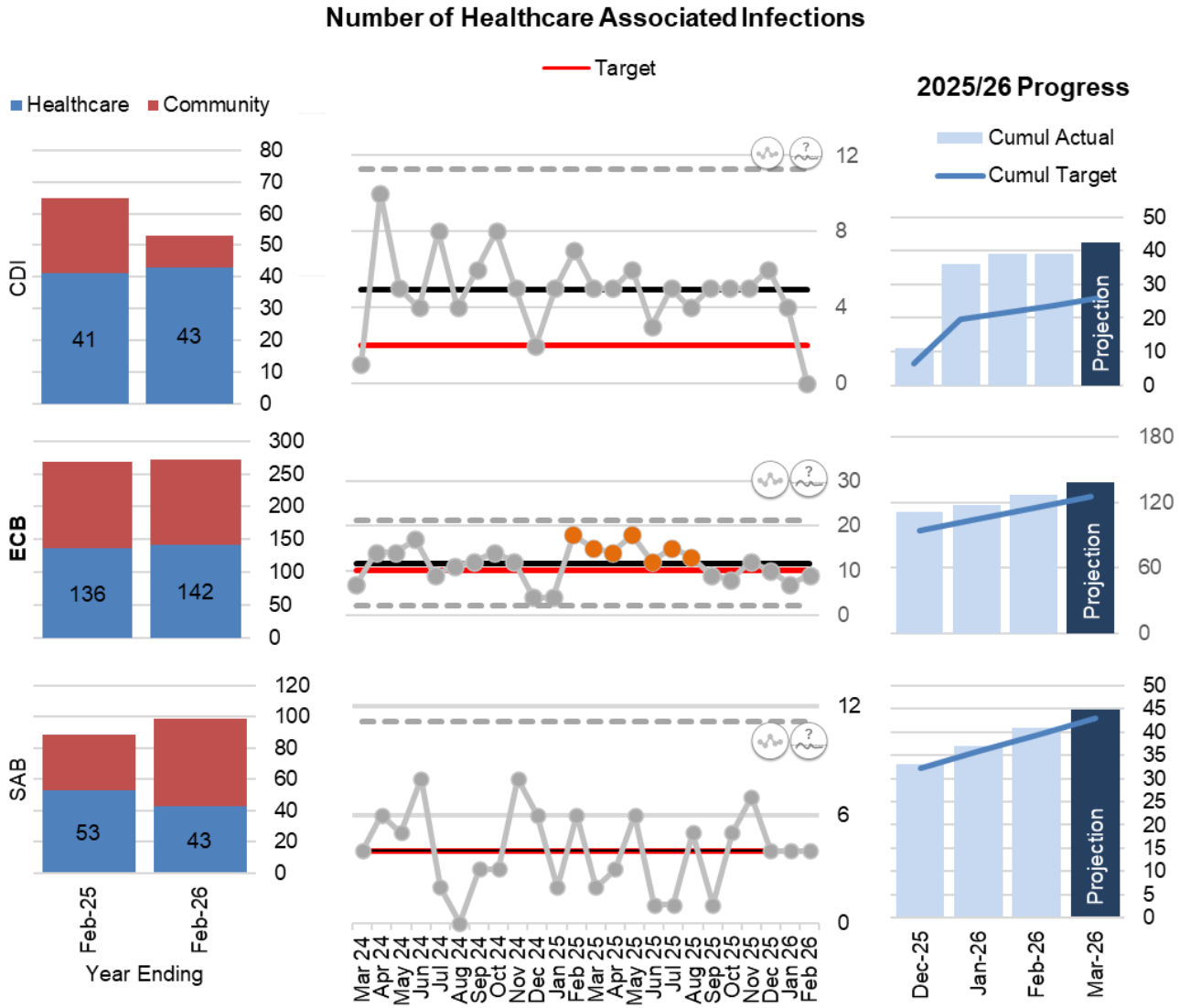
Each CAUTI is reviewed via a CCR to identify any areas for improvement and learning opportunities.

Pathways for Catheter Insertion & Maintenance e-bundle have been submitted to D&I for installation, awaiting installation and roll out.

SAB Data Analysis: There were 4 SAB HCAIs in Feb-26, 43 over the past 12 months. Target for 2025/26 is 43. There is no significant change in performance, and no confidence target can be reliably met.

The MAT 4 group meet bi-monthly and recent discussion was are focussing on embedding the Wound Management Service within the Addictions Service.

Improvement Activity	By When	Status
Pathways for Catheter Insertion & Maintenance e-bundle have been submitted to D&I for installation.	May-25	Complete
Awaiting installation and roll out of Catheter Insertion & Maintenance e-bundle	TBC	At risk
NHS Fife Urinary Catheter Point Prevalence Study	May-26	On track
SABs – Embedding the Wound Management Service within the Addiction Service.	Mar-27	On track



Complaints – Closed on Time

70.0% At least 80% of **Stage 1** complaints will be completed within 5 working days by March 2026

21.1% At least 60% of **Stage 2** complaints will be completed within 20 working days by March 2026

Data Analysis:

25 **Stage 1** complaints received in Mar-26 with 20 closed in month, of which 14 (70.0%) were within timescales. There is no confidence target can be reliably met.

47 **Stage 2** complaints received in Mar-26 with 57 closed in month, of which 12 (21.1%) were within timescales. There is no confidence target will be achieved without change. The average number of days to close complaint in Mar-26 was 56 days (60 days month previous).

There are currently 16 open S2 complaints over 60 days, 3 of which are over 100 days.

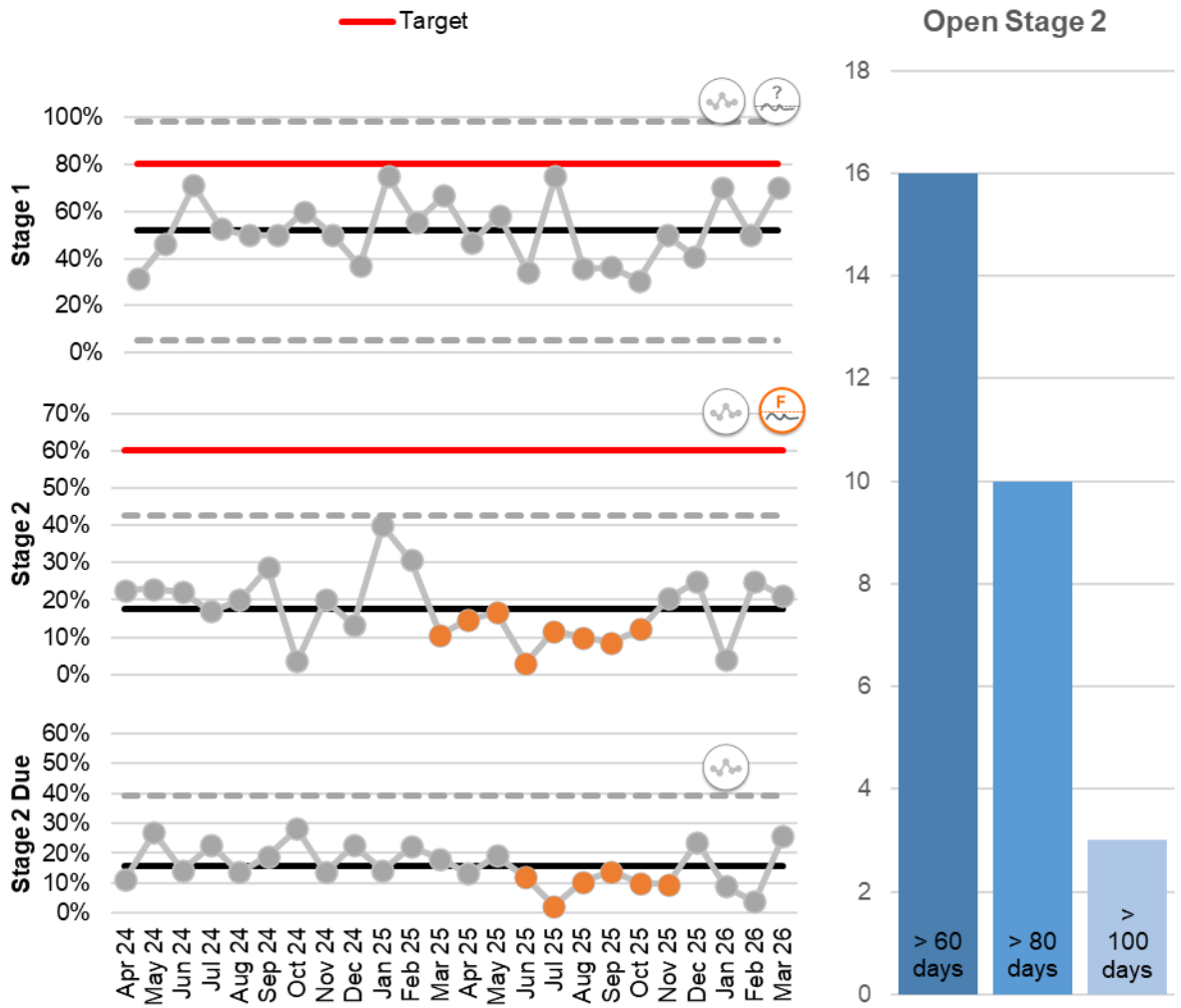
Service Update:

Within Acute Services, weekly stage 2 complaint meeting review in progress with positive impact on actively managing the backlog of overdue complaints. Currently only 2 stage 2 complaints >100 days, 1 relating to a delay in response from NHS Lothian (now resolved) and 1 aligned to CCR. There is also a focus at this meeting on stage 2 complaints <20 days for prioritisation for drafting.

Reviewing and revising the current stage 2 complaint process within Acute for opportunities for improvement which will be supported by allocation of dedicated PET support .

Complaint meetings continue to progress within Fife HSCP, with positive impact. Currently 1 Stage 2 complaint >100 days, which is at final stage completion. Ongoing improvements planned in line with oversight group.

Improvement Activity (Tests of Change)	By When	Status
Executive Director sign off of Stage 2 Complaints to reduce delay and improve oversight	Apr-26	Completed
Complaint review meetings to be established to improve ownership, awareness and visibility of complaints	Apr-26	On track
Service use of Datix to track complaints removing duplication and having single source of truth for status updates	Jun-26	On track
Alignment of PET support within Directorates to improve coordination and oversight of complaints handling and reduce response time	May-26	On track



Operational Performance – Indicator Summary

Indicator		Reporting Period	Current Position	Target	Variation	Confidence (Target)	Confidence (Trajectory)	Benchmarking
4-Hour Emergency Access (A&E)		Mar-26	**69.5%**	95%				
Delayed Discharges (Total)		Mar-26	**106.7**					
Antenatal Access		QE Dec-25	**92.1%**	80%				
Cancer Waiting Times	31-day DTT	Feb-26	**96.2%**	95%				
	62-day RTT	Feb-26	**76.5%**	75%				
Patient TTG	% within 12 weeks	Mar-26	**36.8%**	100%				
	>52 weeks	Mar-26	**401**	340				
New Outpatients Waiting Times	% within 12 weeks	Mar-26	**61.5%**	95%				
	>52 weeks	Mar-26	**20**	100				
Diagnostics Waiting Times	% within 6 weeks	Mar-26	**96.4%**	95%				
	>6 weeks	Mar-26	**165**	62				
Freedom of Information Requests		Mar-26	**32.4%**	90%				

Variation

- Special Cause Concerning variation
- Special Cause Improving variation
- Common Cause

Confidence

- Consistently achieving target
- Consistently not achieving target
- Target not reliably met
- Achieving trajectory
- Not achieving trajectory

Benchmarking

- Upper Quartile
- Mid Range
- Lower Quartile
- Not Available

69.5%

Emergency Access

By Mar-26, 82% of patients to wait less than 4 hours in A&E (Emergency Department or Minor Injuries Unit) from arrival to admission, discharge or transfer **(National Standard 95%)**

Data Analysis:

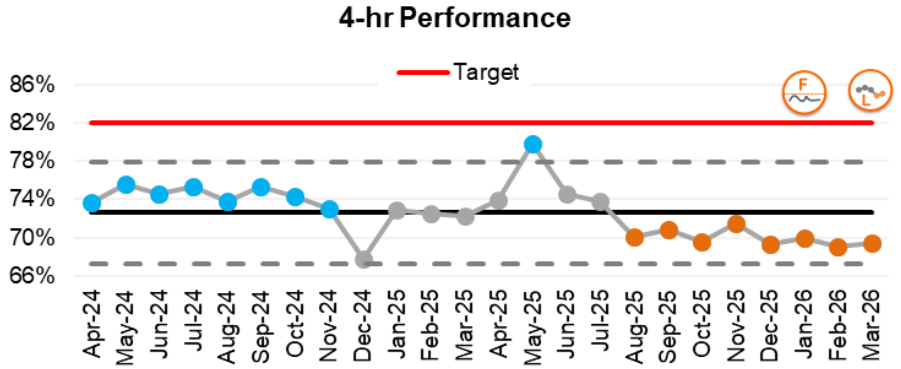
For A&E, performance in Mar-26 was 69.5%, below the 95% National Standard. SPC continues to show special cause concerning variation due to a shift of data below the mean. Average performance for 2025/26 is 71.9%. The 82% year-end target has not been achieved.

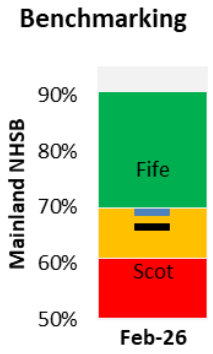
There were 8,420 A&E attendances in Mar-26, equating to 272 on average per day.

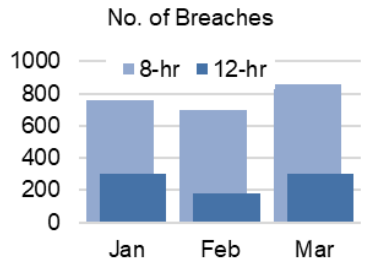
'Wait for Bed' and 'Wait for 1st Assessment' continue to be most common breach reasons, accounting for 67% of all breaches.

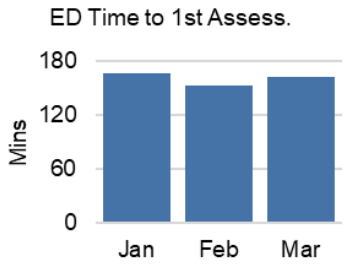
Compared to month prior, number of 8-hour breaches saw a 23% increase, and 12-hour breaches saw a 72% increase.

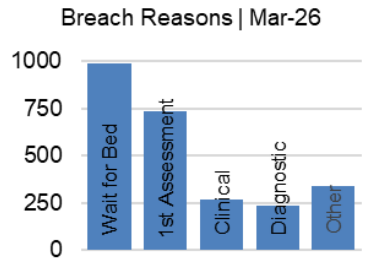
The most recent publication from Public Health Scotland, for month of Feb-26, shows that NHS Fife continues to be at the upper end of the mid-range of all Mainland Health Boards: above Scottish average for A&E performance; below Scottish average for ED performance.











Service Update:

Performance against the 4-hour standard has remained challenging through winter 2025/26, driven primarily by high medical admissions, constrained downstream capacity and delays in discharge.

Data shows some stabilisation in recent months, supported by system-wide flow actions rather than sustained performance recovery. Implementation of whole-system measures has continued, including the Continuous Flow+ model, increased use of AU1/AU2 overnight, strengthened Flow Navigation Centre (FNC+) MDT working, and further embedding of Same Day Emergency Care (SDEC) and Hospital at Home.

Benchmarking indicates relative improvement against peer boards at points, but performance remains below ambition and trajectory.

Improvement Activity	By When	Status
Optimise Flow Navigation Centre		
• NHS24 ED 1-hour pathway TOC to schedule and redirect	Jun-26	On track
• Review of all processes (including CBC and ED Advice Line)	May-26	On track
• Develop a senior decision-making workforce model as part of FNC+	May-26	On track
• Enable System-wide capacity co-ordination	Jun-26	On track
• Develop an NHS24 flow utilising Near-Me	Mar-26	Paused
• Develop Frailty/Care Home pathway	Apr-26	On track
• Develop Respiratory pathway	May-26	On track
• Develop Social Work pathway	Jun-26	On track
• Develop Pharmacy pathway	Jul-26	On track
• Facilitate move once accommodation confirmed	May-26	On track
Develop and embed the Same Day Emergency Care (SDEC) pathway		
• Develop pathways (Neurology, Pyelonephritis & Stroke)	Feb-26	Complete
• Review surgical pathways as part of FNC+	Jul-26	On track
Implement a revised Frailty Model		
• Review principles in line with Discharge without Delay	Feb-26	Complete
• Implementation of Discharge-to-Assess (D2A)	Apr-26	On track

Delayed Discharges: Reduce average number of Bed Days Lost (BDL) per day by Mar-26

106.7	All Settings/Reasons Reduce 'Total' delays to 78	52.6	Acute/Community Reduce 'Standard' delays to 44	6.8	Mental Health/Learning Dis. Reduce 'Standard' delays to 4

Data Analysis:

The average daily number of Delayed Discharges was 106.7 in Mar-26. Performance is displaying common cause variation, with most recent 3 months below the 24-month average. Target of 78 for 2025/26 has not been achieved (average for the year is 115.4). Of all Bed Days Lost to delays, 44% were for 'Code 9' delays with 64% relating to Adults with Incapacity.

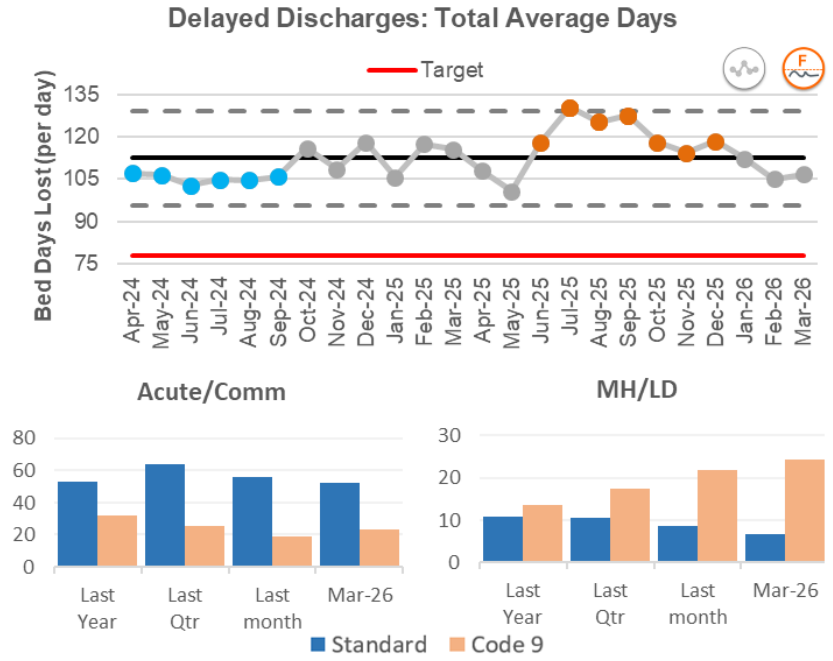
In Mar-26, the average daily number of 'Standard' delays in Acute & Community was 52.6 and 6.8 within Mental Health/Learning Disability settings. Both are below 24-month average, displaying common cause variation but 2025/26 targets have not been met.

As a rate per 100,000 18+ population, for Feb-25, Fife is in mid-range of all Local Authorities and lower than Scottish average: this is for 'Standard' delays, all settings.

Service Update:

NHS Fife and HSCP continue to embed the Discharge Without Delay (DWD) approach, promoting early discharge planning, MDT collaboration, and person-centred transitions. Commissioned audits are pending completion by end of April 2026 - thereafter consideration will be given to possible alternative approaches. Daily community verification meetings provide assurance across pathways. Sustained reductions in delays since September indicate positive system change, and we anticipate further improvement in average delay length.

Within Mental Health, each ward is supported by the Discharge Planning Manager to embed proactive discharge planning from admission, including early identification of actual and potential barriers to discharge and the use of planned discharge dates (PDDs). Weekly MDT reviews and solution focused patient flow (verification) meetings support timely action to mitigate delay risks. Close, responsive working between the Discharge Planning Manager and senior ward staff strengthens coordination, communication and cross team working. Collaboration with community nursing teams has been enhanced to support safe, timely transfer of care and reduce the risk of delayed discharge.





Improvement Activity	By When	Status
Targeted work to reduce unmet need for Care at Home within Community	Mar-26	Complete
Targeted work to reduce LoS within assessment beds through earlier assessment of long-term needs	Mar-26	Complete
Expand responsive access to SW/SC to prevent admission to VHK	Mar-26	Complete
Reconfiguration of short stay provision within HSCP Residential care home	Apr-26	On track
Develop revised external Assessment bed assess model	Apr-26	On track
Implement test of change for 7-day discharge model in acute frailty unit and Home First pathway using QI methodology	Apr-26	On track
Mental Health Solution focussed flow meeting specifically for delayed discharge mental health patients is currently being considered as a potential escalation process to support resolution to delays	Apr-26	On track
Complex and Critical Care services to consolidate improvements to monthly multi-agency review groups across all MH & LD services where delayed discharges impact on capacity and flow. Route of escalation to Senior Coordination meeting.	Jul-26	On track

96.2% Cancer WT: 31-day DTT

95% of all patients should wait no more than 31 days from decision to treat (DTT) to first cancer treatment

76.5% Cancer WT: 62-day RTT

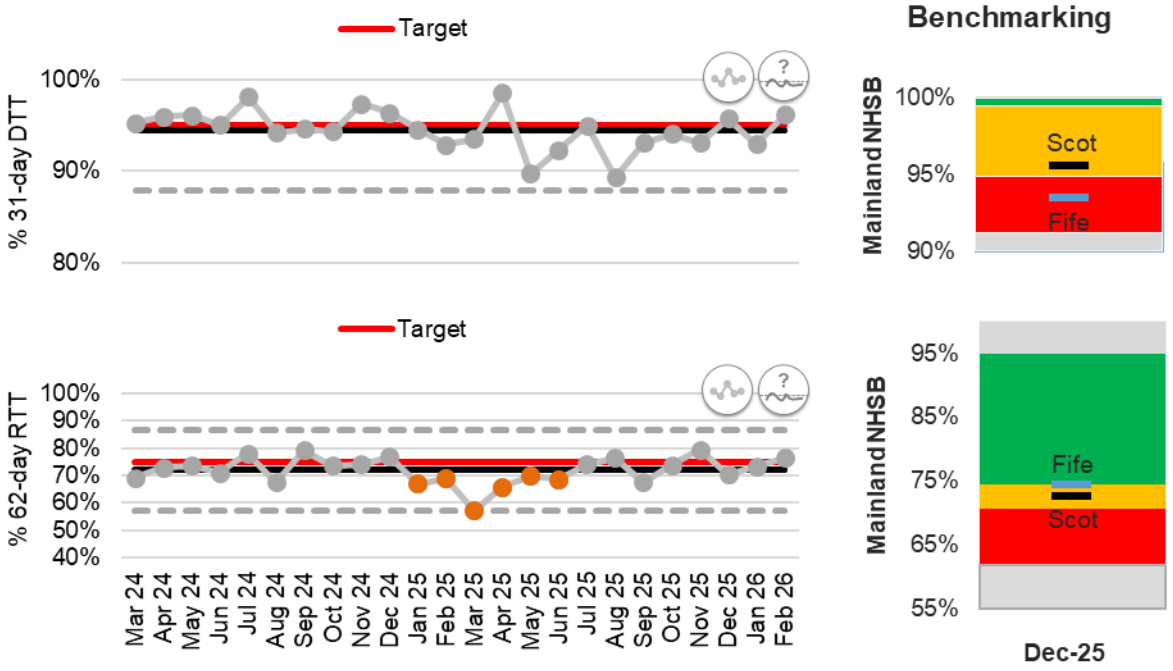
95% of those referred urgently with a suspicion of cancer to begin treatment within 62 days of receipt of referral (RTT)

Data Analysis:

Monthly performance for 31-day DTT increased to 96.2% in Feb-26, above target of 95.0% and continues to show no significant change.

Monthly performance for 62-day RTT increased to 76.5% in Feb-26 below target of 95.0% and is consistently not achieving target, It is likely that without change the target will not be achieved by Mar-26.

Benchmarking for 31-day DTT, QE Dec-25, showed that Fife was in the low-range of all NHS Boards at 93.5%, below Scotland rate of 95.6%. For 62-day RTT Fife was in mid-range for with performance of 74.5%, above Scotland rate of 72.6%.



Service Update:

31 day – Breaches across all specialties were surgical due to theatre capacity. The target of 95% was met.

Range for breaches 2 – 82 days with an average of 24 days (a slight increase from 18 days in January) and a median of 5 days.

62 day - Referrals remain consistently high. Focus remains on clearing the nephrectomy backlog. Urology continues to be our most significant performance challenge with 10 prostate breaches. A lack of capacity for post-MDT appointments in both Urology and Oncology has led to substantial delays across the pathway. Prostate breach range: 4 to 146 days. Average breach time: 42 days (a decrease from 46 days in January) and a median wait of 26 days (a decrease from 31 days in January)

8 further breaches were seen. Overall breach range: 1 - 59 days. Average breach time: 21 days (a decrease from 37 days in January) and a median wait of 10 days (a decrease from 13 days in January).

Consideration being given to a urology patient navigator to support pathways for both cancer and non-cancer patients with an aim to reduce delays with investigations carried out within the DTC for diagnosis.

The work to reduce waits for transperineal biopsy is ongoing.

Improvement Activity	By When	Status
Improve elective capacity in urology		
Additional surgical sessions scheduled to reduce robotic backlog in Urology.	May-26	On Track
Improve cancer pathways		
Additional Urology WLI clinics for Post MDT OPA and transperineal biopsy	May-26	On Track

61.5% New Outpatients

Patients to wait no longer than 12 weeks from referral to a first outpatient appointment (National Standard 95%)

36.8% Patient Treatment Time Guarantee (TTG)

Patients to be treated (inpatient or day case setting) within 12 weeks of decision to treat (National Standard 100%)

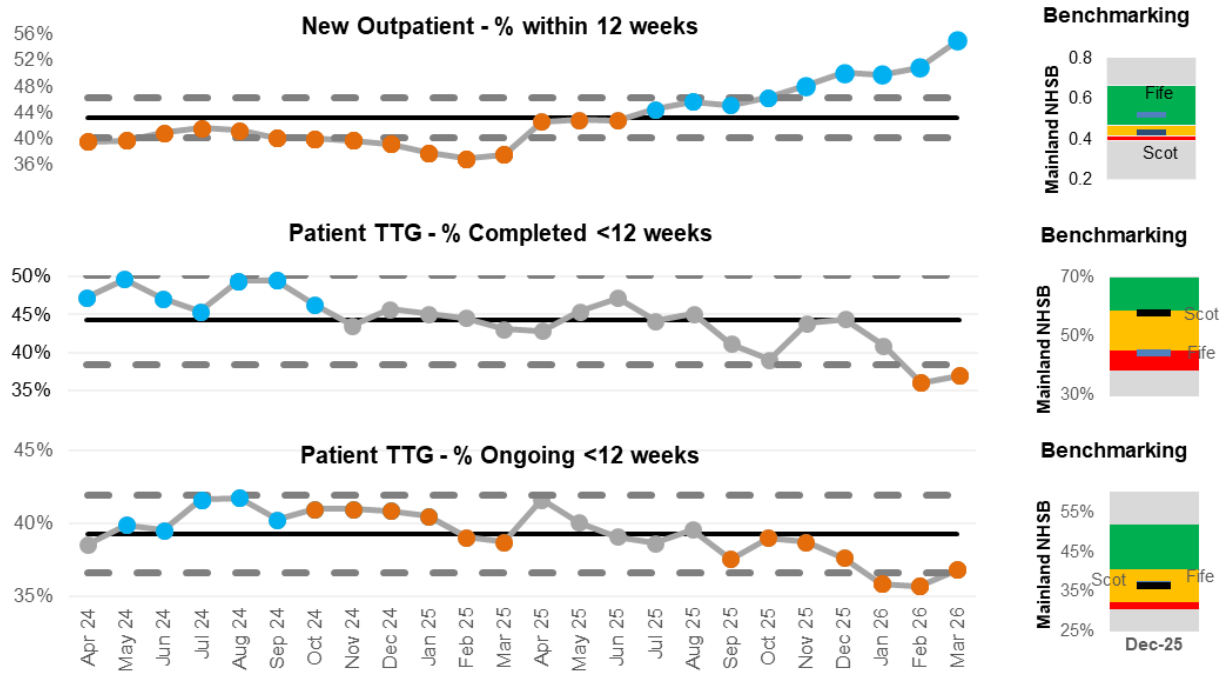
Data Analysis:

New Outpatients monthly performance against 12-week standard was 61.5% in Mar-26 with waits for over 12 weeks decreasing to 8,701. Overall waiting list is now below 22,600.Performance is showing some improvement.

Benchmarking for the QE Dec-25 shows NHS Fife to be mid-range of all mainland boards with a performance of 51.6%, above the Scotland average of 43.2%

Patient TTG monthly performance against 12- week standard for completed waits decreased to 36.8% in Mar-26. The total list size remains over 9,500 with 40.0% (5,790) waits over 12 weeks. Both completed and ongoing are showing special cause concern.

Benchmarking for the QE Dec-25 shows NHS Fife to be in the mid-range of all mainland boards for both and ongoing waits. Below Scotland average for ongoing and above for completed waits



Service Update:

Orthopaedics

Delivered required surgeries in 2025/26 with similar number planned for 2026/27, sub national scoping work continues.

Ophthalmology

There are ongoing efforts to optimise theatre utilisation at Queen Margaret Hospital with work continuing on IVT room.

Digital Projects:

Delivery remains on track, with ongoing rollout of Digital Hub functionality (including waiting list validation) whilst Bookwise implementation is complete. Organisational readiness has been confirmed for whole-population availability of MyCare as part of the national programme.

Infix is live with UAT completed for OpenEyes and is pending go live in May-26 subject to service readiness.

Improvement Activity	By When	Status
Increase productivity and optimise theatre utilisation		
• Review clinic templates to ensure clinic maximisation	Mar-26	Complete
• Improve efficiency and patient throughput in ophthalmology	Jun-26	At risk
Implementation of digital solutions		
• Digital Dermatology	Mar-26	Complete
• BookWise	Mar-26	Complete
• Infix	Mar-26	Complete
• OpenEyes	May-26	On track
• Patient Hub	Mar-27	On track

20 New Outpatients Long Waits

Reduce number of patients waiting over 52 weeks or more for first outpatient appointment

401 Patient TTG Long Waits

Reduce number of patients waiting over 52 weeks or more for treatment

Data Analysis:

New Outpatient Long Waits 'over 52 weeks' decreased to 20 in Mar-26 which is below trajectory and achieved projected position by Mar-26 of 100 patients waiting over 52 weeks.

The majority of NOP long waits are within ophthalmology (14, decrease from 64 month prior).

Patient TTG Long Waits 'over 52 weeks' decreased to 401 in Mar-26, above trajectory of 340. The majority of these waits lie within Orthopaedic (200) and Ophthalmology (158).

New Outpatients



Patient TTG



Service Update:

NHS Fife committed to delivering the national requirement to eliminate all waits over 52 weeks for new outpatient (NOP) and inpatient/day case (IPDC) treatment by Mar-26, with specific agreed tolerances for Vascular (≤100 NOP) and Orthopaedics (≤340 IPDC). Significant progress was made throughout 2025/26, with substantial reductions in long waits across most specialties.

In Feb-26, the IPDC position predicted three specialties (ENT, Ophthalmology and General Surgery) would not achieve zero over 52-week waits by the deadline due to a combination of workforce constraints, unavoidable clinical absence, infrastructure delays, and single operator dependency.

Though not achieving zero in Orthopaedics, the service was forecast to meet its Scottish Government approved ceiling of ≤340, with sustained improvements from additional operating and outsourcing where clinically appropriate.

The landing position at the end of Mar-26 over delivered on the Feb-26 forecast for NOP with 20 patients remaining over 52 weeks whilst the trajectory for TTG was missed with 401 patients remaining.

Strong governance arrangements remain in place, including weekly Waiting Times Group oversight and monthly reporting to Scheduled Care governance structures.

Improvement Activity	By When	Status
Tackling long waits and backlogs focusing on key specialities		
Recruitment of substantive and temporary staff to support Scottish Government bids.	Mar-26	Complete

96.4%

Diagnostics

By Mar-26, 95% of patients referred to Radiology for key diagnostic test to wait no longer than 6 weeks and no patient referred for Endoscopic key diagnostic test to wait longer than 6 weeks

Data Analysis:

Monthly performance 96.4% in Mar-26, with the number of patients waiting over 6 weeks decreasing to 165. Scope performance increased to 95.6% in Mar-26 from 81.7% previous month, with 17 waits over 6 weeks. Imaging at 96.4% with 148 (from 163 previous month) waits over 6 weeks.

A shift has been identified leading to a rebasing of the mean from Nov-24, average performance has increased from 70% to 89%. Target of 95% has been met.

Benchmarking for the QE Dec-25 shows NHS Fife to be the best performing of all mainland boards with a performance of 94.9%, above the Scotland average of 57.3%.

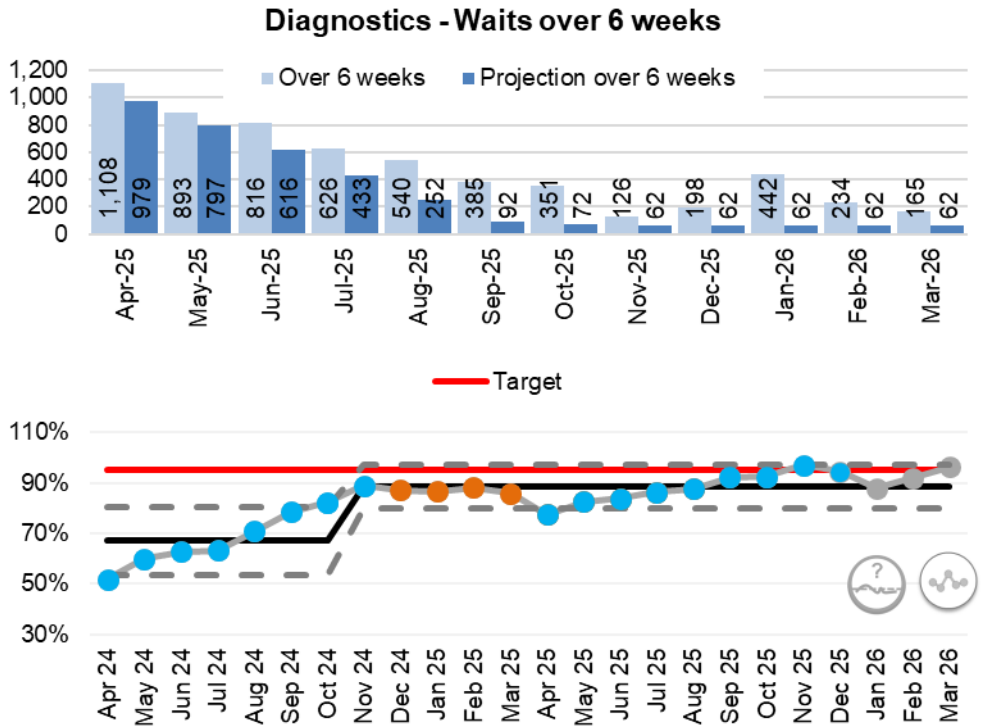
Service Update:

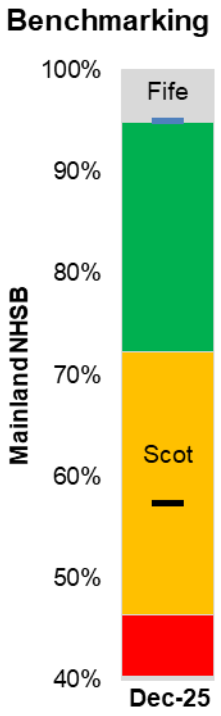
Imaging:

Radiology has seen significant improvements due to new technology, which has reduced MRI scan times by over 20%, increased capacity by nearly 1,900 appointments in six months, and shortened waiting times from 6 to 3 weeks.

Scopes:

Endoscopy waiting times were impacted by seasonal challenges in Jan-26. Little to no impact was seen within the USC waiting times and these remain within target.





Improvement Activity	By When	Status
Increasing diagnostic capacity – Endoscopy		
• Additional lists for both NHS Fife and NHS Tayside patients	Mar-26	Complete
Increasing diagnostic capacity – Imaging		
• Increasing out with normal hours activity	Mar-26	Complete
• Exploring reporting capacity	Mar-26	Complete
• Monitoring processes to maximise available capacity	Mar-26	Complete

32.4%

Freedom of Information (FOI) Requests

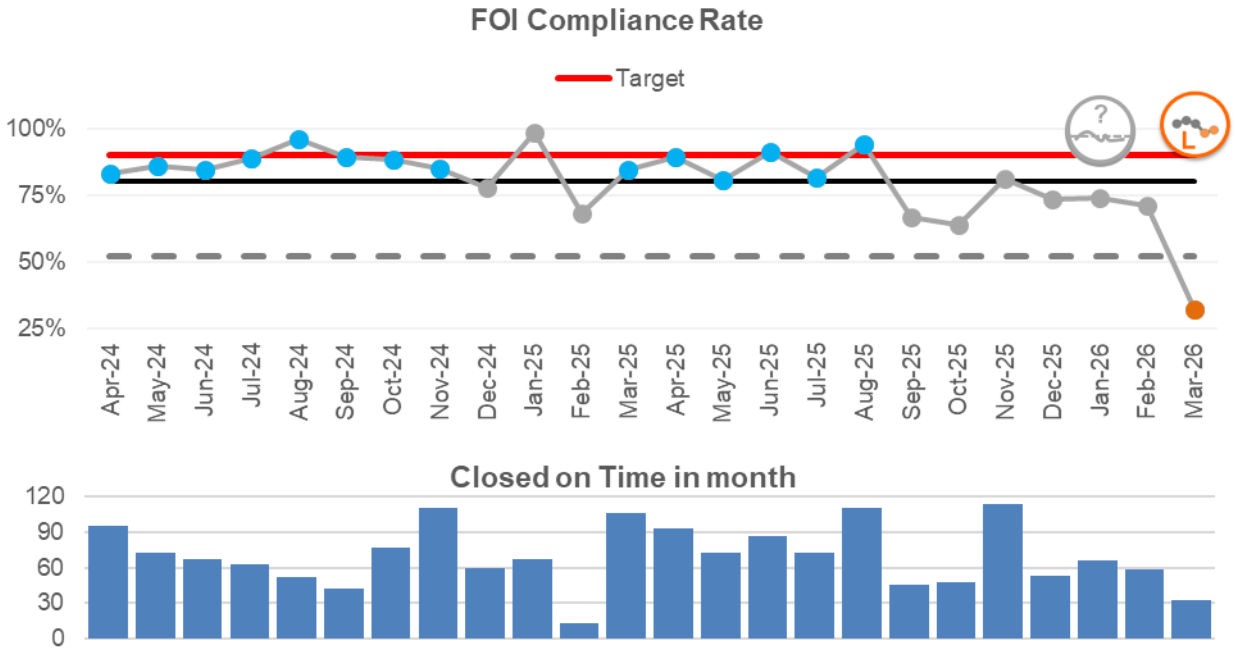
Compliance rate (FOIs to be closed within 20 days) for all closed FOIs in month is to increase to 90%

Data Analysis:

In Mar-26 for HSCP, there were 14 Freedom of Information requests closed, of which just 1 was closed within the timescale of 20 days: this equates to a compliance rate of 7.1%. For NHS, there were 88 Freedom of Information requests closed, of which 32 were closed within the timescale of 20 days: this equates to a compliance rate of 36.4%

Overall, there were 102 Freedom of Information requests closed, of which 33 were closed within the timescale of 20 days: this equates to a compliance rate of 32.4%. Performance is showing special cause concerning variation (outlier). The target of 90% lies within the process limits indicating that there is no confidence that the target can be reliably met.

In comparison with previous year, Mar-25 had more FOI requests closured (125), more requests closed on time (106) and a higher compliance rate (84.8%).



Service Update:

Summarise key achievements and challenges, highlighting any associated risks to delivery. Additionally, provide a brief update on each ongoing improvement action, addressing what impact this has made on intended outcome.

Improvement Activity	By When	Status (On Track, At Risk, Complete)
Activity 1		
Activity 2		
Activity 3		
etc…		

£ breakeven RRL position subject to external audit review

Revenue

Work within the revenue resource limits set by the SG Health & Social Care Directorates

£ breakeven CRL position subject to external audit review

Capital

Work within the capital resource limits set by the SG Health & Social Care Directorates

Revenue Budget

On receipt of deficit funding support from Scottish Government of £8.890m we will achieve a financial breakeven position for 2025/26 subject to scrutiny by external audit.

We have also achieved both the Cash requirement and Capital Resource Limit financial targets.

We have delivered £22.858 savings in year against a planned 3% target of £28.573m of which £14.746m is on a recurring basis.

The overspend against the Health Board's total budget at the end of March of £8.980m, includes an overspend on health delegated services of £2.183m and risk transfer from Fife Council of £3.824m, total overspend of £6.007m reflected in the financial position of the board.

The overspend reported for Health Board retained budgets totals £2.973m a significant improvement on the residual gap anticipated in the 2025/26 financial plan.

Capital Budget

Our Capital Resource Limit (CRL) budget at the outset of the financial year was £8.152m. During the year we made successful capital funding bids amounting to £13.318m, resulting in the total CRL budget of £21.470m; with a year end spend of £21.506m.

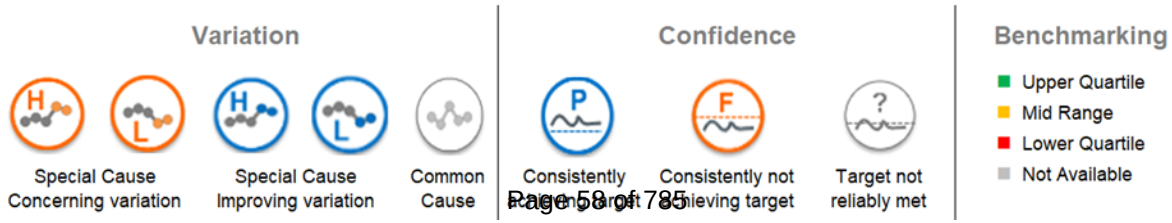
The Financial Performance Report to end of March 2026 sets out the financial position in more detail and is considered separately by the ELT, Finance, Performance & Resources Committee and the NHS Fife Board.

Budget Area	Annual Budget £'000	YTD Budget £'000	YTD Spend £'000	YTD Variance £'000
Acute Services	359,328	359,328	368,061	-8,733
Health & Social Care Partnership	481,843	481,843	487,850	-6,007
External Providers	110,014	110,014	121,253	-11,239
Corporate Functions	211,166	211,166	194,167	16,999
Financial Position at March 2026	**1,162,351**	**1,162,351**	**1,171,331**	**-8,980**

Capital Funding 25/26 Projects	CRL Funding 31 March 2026 £'000	Total Expenditure at 31 Mar 2026 £'000	Variance 2025/26 £'000
Total Statutory Compliance/Backlog Maintenance	2,468	2,450	-18
Total Clinical Prioritisation	2,945	2,961	16
Total Capital Equipment	7,685	7,696	11
Total Digital & Information	2,168	2,167	-1
Mental Health Estate	3,484	3,498	13
Other Capital Sub total	2,720	2,734	14
TOTAL 2025/26 CRL ALLOCATION	**21,470**	**21,506**	**36**

Workforce – Indicator Summary

Indicator		Reporting Period	Current Position	Target	Variation	Confidence (Target)	Benchmarking
Sickness Absence		Feb-26	**7.36%**	5.8%	H	F	
Personal Development Plan & Review (PDPR)		Mar-26	**45.0%**	65%		F	
Job Planning		26-Mar	**84.4%**	95%			
Vacancies	Medical & Dental	Dec-25	**6.2%**				
	Nursing & Midwifery	Dec-25	**3.1%**				
	AHPs	Dec-25	**4.1%**				



7.36%

Sickness Absence

To achieve a sickness absence rate of 5.8% or less by March 2026

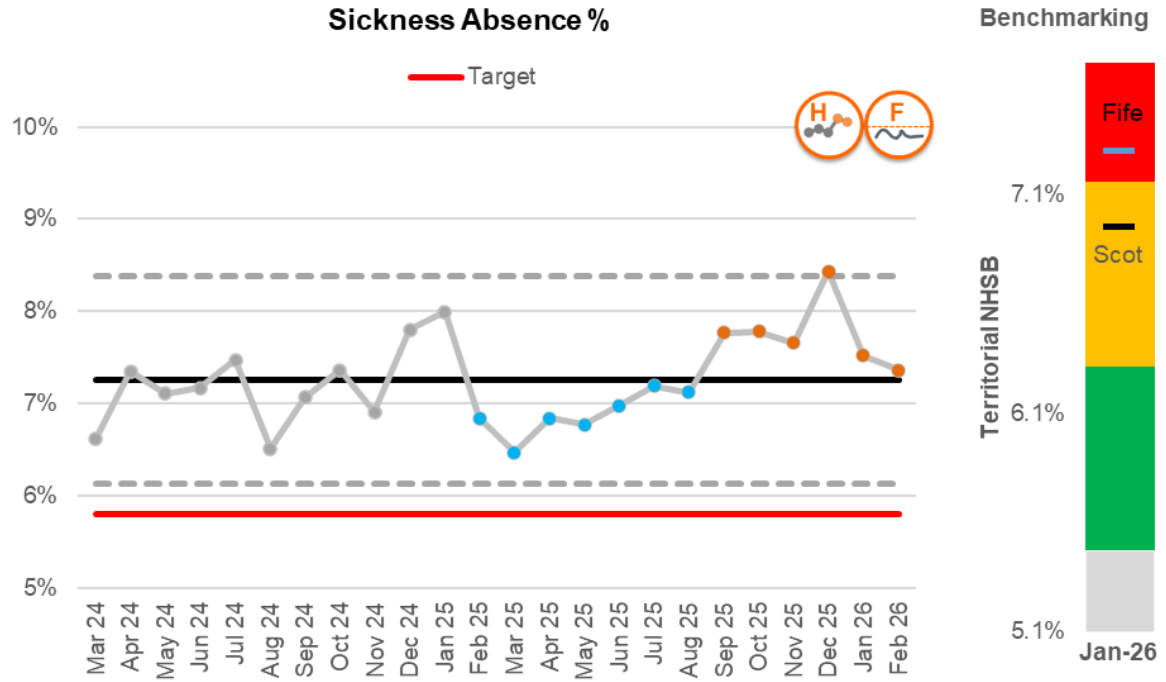
Data Analysis:

Sickness absence decreased to 7.36% in Feb-26 which is above the target of 5.8% and now shows special cause concerning variation and is consistently not meeting target with no confidence target can be met.

The range is between 6.0% and 8.30% with an average of 7.80%.

Most sickness absence episodes and hours lost continue to relate to mental health related reasons for absence, (amounting to 26.2% of all absences).

The latest benchmarking for Jan-26 shows NHS Fife to be in the lower quartile compared with all territorial NHS Boards.



Service Update:

Capacity of operational staff to attend meetings as site pressures become increasingly evident. Short term improvements are not being sustained. High absence rates continue to impact service continuity and workforce resilience.

Despite the improvement in long-term absence, sickness absence levels continue to place pressure on rota planning, supplementary staffing and patient care delivery. This has a direct effect on operational efficiency and the ability to maintain safe staffing levels across priority areas.

Further development of attendance management training is planned for 2026/27, including the creation of bite-sized learning modules to complement the existing programme.

A pilot to determine whether mental health related absences are work-related or non-work-related will be delivered. Once sufficient data is gathered, a detailed analysis will be undertaken to understand underlying causes and identify any required changes in practice or additional support for managers.

Ensuring all managers have the skills and knowledge required to effectively support attendance management and promote staff wellbeing.

Improvement Activity	By When	Status
Improve attendance at work		
• Targeted intervention and Deep Dives – Agree process	May-26	On Track

45.0%

Personal Development Plan & Review (PDPR)

To achieve PDPR compliance rate of 65% by March 2026

Data Analysis

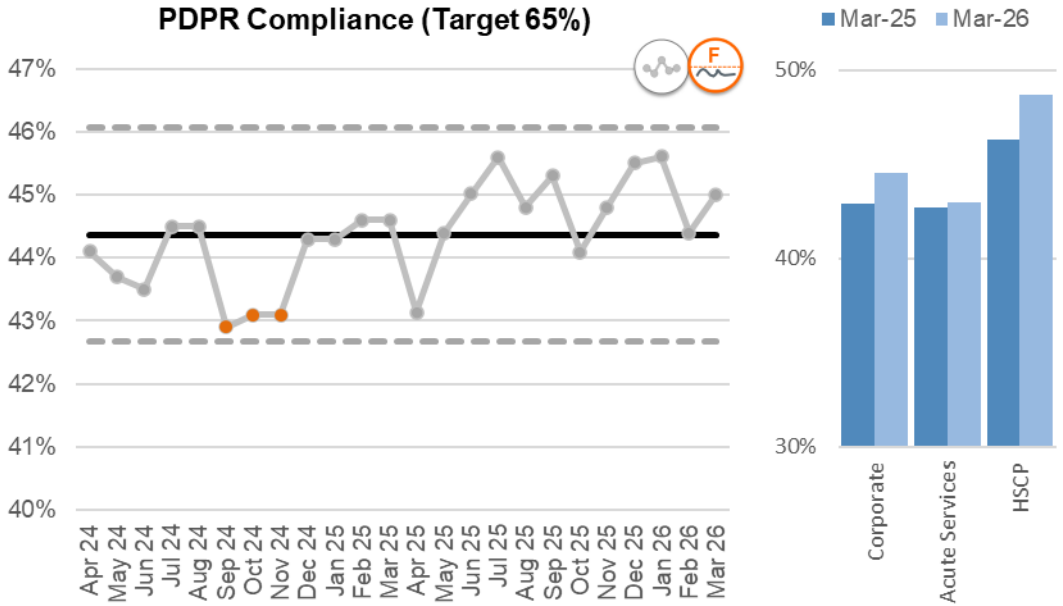
Compliance was 45.0% in Mar-26, increased from the previous month, this remains below the target of 65%. Compliance is displaying common cause variation but there is no confidence that target can be achieved without change.

The number of reviews held in 2025/26 was 3795 compared to 3919 in 2024/25.

Corporate Services increased to 46.1% above position from previous year. Acute Services overall compliance is 42.4% with HSCP 46.7%.

Within Acute services compliance was highest in Surgical at 52.3%, Medical Directorate is at 26.7%.

Within HSCP compliance was highest in Primary & Preventative Care at 57.1%,with Complex & Critical and Community Care at 36.6% and 43.8% respectively



Service Update:

Despite delivery of a blend of organisation-wide initiatives and more focused actions, as outlined in the recovery plan, overall engagement in PDPR conversations has not increased at the level required to meet the 60% completion level required.

Real progress is highly dependent on local actions within individual teams and services. Using PDPR completion as an assurance measure in the provision of Protected Learning Time will also offer further opportunities to strengthen participation in PDPR discussions.

Improvement Activity	By When	Status
Improve communications about PDPR		
• Regular communications through available forums (ELT, APF, LPF, Stafflink, direct email, etc) encouraging managers and employees to engage in PDPR conversations	Mar-26	Complete
Learning from successful areas		
• Identifying areas where PDPR engagement has been successful and sharing lessons learned with other areas.	Jun-26	On track

Vacancies Reduce the number of vacancies in the following professions:

6.2%	Medical and Dental	3.1%	Nursing and Midwifery	4.1%	Allied Health Professionals (AHPs)

Medical & Dental

WTE vacancies saw a decrease from the Sep-25 figure to 20.8 in Dec-25. The vacancies are mostly within Clinical Radiology (4.0 WTE), Emergency Medicine and Obstetrics & gynaecology both (2.0 WTE)

A review of all current arrangements is being undertaken to identify sustainable solutions, whilst lowering individual costs of arrangements in line with the national norm in the short term.

Nursing & Midwifery

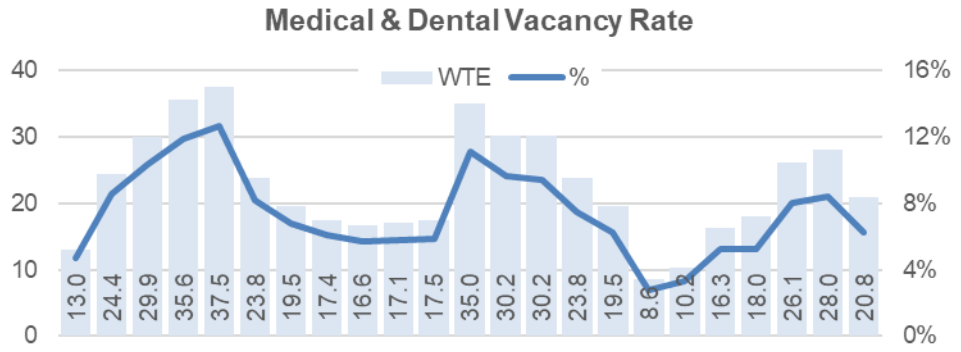
WTE vacancies has seen a decrease for this reporting quarter falling from 140.9 WTE to 130.5 WTE. 67.9% of vacancies are for qualified staff Bands 5 to Band 7+.

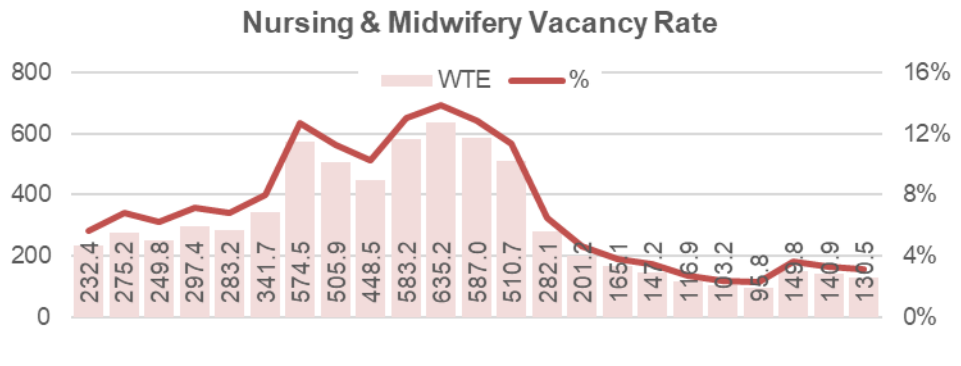
Vacancies are expected to increase in 2026 as NHS Fife progress plans aimed to offset the reduction in available hours associated with the reduction in working week from April 2026.

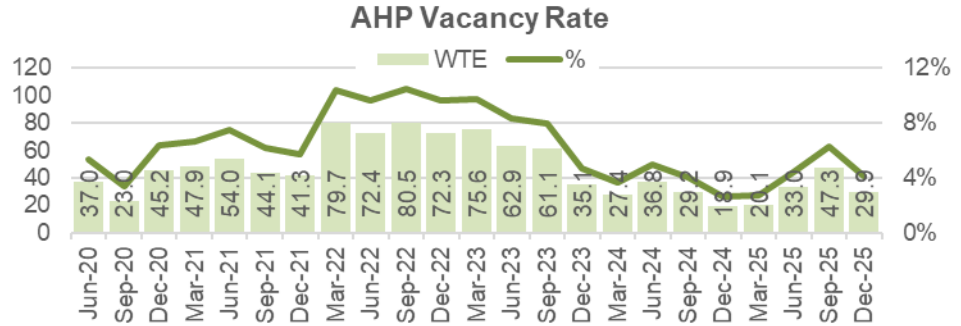
AHP

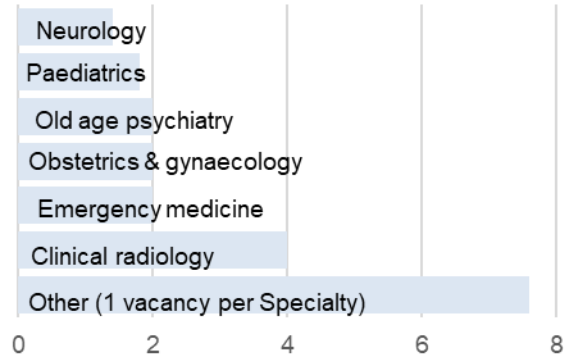
WTE vacancies have decreased to 29.9 WTE. The largest number of vacancies lie within Occupational Therapy, Physiotherapy and Dietetics this amounts to 64.2% of all vacancies.

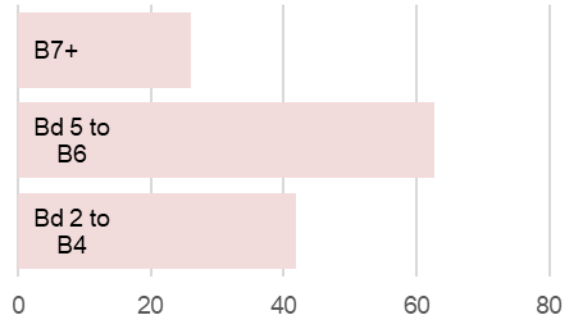
Vacancies were approved to support a number of priorities and programmes within the Job Family. Job family will also be impacted by the reduction in working week from April 2026 and plans to mitigate this will be progressed in 2026.

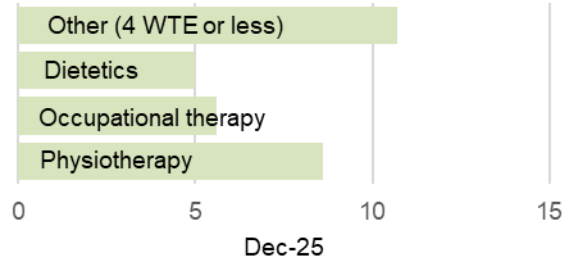












84.4%

Job Planning

Aim to achieve 95% completed Job Plans across NHS Fife and Fife HSCP by April 2026

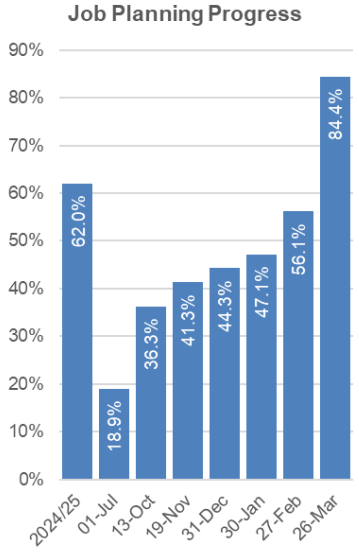
Data Analysis:

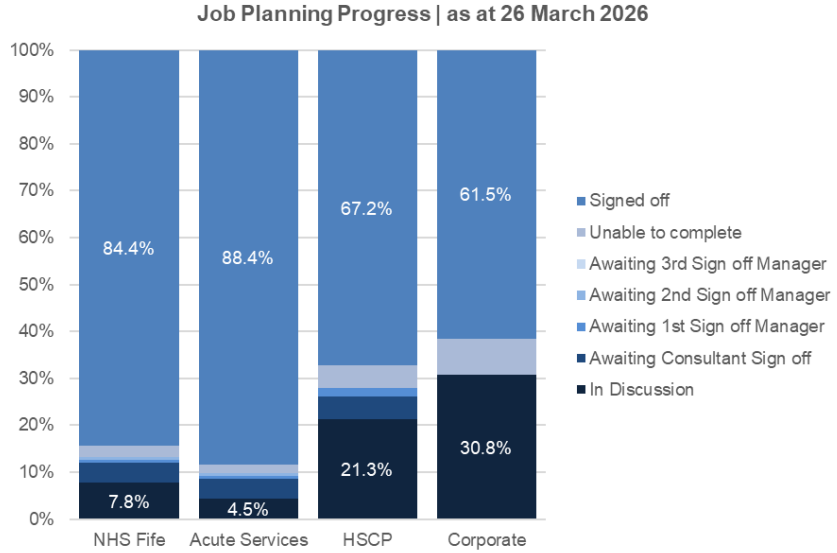
An annual job plan is a part of the contract of employment for Career Grade doctors and is fundamental to staff governance. It is an annual agreement that sets out duties, responsibilities, objectives and agreed supporting resources for the year ahead.

The job plan is crucial in supporting doctors to understand their contribution to the work of their department and to ensure they are accessing time and materials to support development and wellbeing. Job plans for departments and directorates inform service plans and are fundamental to the relationship between doctors and their employer.

As of 26 Mar-26, 84.4% job plans were complete, an increase of 28.3% from position at end of month prior. A further 5.4% of plans were at various stages of sign off with 7.8% 'in discussion' and 2.4% unable to complete due to long term absence.

88.4% of job plans across Acute Services have been signed off (from 337 doctors), 67.2% (65) in HSCP and 61.5% (13) across Corporate Services.





Service Update:

Significant work has been carried out by Medical leaders and Service Managers to undertake job planning in year 2025/26. A new job planning year begun as of 1st April 2026 and all Consultants and SAS doctors have been asked to complete their job plan for the coming year.

Priority will be given to job planning conversations which did not take place in the last fiscal year.

Local assurance processes have been established with Clinical Directors (CD) reporting and being accountable to Associate Medical Directors (AMD) and upwards through the medical management structure. The Medical Director has oversight of job plans through the Medical and Dental Professional Standards Oversight Group.

Job planning remains challenging within the Complex and Critical Care portfolio due to ongoing significant service pressures a result of high medical vacancies/locum turnover. A CD was appointed for the portfolio in Sep-25 and, in collaboration with the AMD, is undertaking a focussed piece of work on job planning.

A service wide diary exercise is planned to take place throughout Mar-26 to enable gathering of accurate information about medical staff activity. This information will be used to support completion of job planning. Meetings for all substantive career grade medical staff are being arranged for the weeks after the end of the diary exercise to focus on completion of job plans on the Allocate job planning system.

Improvement Activity	By When	Status
Ongoing job planning meetings being prioritised by Clinical Leads, Directors and AMDs	Aug-26	On track
Agreement of funding to reappointment of CD for Community Care Services	Apr-26	On track

Public Health and Wellbeing – Indicator Summary

Indicator		Reporting Period	Current Position	Target	Variation	Confidence (Target)	Benchmarking
Smoking Cessation (2024/25)		YTD Nov-25	**251**	473			
Alcohol Brief Interventions (2024/25)		YTD Mar-25	**95.5%**	80%			
Drugs & Alcohol Waiting Times		QE Dec-25	**97.2%**	90%			
CAMHS Waiting Times		Feb-26	**93.2%**	90%			
Psychological Therapies Waiting Times		Feb-26	**82.5%**	90%			
Mental Health Readmissions within 28 days		QE Nov-25	**4.0%**	5.0%			
Screening Uptake	Breast	3YTD Mar-23	**73.4%**	80%			
	Bowel	2YTD Apr-25	**64.9%**	60%			
	AAA	YTD Mar-25	**88.6%**	85%			
Infant Feeding		Dec-25	**27.9%**	33%			
Child Developmental Concerns		QE Dec-25	**15.8%**	17%			
Childhood Immunisations	6-in-1 at 12 Months	QE Dec-25	**94.2%**	95%			
	MMR2 at 5 Years	QE Dec-25	**86.7%**	92%			

Variation

- Special Cause Concerning variation
- Special Cause Improving variation
- Common Cause

Confidence

- Consistently achieving target
- Consistently not achieving target
- Target not reliably met

Benchmarking

- Upper Quartile
- Mid Range
- Lower Quartile
- Not Available

251 quits
79.9%
(to Nov-25)

Smoking Cessation

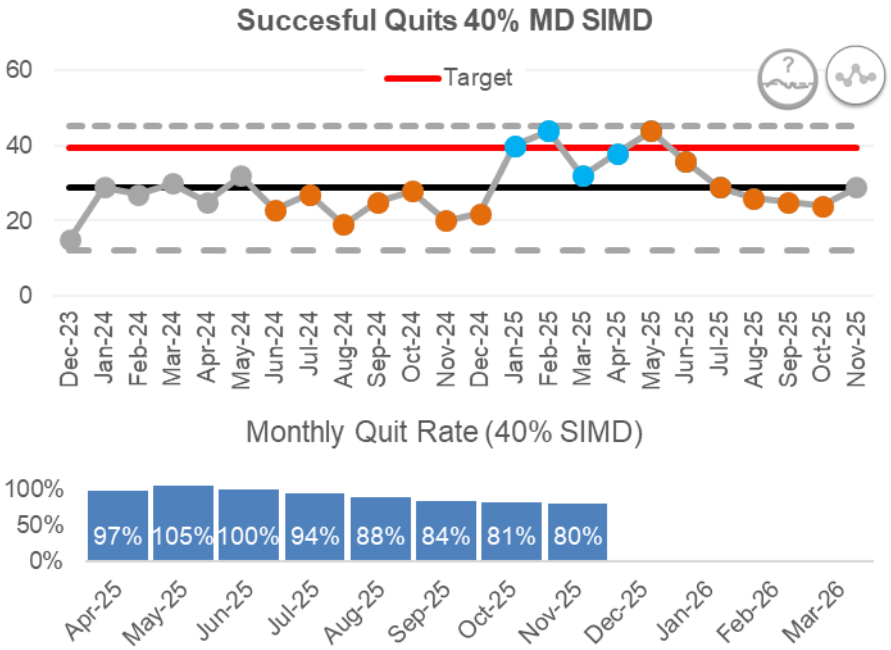
Sustain and embed successful smoking quits at 12 weeks post quit in the 40% most deprived SIMD areas (473 in 2025/26)

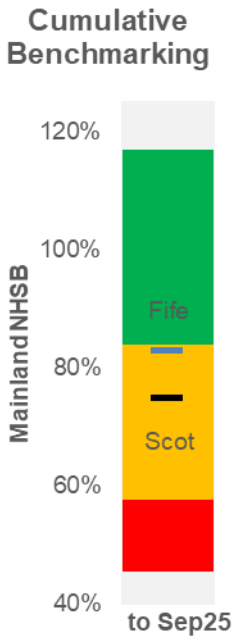
Data Analysis:

For the 40% most deprived SIMD areas, there were 29 successful quits in Nov-25 from 94 attempts (31% success rate) equating to a total of 251 quits so far in 2025/26. Achievement against trajectory is therefore 79.9%. For the remaining 60% SIMD, there were 25 successful quits from 67 attempts (37% success rate).

Successful quits for 40% MD SIMD over a 24-month period shows common cause variation for Nov-25. Target is within process limits indicating that there is no confidence the target can be reliably met (monthly target of 40 to meet year-end target of 473).

The most recent quarterly publication to Sep-25 from Public Health Scotland (PHS), showed that NHS Fife was in the mid-range of all Mainland NHS Boards, with a rate of 82.8% against a Scottish average of 74.7%.





Service Update:

Specialist Stop Smoking team will continue to allocate resources and provide support to the 87 community pharmacies throughout Fife, aiming to enhance the accuracy of quit data recording and minimise missing information from successful quits or unentered data due to staff workload and time constraints in community pharmacy settings.

Specialist clinic provision is under continuous development, with plans to expand clinic locations based on locality-specific data and to align new clinics with identified priority groups

Since January, increased visibility in the foyers of VHK and QMH has aimed to raise awareness regarding available smoking cessation support and address concerns about smoking at hospital entrances. Weekly clinic coverage and ongoing support are being sustained within maternity service departments at both inpatient sites.

Improvement Activity	By When	Status
Address smoking at hospital entrances based on speak out week feedback	Mar-26	Complete
Stop Smoking Service to work with Planning & Performance to develop a Smoking Cessation Stretch Target	Mar-26	Complete
Feedback received from the first meeting of the Public Health Action Group with the circulation of a consultation survey released in January.	Apr-26	On track
To complete smoking cessation advisor specialist training competency framework within 12-16 weeks	May-26	On track
Support community pharmacy model to improve data recording.	May-26	On track
Maintain appropriate referrals from maternity services opt out pathway to specialist smoking cessation service	Jun-26	On track
Sustain and increase referral rates across 7 Fife localities through targeted outreach using the mobile unit to improve accessibility to our priority of 40% MDQ and the priority groups	Jun-26	On track
To recruit and commence in post 1 B5 Specialist Advisors & 1 B6 Health Promotion Officer	Jun-26	On track
Increase regular clinic provision in Acute and Mental Health sites by 6 clinics	Jun-26	At risk

96.2%

Child & Adolescent Mental Health (CAMHS)

90% of young people to commence treatment for specialist CAMH services within 18 weeks of referral (National Standard)

Data Analysis:

Performance is currently showing common cause variation, following rebase of mean from Aug-24, as target is currently below lower process limit there is confidence that target will continue to be achieved.

Monthly performance was 96.2% in Feb-26 and this continues to be above the national standard. 1 patient was waiting more than 18 weeks at the end of Feb-26 with the overall waiting list increasing to 129.

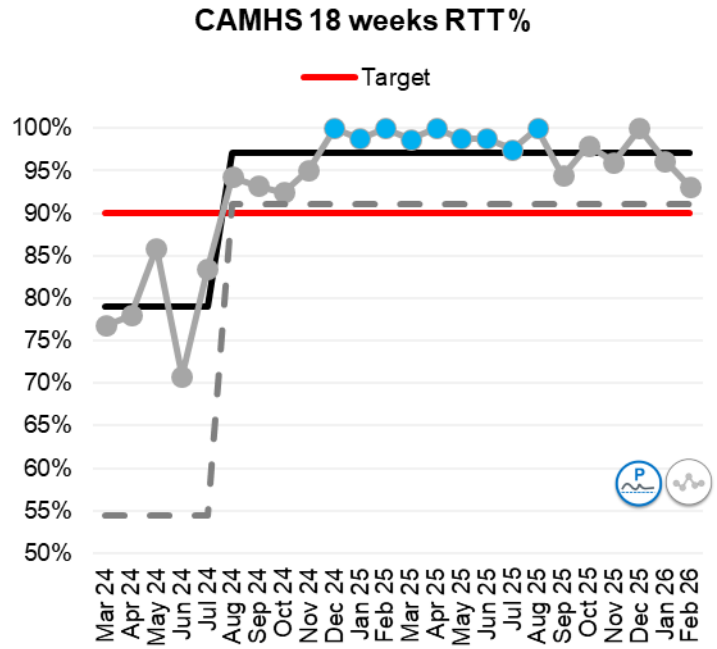
The number of referrals received in Feb-26 was 203, a decrease from Jan-26 and lower than same month in 2025, Referrals including Self-Harm as an element for the quarter ending (QE) Dec-25 were responsible for 27.4% of total referrals.

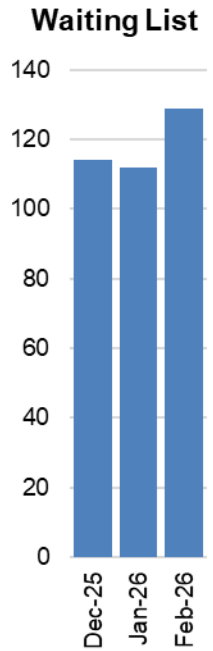
Benchmarking for the QE Dec-25 shows NHS Fife lie in the mid-range of all mainland boards, 97.9% against Scotland average of 90%.

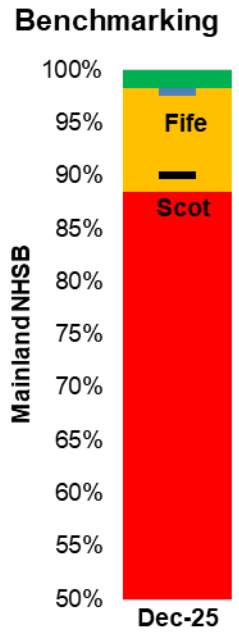
Service Update:

Ongoing improvement projects remain embedded as business as usual in CAMHS to ensure RTT is sustained, and children and young people receive the right care, in the right place at the right time.

The impact of a reduction in staffing resource and staff absence through October and November, combined with higher-than-normal referral numbers in December and January, has resulted in the number of cases on the waiting list increasing. Work is ongoing to monitor capacity to meet demand which remains achievable at current time.







Improvement Activity	By When	Status
DCAQ analysis with whole service review.	Jun-26	On Track

82.5%

Psychological Therapies

90% of patients commencing Psychological Therapy based treatment within 18 weeks of referral (National Standard)

Data Analysis:

In Feb-26 690 patients started therapy, this was lower than the 739 in Jan-26.

Patient seen within 18 weeks increased to 569 compared to Jan-26 (548). There was an increase in the % seen within 18 weeks to 82.5%. The overall waiting list has decreased to 2408 from 2519 in previous month, with the number waiting over 18 weeks decreasing to 956 and the number over 52 weeks increasing to 200.

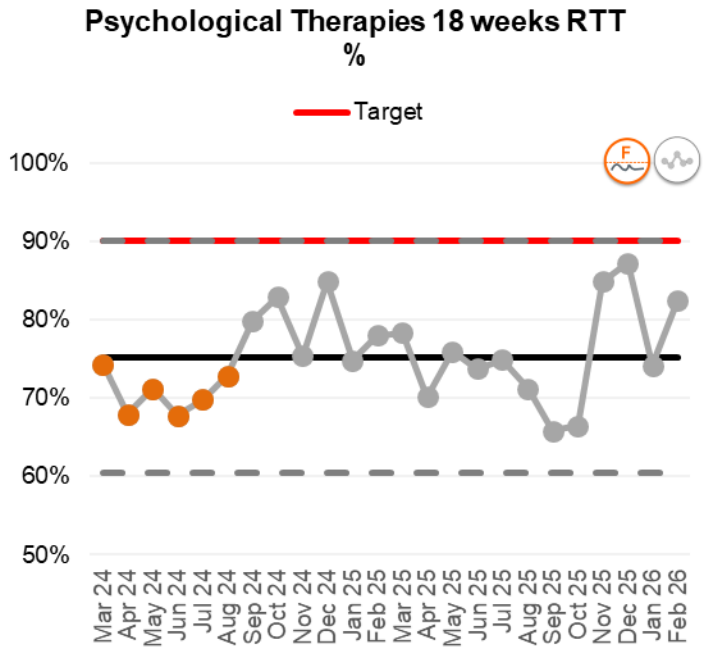
Referrals for all ages remained the same as the month before.

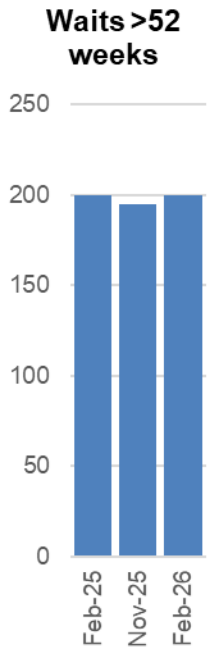
It is unlikely the target will be met without change.

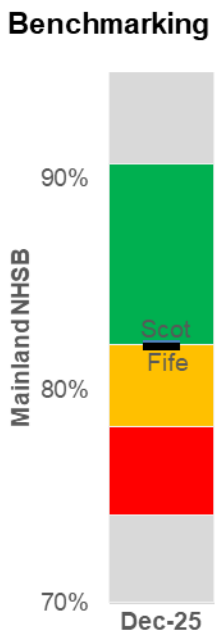
Benchmarking for QE Dec-25 is now in the mid-range and was the same as the Scottish average (82.2% compared to 82.1%).

Service Update:

Embedding revised Governance structure, performance data and reporting frequencies within service will continue to improve oversight, assurance and scrutiny around quality and RTT performance.







Improvement Activity	By When	Status
Define criteria for early intervention and what counts as treatment starting.	Mar-26	Complete
Investigate what counts as a RTT intervention (e.g. Digital/group referrals) and how this affects reporting classifications.	Mar-26	Complete
Clarify WTE discrepancies and the status of 11 WTE outstanding VMF's	Mar-26	Complete
Develop reporting systems to monitor utilisation of digital interventions. After baseline is established, improvement target will be set considering need to divert resource to support digital interventions.	Mar-26	Complete

97.2%

Drug & Alcohol Waiting Times (DAWT)

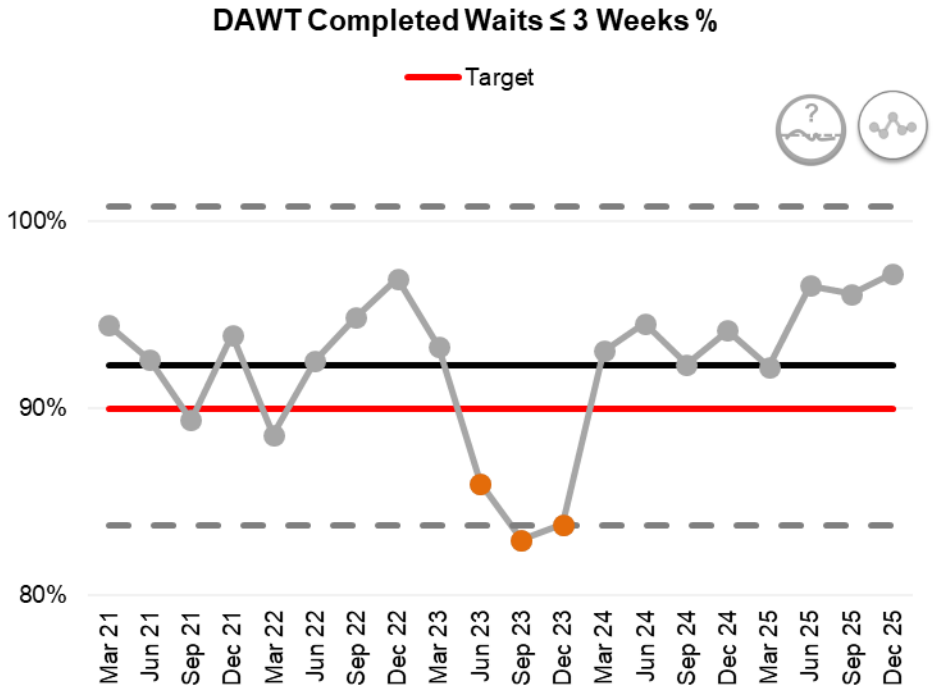
90% of people to commence treatment for specialist DAWT services within 3 weeks of referral (National Standard)

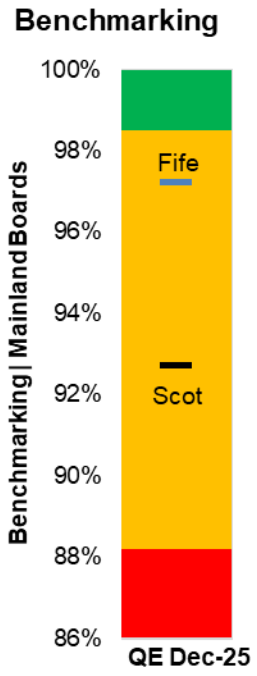
Data Analysis:

Performance is currently showing common cause variation. There is no confidence that target can be consistently achieved.

Performance was 97.2% in Dec-25, this has remained above national standard for past 8 quarters.

Benchmarking for the quarter ending Dec-25 shows NHS Fife lie in the mid-range of all mainland boards, 97.2% against Scotland average of 92.7%.





Service Update:

The target has been met and exceeded for the nearly two years following extensive training and monitoring of the system and staff inputting processes.

The ongoing and completed waits are monitored internally on a weekly basis by the ADP support team and inaccurate long waits caused by compliance errors and potential long waits are communicated to the operational teams immediately. These are then rechecked independently to ensure the system is accurate and that service users are seen quickly and do not wait beyond the set target for their care.

The increase in staff responsible for inputting particularly in statutory services has provided a contingency approach ensuring that Fife's compliance is protected against staff turnover, sickness and volume of work.

Improvement Activity	By When	Status
Consideration on benefits and potential impact of moving to a fortnightly monitoring approach as there are few errors both for compliance and for meeting the target. This will be reviewed with partners inputting into the system of care and approve by the Joint Commissioning Group of the ADP.	Mar-26	Complete
Nationally the DAISy update roll out has been delayed so completion date extended to September 2026. ADP support team attend national DAISy development meetings to support the local implementation process, prepare Fife teams for readiness and ensure target is maintained during the update.	Sep-26	On Track

4.0%

Mental Health Readmissions

Reduce readmission rate for Mental Health Specialties within 28 days of discharge to under 5%

Data Analysis:

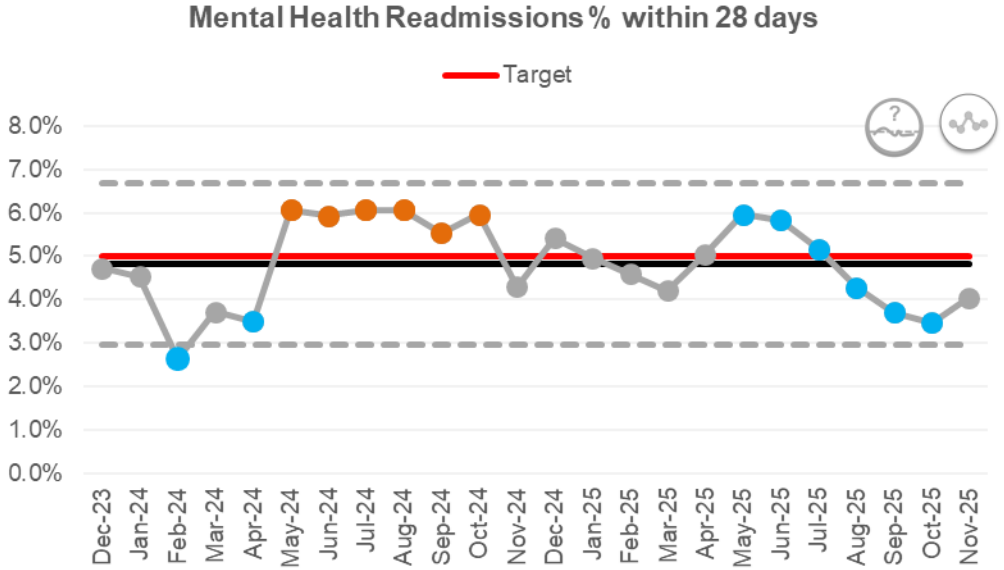
Mental Health readmission rate within 28 days for the quarter ending (QE) Nov-25 was 4.0% with 2.7 readmissions on average per month. The average number of readmissions per month in 2025/26 so far (to Nov-25) was 3.3, lower than previous year.

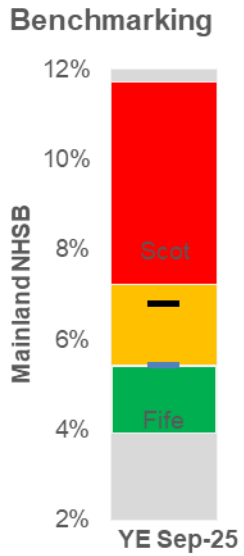
Common cause variation is now displayed following a period of improving variation, there is still no confidence target can be reliably met.

In comparison to other mainland NHS Boards, for year ending (YE) Sep-25, NHS Fife is in lower quartile for readmission rate within 28 days and below Scottish average (aiming to decrease).

Readmission rate within 133 days for QE Jul-25 was 10.8% (average of 7.7 per month) with rate within 365 days for QE Dec-24 of 16.7% (average of 13.3 per month).

Readmissions are presented based on date of original admission; data needs to be complete for the 'readmission within' period (28/133/365 days) to be reported.





Service Update:

Processes remain in place to support effective discharge planning and reduce readmissions.

Weekly multi-disciplinary reviews identify discharge barriers and post-discharge supports. Community resources such as the Wells, Link Life Fife and Primary care mental health Services are promoted to maintain home-based care. Crisis support from UCAT and DBI helps manage individuals in the community and avoid hospital re-admission.

Improvements include a follow-up pathway ensuring CMHT contact within 7 days following discharge, dynamic discharge meetings across services to maintain flow and ongoing redesign of urgent care focussing on alternatives to admission and closer working with A&E.

As part of Redesign of Urgent Care, the aim is to co-locate Mental Health assessment services within VHK. The clinical services review and redesign project board is progressing development of a new clinical model with support from the project management team.

Improvement Activity	By When	Status
Consolidate work to embed follow-up by Community Mental Health Teams within 7 days of discharge	Jul-26	On track
Redesign of MH Urgent Care underway to focus on 'Alternatives to Admission'	Sep-27	On track

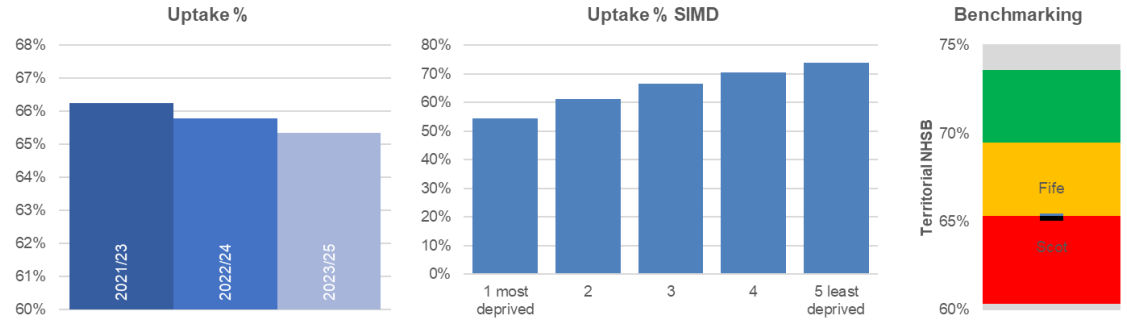
Screening Increase uptake and reduce inequalities

73.4%	**Breast** 80% (70% Min Standard)	64.9%	**Bowel** 60%	88.6%	**AAA** 85% (75% Ess. Threshold)

Bowel – For the period May-23 to Apr-25, Fife uptake was 64.9%, above target of 60% but a decrease from previous reporting period. Female uptake (66.9%) was higher than male uptake (62.8%).

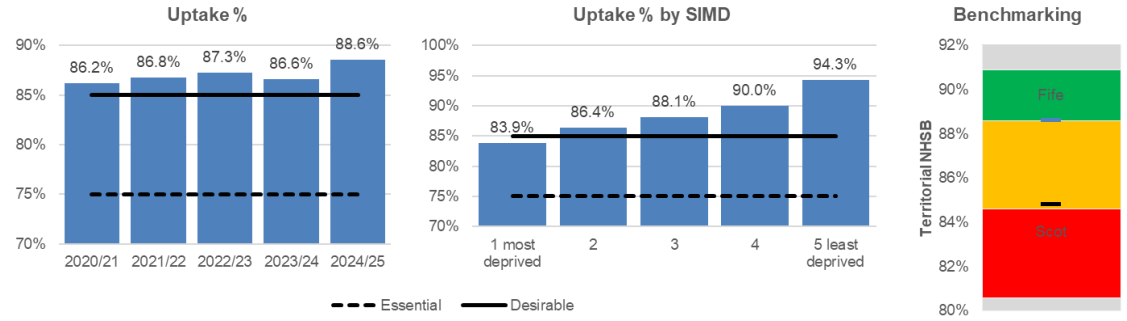
Uptake exceeded 60% for all persons and both sexes in each SIMD quintile apart from the most deprived quintile with the inequality gap 19.5% for all persons; 20.3% for females, 18.7% for males.

NHS Fife is in the lower quartile, for all persons, compared to all NHS Boards, 0.1% higher than the Scottish average.



AAA – 88.6% of eligible men were screened for AAA in 2024/25. The Desirable Threshold of 85% has been achieved in each of the last five years. Uptake in each SIMD quintile achieved the Essential Threshold of 75% although most deprived quintile did not achieve the Desirable Threshold. The inequality gap between most and least deprived quintiles has narrowed to 10.4%.

NHS Fife was in the upper quartile compared all NHS Boards, 3.8% higher than Scottish average.



Service Update:

Targeted community outreach was undertaken through a partnership with Raith Rovers Football Club, including a face-to-face awareness session in Aug-25 and the distribution of screening promotional materials in Nov-25. Further engagement was delivered through voluntary sector outreach sessions at two Men's Shed locations in Fife.

Community engagement activity was delivered across a range of settings to support awareness and uptake of screening services.

- Café Inc: Delivered awareness and promotional materials to engage families and individuals during school holidays in August 2025.
- Large Workplaces including Fife Council, Mowi Fish Processing Plant and FMC: Targeted sessions and materials distributed to encourage screening uptake among working-age adults.
- Fife College Campuses: Pop up stalls being delivered for Fresher week in Sep-25 and Feb-26.
- Third Sector and specific people groups: Awareness sessions/promotional stalls delivered to people groups including Men's Shed, Adelphe, FARAC, Chest, Heart & Stroke and Women's International Day Centre
- Shopping Centres: Promotional stalls delivered at shopping centres in Glenrothes and Kirkcaldy.

There has been continued work with Care Home liaison nurses, regarding screening for Care Home residents, and LinkLiving, where face-to-face awareness sessions for services for older people have been delivered.

Leaflets and posters for each screening programme, including culturally appropriate materials where relevant, have been delivered to General Practices and Community Pharmacies.

There are a wide range of activities ongoing, in line with the NHS Fife Screening Inequalities Action Plan. These activities will be evaluated, mainly based on number of people and groups reached and where possible, impact on screening uptake. The response to the offer of awareness training has been extremely positive. The attention given to this intervention by all participants is very rewarding and encouraging. Over 2,000 people have been spoken with across Fife during the outreach work, including members of the public, staff and managers.

The Screening Inequalities Action Plan implementation has been funded for a further 6 months to Sep-26 by Fife Health Charity.

27.9%

Infant Feeding

To increase the proportion of infants exclusively breastfed at 6-8 weeks to 33% by Mar-26

Data Analysis:

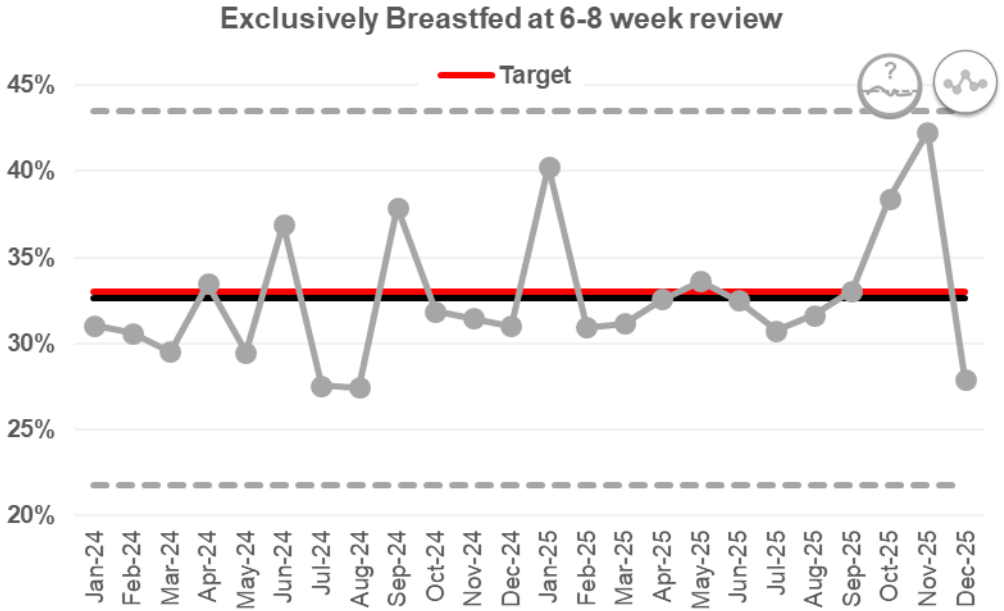
The % of infants Exclusively Breastfed at 6-8 Weeks in Dec-25 was 27.9% with common cause variation. Target lies within the process limits, indicating that there is no confidence the target of 33% can be reliably met: the process limits have a wide range indicating variable data, which has been evident in the last 3 months.

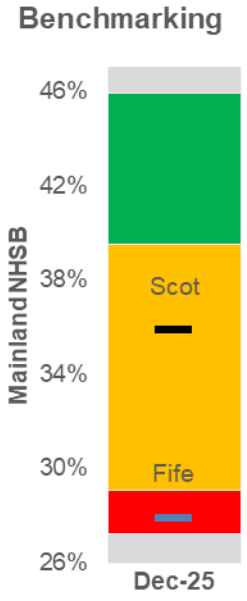
Comparing Year Ending Dec-24 to Year Ending Dec-25, there were increases for First Visit for Overall Breastfed and Ever Breastfed: Exclusively Breastfed saw almost no change. 6-8 Week Reviews saw increases for Exclusively Breastfed, Overall Breastfed and Ever Breastfed.

Nationally, NHS Fife is in the lower-range of all mainland NHS Boards for % Exclusively Breastfed at First Visit (NHS Fife 32.9%; highest 50.4%) and for 6-8 Week Review (NHS Fife 27.9%; highest 45.9%).

Service Update:

Our Maternal & Infant Nutrition Framework (MIN) strategic priorities drive our workplan to prioritise supporting and encouraging exclusive breastfeeding at 6-8 weeks.





Improvement Activity	By When	Status
Establish and maintain a strong network of at least 20 trained Peer Supporters and 7 active breastfeeding support groups across Fife.	Mar-26	Completed
Test of change project being scoped to improve 6-8wk breastfeeding rates in SIMD1&2 communities by delivering a specific and measurable intervention programme.	Mar-26	Completed
Evaluation of Every Feed Counts project	Aug-26	On track

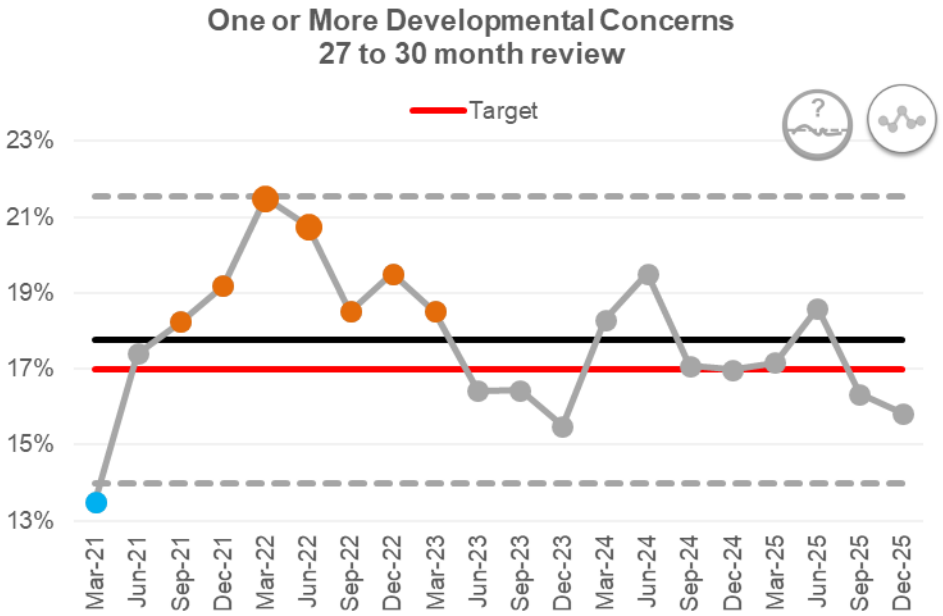
15.8%

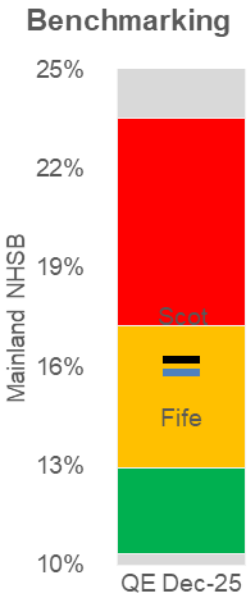
Child Developmental Concerns

To reduce percentage of children with one or more developmental concerns recorded at the 27–30-month review to 17% by Mar-26

Data Analysis:

In quarter ending (QE) Dec-25, from 600 reviews carried out, percentage of children with one or more development concerns at 27-30 months was 15.8% with continued common cause variation. Target lies within the process limits, indicating that there is no confidence the target of 17% can be reliably met: the process limits have a relatively wide range indicating unpredictable data, but recent quarters have seen much less variation. For QE Dec-25, NHS Fife was in the mid-range of all Mainland NHS Boards and just below the Scottish average of 16.2% (best performing board was 23.6%). For reviews carried out at 13-15 months, 14.4% of children had one or more development concerns (12-month average was 16.9%). For reviews carried out at 4-5 years, 15.1% of children had one or more development concerns (12-month average was 16.4%).





Service Update:

This indicator is now linked to the Children in Fife Strategic Priority and Children's Services Plan 2026-2029 (Early Speech and Language Development) which ensures a whole system approach to addressing the most common developmental delay at 27-30 months (speech, language and communication.)

There is a risk that consistency and quality of data entry may reduce with the introduction of the new CHS forms which were due to be released in October 2025 but delayed nationally due to the delayed implementation of the new Child Health System. Risk assessment in place as system currently being tested.

Will review improvement activities once action plans have been created by strategic groups working on each of the Children in Fife/Children's Services Plan priority areas.

Child Immunisations

94.2%

6-in-1 at Age 12 Months

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

86.7%

MMR2 at 5 Years

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

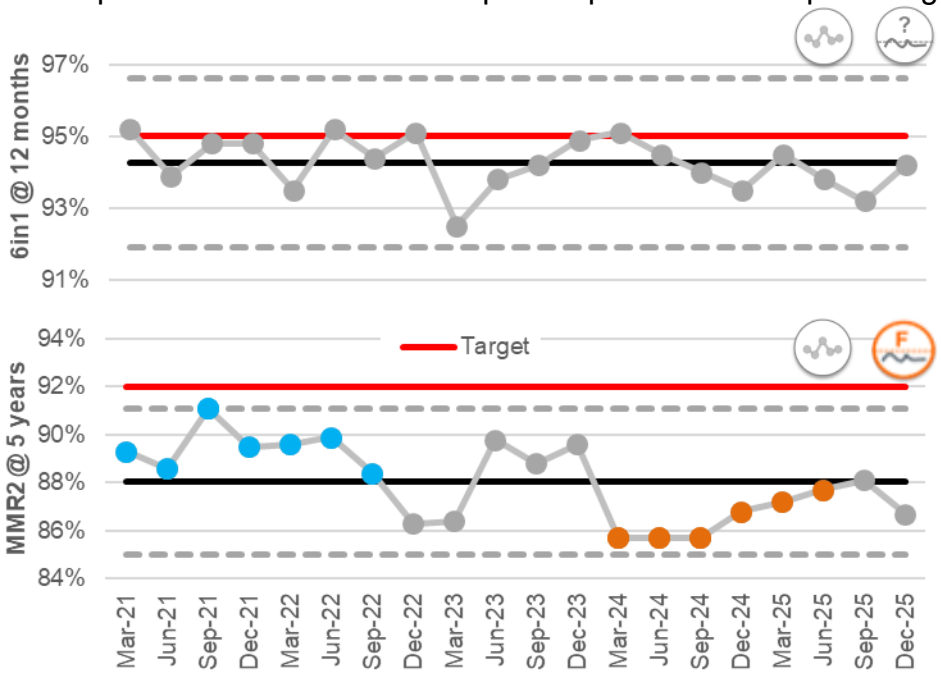
Data Analysis:

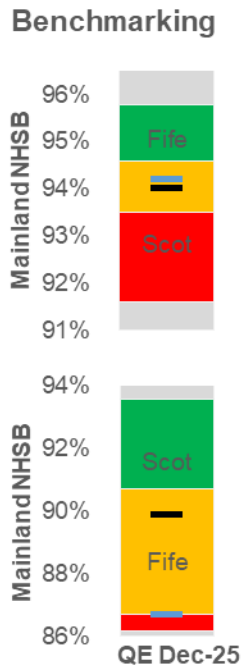
6-in-1 @ 12 months: NHS Fife uptake in QE Dec-25 was 94.2%: matching the 20-month average and showing common cause variation. 95% target lies within process limits so no confidence target can be reliably met.

NHS Fife was in the mid-range of all mainland NHS Boards in QE Dec-25 and for 2025. Uptake was lower in most deprived quintile with inequalities gap of 4.9%.

MMR @ 5 years: NHS Fife uptake in QE Dec-25 was 86.7%: a decrease on previous quarter but showing as common cause variation. 92% target lies outwith the process limits indicating that the target will not be achieved without change.

NHS Fife was in the lower quartile of all mainland NHS Boards in QE Dec-25 and for 2025. Uptake was lower in most deprived quintile with inequalities gap of 10.4%.





Service Update:

A targeted initiative was carried out in January, focusing on improving infant immunisation uptake in the most deprived areas of Fife. The data that will be published on the 24th March will not be reflective of the work undertaken in the first quarter of 2026. The approach included proactive engagement and flexible appointment options to support families in completing the recommended immunisation schedule, in line with NHS Scotland's national vaccination strategy.

PDSA cycles were undertaken and the findings will be shared via groups following expected governance standards.

Improvement Activity	By When	Status
Explore barriers to second MMR2 dose uptake.	Mar-26	Complete
Review of workplan to include PHS data, increased each quarter	Apr-26	On track
Reintroduce vaccinations in Health Centres, if feasible.	May-26	On track
Explore digital engagement tools	Jul-26	On track
Consider involving Transformation Group and Nurture Centres to improve uptake.	Jul-26	On track
Ramp up evening and weekend clinics. Assess feasibility of shifting staff work patterns to support late clinics	Jul-26	On track
Explore outreach to private nurseries (approx. 84 identified).	Jul-26	On track

NHS Fife

Meeting:	**Fife NHS Board**
Meeting date:	**26 May 2026**
Title:	**Financial Performance Report**
Responsible Executive:	**Susan Dunsmuir, Director of Finance**
Report Author:	**Maxine Michie, Deputy Director of Finance**

Executive Summary

- On receipt of deficit funding support from Scottish Government of £8.890m we will achieve a financial breakeven position for 2025/26 subject to scrutiny by external audit.

- We have also achieved both the Cash requirement and Capital Resource Limit financial targets.

- We have delivered £22.858m savings in year against a planned 3% target of £28.573m of which £14.746m is on a recurring basis.

- The overspend against the Health Board's total budget at the end of March of £8.980m, includes an overspend on health delegated services of £2.183m and risk transfer from Fife Council of £3.824m, total overspend of £6.007m reflected in the financial position of the board.

- The overspend reported for Health Board retained budgets totals £2.973m a significant improvement on the residual gap anticipated in the 2025/26 financial plan.

- Our Capital Resource Limit (CRL) budget at the outset of the financial year was £8.152m. During the year we made successful capital funding bids amounting to £13.318m, resulting in the total CRL spend of £21.470m

1 Purpose

This report is presented for:

- Assurance

This report relates to:

- Annual Delivery Plan
- Financial Sustainability
- NHS Board Strategic Priorities to Deliver Value & Sustainability

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

- Safe
- Effective
- Person Centre

2 Report summary

2.1 Situation

The Scottish Government requires NHS Boards to achieve three financial targets each year. These are: -

- To operate within the Revenue Resource Limit (RRL).
- To operate within the Capital Resource Limit (CRL).
- To operate within the Cash Requirement.

The draft 2025/26 financial position for the board has been finalised, and delivery of the three financial targets is confirmed subject to External Audit review, delivery of final funding allocations and confirmation of final IJB outturn position.

The 2025/26 annual accounts are being drafted in line with the agreed timetable, and the External Audit review of the financial statements will commence in early May. The Audit and Risk Committee will review the draft audited annual accounts and audit report on 16 June 2026. These documents will then be submitted for approval at the NHS Board meeting on 30 June 2026.

2.2 Background

Despite significant financial pressures within budgets delegated to the Integration Joint Board (IJB), the Board achieved a break-even position and remained within its Revenue Resource Limit (RRL). This includes accommodating an IJB risk-share pressure of £6.007m, which had not been included within the approved 2025/26 financial plan.

A balanced outturn was achieved primarily through the delivery of savings plans, albeit not in full, alongside sustained improvements in expenditure run-rates across corporate functions. This position was further supported by NHS Fife's share of a national reduction in CNORIS contributions and additional New Medicines Funding, which is largely offset by rebates from the pharmaceutical industry.

In addition, NHS Fife anticipates receiving deficit funding support from the Scottish Government, reflecting delivery of an end-of-year outturn within 1% of core baseline Revenue Resource. Both the Capital Resource Limit and the Cash Requirement were also successfully achieved by the end of the financial year.

2.3 Assessment

The 2025/26 three-year Medium-Term Financial Plan was approved by the Board in March 2025. The plan identified a forecast deficit of £37.782m, representing 4.03% of the Board's baseline budget. To mitigate this position, a programme of cost improvement schemes and efficiency initiatives totalling £28.573m (3.05% of the baseline budget) was developed, leaving a residual funding gap of £9.209m. The Scottish Government subsequently confirmed that deficit funding support of up to £9.0m would be made available to the Board, subject to NHS Fife delivering an end-of-year outturn within 1% of its Core Revenue Resource Limit and demonstrating continued progress towards a balanced three-year financial position. Throughout the financial year, concerted action was taken to reduce costs and maximise the utilisation of all available funding sources. These actions were undertaken with the clear objective of achieving a year-end financial position within the parameters set at the start of the year and approved by both the Board and the Scottish Government.

Despite ongoing service pressures across the Fife health and care system, the Board achieved a year-end financial outturn at March 2026 that was consistent with the approved financial plan. Over the course of the financial year, a number of material cost pressures emerged that had not been anticipated within the original plan. These included a significant Integration Joint Board (IJB) risk-share pressure, additional resident doctors' costs, the impact of national commitments, reductions in planned savings targets, and increases in Service Level Agreement (SLA) costs with other Scottish Health Boards arising from changes in national costing models. These pressures were mitigated through sustained improvements in expenditure run-rates across corporate functions and elements of acute services budgets. In addition, New Medicines Funding was appropriately ring-fenced to offset underlying drug cost inflation, including increased medicines expenditure within SLA arrangements. The financial position was further supported by NHS Fife's share of a national reduction in Clinical Negligence and Other Risks Indemnity Scheme (CNORIS) costs.

The second year of the Board's Recovery and Transformation Programme (RTP) built on the substantial progress achieved in 2024/25, with an increased emphasis on the delivery of recurring and sustainable savings. The 2025/26 savings plan focused on key themes across workforce, infrastructure and estates, clinical service redesign, business and digital transformation, and procurement. This approach supported the Board's financial sustainability objectives while maintaining safe, effective, and high-quality patient care across the health and care system. By the end of the financial year, the Board reported strong delivery against planned trajectories, achieving savings of £22.857m. This represents approximately 80% of the total planned savings target and equates to 2.44% of the Board's baseline Revenue Resource Limit. While this fell marginally short of the Scottish Government's 3% savings expectation, delivery was significantly impacted by sustained operational pressures, most notably challenges associated with patient flow during the winter period. In addition, a number of external factors constrained the full realisation of planned savings within the year.

NHS Fife remain at Stage 2 of the NHS Scotland Support and Intervention Framework (the 'Framework'). NHS Fife's escalation falls into the 'Financial Sustainability' sub-category. This category has been selected due to the Board's financial performance and requirement for a longer-term strategy to move towards financial sustainability.

Work continues with Senior Leadership Teams across the health and care system to accelerate the delivery of savings targets and transformational change at pace. There is a sustained focus on securing recurring and sustainable cost reductions, reducing reliance on non-recurring savings, and identifying and progressing transformational opportunities that extend beyond 2025/26.

Taking all the issues noted in the report, the level of assurance at this stage is “moderate” with all efforts continuing to support an improvement in the position.

This report provides the following Level of Assurance:

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

2.3.1 Quality, Patient and Value-Based Health & Care

Effective financial planning, allocation of resources and in-year management of costs supports the delivery of high-quality care to patients.

2.3.2 Workforce

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

2.3.3 Financial

Financial implications are detailed in the paper.

2.3.4 Risk Assessment / Management

Delivering a balanced financial position and financial sustainability in the medium-term continues to be reported as high risk in the NHS Board corporate risk register. Failure to deliver savings at the level required will lead to a deficit beyond the financial gap identified in the board’s approved financial plan. All Boards must work towards break-even and where that is not achieved, Boards will require to show a deficit position in the year end accounts leading to potential qualification and the issue of an Audit Scotland Section 22 report. This will be in addition to consideration of Board escalation status. Government repayable brokerage is no longer available to Boards.

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

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

2.3.6 Climate Emergency & Sustainability Impact

There are no direct implications arising from this report.

2.3.7 Communication, involvement, engagement and consultation

This paper has been prepared following completion of the monthly review process in consultation with senior finance colleagues, Directorate Management Teams across both NHS Fife and the HSCP.

2.3.8 Route to the Meeting

Executive Leadership Team – 23 April 2026
Finance, Performance & Resources Committee – 5 May 2026

2.4 Recommendation

Members are asked to **take assurance** on the information provided in relation to:

- The reported core revenue resource limit breakeven position will only be achieved through deficit funding support of £8.980m from Scottish Government.
- 80% delivery of savings targets in year, representing 2.44% of the board's baseline revenue resource.
- The reported overspend for health delegated service of £2.183m and £3.824m risk share from Fife Council.
- Achievement of the Cash Requirement cand Capital Resource Limit financial targets

- **Assurance** - This report provides a Moderate Level of Assurance.

3 List of appendices

Appendix 1 – Finance Report for March 2026

Report Contact
Susan Dunsmuir
Director of Finance
susan.dunsmuir@nhs.scot

Finance Performance Report
For the Year ended 31 March 2026



NHS Fife

Presented by Susan Dunsmuir, Director of Finance
Prepared by Maxine Michie, Deputy Director of Finance

Purpose and Format

The purpose of this report is to provide the Board with the monthly finance position, including the position of the Sustainability and Value and Capital Programmes for 2025/26.

The report includes:

1. The March 2026 Revenue position (pages 8-19)
2. The March 2026 Sustainability and Value position for 2025/26 (pages 20-21)
3. Agenda for Change Reform / Operational Improvement Funds (page 22)
4. 2026/27 Look Forward (page 23)
5. The March 2026 Capital position (pages 24-25)

Members are asked to:

6. Note the March 2026 revenue position.
7. Note the March 2026 Sustainability and Value position
8. Note the capital position at March 2026.
9. Note the Final Draft outturn for 2025/26.

Please note these figures are provisional and subject to external audit.

APRIL 2025-MARCH 2026
REVENUE POSITION

Monthly Finance Performance Report 31 March 2026
Overall Position– Month 12

Budget Area	Annual Budget £'000	YTD Budget £'000	YTD Spend £'000	YTD Variance £'000
Acute Services	359,328	359,328	368,061	-8,733
Health & Social Care Partnership	481,843	481,843	487,850	-6,007
External Providers	110,014	110,014	121,253	-11,239
Corporate Functions	211,166	211,166	194,167	16,999
Financial Position at March 2026	**1,162,351**	**1,162,351**	**1,171,331**	**-8,980**

As detailed above, the Board recorded a deficit of £8.890m at the end of the financial year across the Fife health care system, (this is against an annual budget of c£1.1 billion) subject to external audit.

The table above identifies which service area the financial outturn for each service area and includes the following: -

- Pay underspend of £8.673m
- Non-Pay Overspend of £18.337m
- Income over recovery of £0.684m

In delivering this position, the Board achieved 80% of its planned savings programme in-year, equivalent to £22.858m, representing 2.44% of the baseline Revenue Resource Limit. While this fell marginally short of the 3% savings target, delivery was impacted by significant operational challenges, particularly pressures on patient flow during the winter period, alongside a number of external factors that constrained savings delivery.

2025/2026 Look Back

At the end of the 2025/26 financial year, NHS Fife has delivered a provisional outturn, subject to external audit, in line with the approved 2025/26 Financial Plan. This confirms that the Board has achieved financial breakeven, following the approved deficit funding support provided by the Scottish Government.

At the start of the financial year, the approved deficit for 2025/26 totalled £9.206 million, after assuming successful implementation of a savings programme of £28.573 million across the wider health and care system.

By the end of the first quarter, the organisation was advised of a modest risk to the approved financial plan arising from a reduction in sustainability funding allocated by the Scottish Government across all NHS Boards. In addition, the financial position of the health-delegated budget was not aligned with either the approved Integration Joint Board (IJB) financial plan or the risk-share assumptions reflected within NHS Fife's financial plan. This misalignment persisted through to the end of the financial year. While the delegated position deteriorated during the early part of the year, a range of management actions implemented by HSCP senior leadership, together with funding support redirected by NHS Fife, helped to mitigate the impact. As a result, the health-delegated budgets reported a year-end deficit of £2.183m, a significant improvement compared to the highest in-year forecast deficit of £7.167m reported at September 2025.

By the end of the second quarter, unplanned additional investment was required to support resident doctors' rotas in order to ensure compliance with safe working arrangements, which has been achieved since August 2024. While this investment had not been included within the original financial plan, it followed robust scrutiny of rota design and delivery, fully reflected the sustained elevated levels of sickness absence within this staff group, and delivered additional benefits through improved recruitment to a number of previously hard-to-fill medical posts. During the same period, increases in Service Level Agreement (SLA) costs with other Scottish Health Boards generated further financial pressure, reflecting revisions to national costing methodologies implemented across Boards. In addition, a number of risks to the delivery of planned savings began to emerge. These were driven by a combination of external factors, persistent operational pressures, and constrained capacity within services to progress savings initiatives at the pace originally anticipated. In quarter two, the Board was also notified of additional Operational Improvement Plan funding to be made available by the Scottish Government. This funding was intended to support the prevention of planned care waits exceeding 52 weeks by the end of the financial year and to enable wider improvements across unscheduled care. The allocation of this funding was contingent upon delivery of agreed additional activity and demonstrable service improvements.

By the end of quarter three, winter pressures were having a significant impact across both acute services and health-delegated budgets. Despite these challenges, the delivery of savings continued, albeit at a reduced pace. During this period, teams remained focused on sustaining and increasing planned care activity, while also progressing service redesign within unscheduled care.

This work was undertaken against a backdrop of sustained pressure on patient flow across the wider health and care system, which placed considerable operational demands on services and constrained the pace at which financial recovery actions could be advanced.

To manage the level of cost pressures that emerged during 2025/26 and were not included within the approved financial plan, a range of mitigating actions were implemented. Further allocations of New Medicines Funding, together with confirmation of a reduction in CNORIS contributions, were received in the early part of quarter four and helped to offset emerging pressures. Throughout the financial year, the majority of corporate functions delivered material underspends against budget through robust vacancy management and tight control of discretionary expenditure. In addition, a number of non-recurring financial opportunities were realised, supported by enhanced review processes and strong grip and control across procurement activity.

During quarter four, work was progressed at pace to recruit additional posts to support implementation of the Agenda for Change reduced working week to 36 hours, effective from 1 April 2026. During the same period, successful Band 5 to Band 6 evaluations were completed, and payments commenced to reflect both the in-year impact and backdated pay costs associated with these role re-evaluations. While work to deliver savings continued, it became clear early in the final quarter that total savings delivery would be in the region of £22m, falling short of the 3% savings target set by the Scottish Government. Although the Board remained challenged in achieving the full savings requirement, activity to identify and progress productivity opportunities continued throughout the financial year. Initiatives such as Active Clinical Referral Triage (ACRT) and Patient-Initiated Reviews (PIR) delivered measurable productivity benefits across a number of specialties during 2025/26, with opportunities totalling approximately £2.4m. The 2026/27 financial plan will build on this work, with a strengthened focus on the systematic identification, validation and recording of productivity initiatives that help to mitigate cost pressures while maintaining service quality.

Despite both partner organisations providing additional financial support — £8.5m from NHS Fife and £5.5m from Fife Council — alongside a range of management actions to reduce expenditure, the Integration Joint Board (IJB) reported a year-end outturn deficit of £9.689m. Of this total, 62% is reflected within NHS Fife's financial position. No risk-share provision was included within the Board's 2025/26 financial plan, as the IJB approved a balanced budget at its March 2025 meeting following the provision of additional funding from both partners. However, financial pressures during the year resulted in a residual deficit position at year end. In developing the NHS Fife 2026/27 financial plan, additional funding has been provided to the IJB to support the delivery of a balanced budget.

As NHS Scotland continues to face significant financial and operational pressures that are expected to persist into 2026/27 and beyond, the Scottish Government has set clear expectations for NHS Boards to work collaboratively to address these challenges. Boards are required to plan collectively within their respective sub-national structures, with financial plans aligned to support system-wide sustainability. Sub-national planning is intended to strengthen financial resilience by reducing duplication, enabling more efficient use of resources, and supporting shared investment in services across regions. Through collaborative planning, Boards are better positioned to achieve economies of scale, optimise capacity, and target investment where it delivers the greatest value for patients and communities. Over time, this approach is expected to improve cost control and enhance returns

on investment across the health system. During the final quarter of the financial year, NHS Fife actively engaged with partner Boards within the East sub-national structure to consider shared priority areas and to identify financial and service opportunities that could contribute positively to addressing the significant system-wide deficit across the sub national structure.

Acute Services– Month 12

The Acute Services Division is reporting an overspend the end of March of £8.733m. The position is slightly better than the outturn forecast at February, £8.821m. Included in this deficit is a overspend on both Pay and non-pay budgets of £0.990m m and £7.743m, respectively. Additionally, included in the Acute Services position is an overspend on specialties defined as "large hospital services" which form part of IJB Set Aside budgets. At the end of the financial year, set aside services reported an overspend of £4.562m which accounts for 52% of the Acute Services total overspend. The area of highest cost included in the "set aside" budgets is the spend on wards 6 & 9, Victoria Hospital – Supported Discharge Unit – and totalled £4.6m at the end of March. This largely unfunded cost is fully absorbed by NHS Fife and is currently not included in the IJB risk share with Fife Council.

Budget Area	Pay Variance £'000	Non Pay Variance £'000	YTD Variance £'000
Clinical Services			
Health Retained			
Acute Services (incs Set Aside)			
-Surgical Directorate	357	-2,472	-2,115
-Medical Directorate	-3,793	-2,519	-6,312
-Women, Children & Clinical Services	2,360	-2,870	-510
- Acute Nursing	83	53	136
- Other	3	65	68
Total Acute	**-990**	**-7,743**	**-8,733**

The Medical Directorate are challenged with significant cost pressure across their pay budgets primarily due to the largely unfunded Supported Discharge Unit and the enhanced cost of temporary staff required for long standing difficult to recruit to vacancies. The Woman & Children's directorate had a high vacancy rate across the financial year and outsourced as necessary which is reflected in part in the large overspend in their non pay budget. Surgical Sundries spend has been a particular challenge for all acute services directorates across the year supporting the increase in activity, and additional funding support has been provided in the 2026/27 financial plan through the NRAC monies allocated to the board. Despite significant savings across medicines expenditure, the cost of drugs continues to be a financial cost pressure for acute services, largely drive by cancer spend. Responding to supply shortages across various medicines has meant more expensive alternatives have had to be used and the potential for significant increase in costs as a result of tariffs applied by the USA remains a risk.

The key cost pressures for Acute Services have remained constant throughout the financial year and are described below:

Pay Budgets:

- Continuation of cost pressure from unfunded posts.
- Unfunded capacity pressure.
- High agency cost for locums.
- Continued high use of supplementary staffing.
- Undelivered legacy vacancy factor.

Non-Pay Budgets:

- Increased costs of decontamination services and diagnostic supplies
- Continued high spend on surgical sundries including diabetic pumps.
- Continuing high cost of outsourcing.
- Equipment Maintenance contracts

Acute services delivered circa £6.5m savings in year across a number of schemes, including supplementary staffing, clinical service redesign, procurement and business transformation. Whilst the target to manage unfunded post was not delivered in year, significant inroads was made with recurring savings confirmed of £0.638million. The remaining cost pressure will roll forward into savings plans for 2026/27. Savings from supplementary staffing fell short of the £2m target with £0.557m delivered in year. The delivery of savings across this staff group was successful in 2024/25 adding to the challenge in for 2025/26. Despite significant operational pressures resulting from patient flow work continued to review all nurse staffing establishments and medical workforce. By the end of March, the acute services directorate successfully achieved 94% compliance with direct engagement (at April 2025, 69%) increasing the opportunities to secure savings across the medical staff workforce. Nursing supplementary staffing also decreased during October and November with the successful onboarding of newly qualified practitioners. In the final quarter of the financial year Acute Services successfully recruited to several long-standing vacancies which will hugely impact medical agency costs in 2026/27. Candidates specifically referenced the robust resident doctor rotas as a reason for considering NHS Fife as an employer of choice.

Whilst the Acute Services Directorate posted a deficit of £8.733m at the end of the financial year, it is worth noting the deficit posted by Acute services at the end of the 2 preceding financial years,£12.912m in 2024/25 and £24.065m in 2023/24 This steady improvement highlights the work that is ongoing across the directorate to move to a more sustainable financial footing.

Health & Social Care Partnership– Month 12

The Health & Social Care Partnership is reporting a deficit at the end if the financial year of £6.007m. Included in this deficit is an underspend in pay budgets of £5.642m offset by an overspend on non-pay budgets of £11.649m.

The outturn at the financial year end continues to relate to high usage/costs associated with medical locums within Mental Health services, unachieved savings targets and nurse bank/agency usage across the partnership to cover vacancies, sickness and increased patient supervision requirements. Additionally, unexpected increased costs with non-Fife health care providers have added further financial challenge; albeit in January we received a backdated credit note reflecting a reduction in daily bed rate for one high-cost patient. In addition, the financial position further improved during February and March due to increased vacancies and a reduction in supplementary staffing due to shifts remaining unfilled, and a favourable realignment of costs between Health delegated budgets and Social Care budgets.

Budget Area	Pay Variance £'000	Non Pay Variance £'000	2025/26 Outturn £'000
Health Delegated			
-Primary & Preventative Services(Prescribing shown below)	1,367	642	2,009
-Community Care Services	3,398	-2,032	1,366
-Complex & Critical Care Services	-213	-3,162	-3,375
-Professional & Enabling	1,075	-438	637
-Prescribing		829	829
-Resource Transfer etc		2	2
-Integration Management Team	15	68	83
-Non-Fife & Other Healthcare Providers		-4,348	-4,348
-Allocations awaiting distribution		614	614
Income: Health Delegated		0	0
Risk Share		-3,824	-3,824
Total Health Delegated	**5,642**	**-11,649**	**-6,007**

The final outturn for Health delegated budgets, although an improved position, as can be seen in the table below, continues to track out with the financial plan approved by the IJB at their March 2025 board meeting. Following the application of the risk share arrangements set out in the IJB integration scheme, the IJB risk share for NHS Fife is £3.824m payable from NHS Fife to Fife Council. Since month 6, the forecast position reflected a (diminishing) risk share 'benefit' from Fife Council to NHS Fife. The provisional deficit position for social care is after taking account of the full non-

recurring £8.5m additional funding allocation NHS Fife earmarked in the board's 2025/26 financial plan to support IJB costs pressures. The allocation of £8.5m was allocated to the IJB by NHS Fife during June.

2025/26 HSCP Risk Share	M3 £'000	M4 £'000	M5 £'000	M6 £'000	M7 £'000	M8 £'000	M9 £'000	M10 £'000	M11 £'000	M12 £'000
HBD	-5,399	-5,186	-5,551	-7,167	-6,217	-6,135	-5,035	-3,744	-2,744	-2,183
SC latest position available	178	-259	-2,005	-2,900	-2,900	-3,500	-3,855	-6,020	-6,864	-7,506
Forecast Outturn	**-5,221**	**-5,445**	**-7,556**	**-10,067**	**-9,117**	**-9,635**	**-8,890**	**-9,764**	**-9,608**	**-9,689**
HBD at 62%	-3,237	-3,376	-4,685	-6,242	-5,653	-5,974	-5,512	-6,054	-5,957	-6,007
SC at 38%	-1,984	-2,069	-2,871	-3,825	-3,464	-3,661	-3,378	-3,710	-3,651	-3,682
Risk Sharing of Outturn	**-5,221**	**-5,445**	**-7,556**	**-10,067**	**-9,117**	**-9,635**	**-8,890**	**-9,764**	**-9,608**	**-9,689**
Risk Share from/(to) FC	**2,162**	**1,810**	**866**	**925**	**564**	**161**	**-477**	**-2,310**	**-3,213**	**-3,824**

The IJB position deteriorated significantly in-year compared with their approved financial plan and continues to be a major cause of concern for both partners. Significant levels of management actions have been taken by the senior leadership team and improvements to the financial forecast outturn are evident in health delegated services over the latter half of the financial year. It is important to note that the provisional final deficit for the IJB of £9.689m does not include set aside expenditure. This largely unfunded cost is fully absorbed by NHS Fife and is currently not included in the IJB risk share with Fife Council, £4.562m for 2025/26.

In developing the NHS Fife financial plan for 2026/27 additional funding has been provided to the IJB to support delivery of a balanced budget. However continued demand pressures and structural under-funding of social care remain significant risks and will continue to challenge the financial sustainability of both the IJB and NHS Fife

External Healthcare Providers – Month 12

	Annual Budget £'000	YTD Budget £'000	YTD Spend £'000	YTD Variance £'000
Health Board				
Ayrshire & Arran	122	122	122	0
Borders	59	59	100	-41
Dumfries & Galloway	36	36	72	-36
Forth Valley	3,532	3,532	5,016	-1,484
Grampian	439	439	371	68
Greater Glasgow & Clyde	2,083	2,083	2,229	-146
Highland	180	180	261	-81
Lanarkshire	160	160	270	-110
Lothian	36,249	36,249	41,461	-5,212
Scottish Ambulance Service	127	127	135	-8
Tayside	49,506	49,506	57,529	-8,023
	92,493	**92,493**	**107,566**	**-15,073**
UNPACS				
Health Boards	16,591	16,591	11,801	4,790
Private Sector			259	-259
	16,591	**16,591**	**12,060**	**4,531**
OATS	865	865	1,558	-693
Grants	65	65	69	-4
Total	**110,014**	**110,014**	**121,253**	**-11,239**

The in-year overspend on external healthcare providers is primarily driven by cost pressures arising from Service Level Agreements (SLAs) with NHS Lothian, NHS Tayside and NHS Forth Valley

Charges from NHS Lothian are based on Patient Level Costing (PLC) information, an approach not currently applied by any other Scottish Health Board, and on average activity levels calculated over a historic three-year period. Costs associated with NHS Tayside are calculated on a historic one-year activity basis and reflect a high volume of referrals from north-east Fife to NHS Tayside services.

During the year, NHS Lothian moved away from the long-established three-year rolling average for activity and applied a two-year average instead. Subsequently, NHS Forth Valley switched to a two-year costing model, which led to additional cost increases. Other Scottish Health Boards quickly adopted similar approaches, although the financial impact in those cases was relatively marginal. In October, NHS Tayside notified NHS Fife of changes to its charging model, which led to additional in-year cost pressures.

NHS Fife continues to engage actively with partner Boards to review SLA charges, ensure costs are accurately forecast, and challenge assumptions where appropriate.

Looking ahead to 2026/27 and future years, SLAs with other Scottish Health Boards do not currently include charges for Emergency Department (ED) attendances, with costs only incurred where patients are admitted. NHS Lothian has advised that it intends to introduce SLA recharging for ED attendances for non-resident patients from 2027/28. This is expected to further increase costs to NHS Fife. As a result, work will be required to identify and quantify the costs associated with non-resident patients attending NHS Fife EDs in order to support reciprocal recharging to Boards of residence and mitigate the financial impact. It is considered prudent to assume that other Boards may adopt similar charging arrangements for ED attendances over time.

Corporate Functions– Month 12

Corporate functions include Directorates identified in the table below including Board wide income and Financial Flexibility. In total an underspend of £16.99m is reported at the end of the financial year.

Budget Area	Pay Variance £'000	Non Pay Variance £'000	2025/2026 Outturn £'000
Estates & Facilities	1,250	1,042	2,292
Chief Executive	22	-44	-22
Communications	-102	-47	-149
Finance Director	139	-55	84
Planning Director	285	-28	257
Medical Director	-976	2,175	1199
Nurse Director	651	-173	478
Public Health	486	-68	418
Workforce Directorate	175	-77	98
Pharmacy Services	1265	-409	856
Digital + Information	839	-1,234	-395
Other Board Functions	-551	-3,749	-4300
IJB non delegated	534	-128	406
Board Income		684	684
Financial Flexibility		15,093	15093
Total	**4,017**	**12,982**	**16,999**

Estates and Facilities are underspent due to savings achieved in year and the impact of staffing vacancies. This has been achieved despite the significant underlying cost pressure across property maintenance and equipment maintenance contracts. Throughout the financial year the majority of corporate functions maintained significant underspends across their budgets through robust financial management of vacancies and discretionary spend. The outturn for corporate functions includes a level of mitigating actions that are being taken to support the totality of the cost pressure challenges the board experienced across Acute Services, the HSCP and SLAs with other Scottish Health Boards. Financial flexibility is reporting a favourable variance due to non-recurring savings identified across the year, the non-recurring sustainability funding notified to boards during the financial planning process.

Value & Sustainability Plan – Month 12

The second year of NHS Fife's Reform to Perform (RTP) programme built on the considerable progress achieved in 2024/25, with a continued focus on the delivery of recurrent savings through workforce redesign, digital transformation, and system-wide efficiencies. The 2025/26 savings plan targeted a range of key areas, including workforce, infrastructure, clinical service redesign, business and digital transformation, and procurement. These initiatives were designed to support financial sustainability while maintaining the delivery of high-quality patient care across the whole health and care system. Savings schemes associated with Health Delegated functions, required to support the Integration Joint Boards' (IJB) financial plans, were fully reflected within NHS Fife's financial plan. Progress against these schemes is detailed in the table below, alongside performance against NHS Board savings targets.

By the end of the financial year, NHS Fife delivered total savings of £22.858m, representing 80% of the total approved savings required to support delivery of the NHS Fife financial plan. Of this total, £11.313m was delivered by the Health Board across People and Change, Clinical Services, the Infrastructure Programme, Medicines Optimisation, Business Transformation, Procurement, and a range of other smaller non-recurrent opportunities. The Health and Social Care Partnership (HSCP) delivered savings totalling £11.545m, primarily through reductions in supplementary staffing, service redesign initiatives, and medicines optimisation. At March, recurring savings of £14.746m had been secured. This includes £11.545m delivered by HSCPs and £3.201m delivered through Health Board savings plans. Overall savings achieved during the year represent 2.44% of NHS Fife's baseline Revenue Resource Limit (RRL), with recurring savings accounting for 1.57% of total RRL.

The **Board's** savings from supplementary staffing fell short of the £2m target with £0.557m delivered in year. The delivery of savings across this staff group was successful in 2024/25 adding to the challenge in for 2025/26. Following receipt of unscheduled care and planned care funding which supported a number of temporary posts across the financial year whilst the recruitment progressed, a decrease in the core supplementary staffing did not emerge as successfully as in the previous financial year. Continued high sickness absence rates across the system coupled with extreme service pressures over the latter half of the financial year resulted in an ongoing requirement for high supplementary staffing levels. Despite significant operational pressures work continued to review all nurse staffing establishments and medical workforce. By the end of March, the acute services directorate successfully achieved 94% compliance with direct engagement (at April 2025, 69%) increasing the opportunities to secure savings across the medical staff workforce. In the final quarter of the financial year Acute Services successfully recruited to several long-standing vacancies which will hugely impact medical agency costs in 2026/27. Savings actions to manage unfunded posts and business transformation also fell short of target but work taken forward did deliver a strong level of savings in year. Work continues on these key areas as we move into the various savings programmes agreed for 2026/27. The principal challenge for the board in savings delivery is securing savings on a recurring basis. which is essential to securing financial sustainability as we move forward into 2026/27 and beyond.

The **HSCP** delivered savings to the end of the financial year of £11.545m. Savings also fell short of trajectory due to challenges to reduce reliance on expensive care providers out with Fife and Mental Health redesign. Savings not delivered this year will move into 2026/27.

Approved minimum 3% Savings Plans	2025/2026	2025/2026	2025/2026	Savings Delivered March 2026			Recurring Saving		
Sustainability & Value Schemes	**£'000**	**£'000**	**£'000**	**£'000**	**£'000**	**£'000**	**£'000**	**£'000**	**£'000**
	HSCP	**Health Board**	**NHS Fife**	**HSCP**	**Health Board**	**NHS Fife**	**HSCP**	**Health Board**	**NHS Fife**
People & Change									
Supplementary Staffing	3,153	2,000	5,153	2,953	557	3,510	2,953	0	2,953
Reduce Acute Services Pay Cost Pressure		3,000	3,000		1,062	1,062		638	638
	3,153	**5,000**	**8,153**	**2,953**	**1,619**	**4,572**	**2,953**	**638**	**3,591**
Service Redesign						0			0
SDEC/Minor Injuries Redesign		500	500		500	500		83	83
Inward Commissioning		1,000	1,000			0			0
Planned Care		500	500		1,500	1,500		64	64
Haematology/MOE/Frailty		300	300		500	500			0
Reprovision Out of area care packages	1,797		1,797	410		410	410		0
Assessment and Rehabilitation Centres (ARCs) Redesign	300		300	300		300	300		300
Community Rehabilitation & Care	1,000		1,000	635		635	635		635
Mental Health Redesign	3,948		3,948	3,399		3,399	3,399		3,399
	7,045	**2,300**	**9,345**	**4,744**	**2,500**	**7,244**	**4,744**	**147**	**4,891**
			0			0			0
Infrastructure			**0**			0			
Energy (PFI), Waste, Medical Physics		1,000	1,000		2,000	2,000		915	915
Site Rationalisation inc Cameron		1,000	1,000			0			0
	0	**2,000**	**2,000**	**0**	**2,000**	**2,000**	**0**	**915**	**915**
Business Transformation						0			0
Corporate Structures Rationalisation (inc Digital)	495	2,000	2,495	495	1,274	1,769	495		0
	495	**2,000**	**2,495**	**495**	**1,274**	1,769	**495**		0
Grip & Control			**0**			0			0
Medicines Efficiencies	2,030	2,000	4,030	3,036	1,743	4,779	3,036	850	3,886
Procurement		1,500	1,500		1,527	1,527		651	651
Decontamination & Laboratory Services		400	400			0			0
Transport	250	300	550	250	53	303	250		250
Small Value Schemes	100			67		67	67		67
Financial Opportunities					597	597			0
	2,380	**4,200**	**6,580**	**3,353**	**3,920**	**7,273**	**3,353**	**1,501**	**4,854**
Total NHS Fife Health Care System	**13,073**	**15,500**	**28,573**	**11,545**	**11,313**	**22,858**	**11,545**	**3,201**	**14,746**
Percentage of Savings achieved at Month 12				**88.31%**	**72.98%**	**80.00%**	**88.31%**	**20.65%**	**51.61%**
Savings as percentage of RRL - Target 3% Recurring						**2.44%**			**1.57%**

Agenda For Change Reform

Funding for Agenda for Change (AfC) non-pay reforms — comprising protected learning time, the 30-minute reduction in the working week, and the review of Band 5 nursing roles — was confirmed at £150m nationally in the Scottish Government's 2025/26 budget settlement. This recurring funding was allocated to NHS Boards on an NRAC basis. NHS Fife's share for 2025/26 was £10.2m, and all costs associated with the implementation of the three reforms were required to be contained within this allocation and incurred in-year.

By the end of the financial year, the full funding allocation was required to support the costs of the reforms as recorded by the Board. Costs associated with the first 30-minute reduction in the working week, implemented during 2024/25, totalled £0.5m in 2025/26. The remaining balance of the allocation was required to support assumptions relating to the ongoing evaluation of Band 5 nursing roles.

By the end of March 2026, 35 Band 5 postholders whose roles had been evaluated as Band 6 had been appointed to the higher band and paid at the appropriate Band 6 pay scale, including all backdated pay. A further 375 Band 5 postholders are scheduled to progress to the evaluation panel during 2026/27, with an additional 336 postholders expected to finalise their applications and proceed to panel in the same financial year.

The costs associated with all 749 applications for re-evaluation have been included within the 2025/26 outturn position. This includes Agenda for Change staff employed across services delegated to the Integration Joint Board (IJB).

Operational Improvement Funds

All funding in relation to the Scottish Government Operational Improvement plan was received and committed by the end of the financial year. he majority of specialties have achieved the 52 week wait target, and in some areas in roads had been made on the 26 week wait. For the areas that missed the 52 week wait by just one or two people, this was due to patient unavailability. Additionally, a number of unscheduled care initiatives were progressed in year e.g. SDEC with as well as funds passed through to social care to support package of care in the community. Scottish Government have confirmed to all territorial boards their share of the £88m available nationally for OIP funding which will be distributed on a recurring baseline. Scottish Government has requested all boards to review their spend profile for OIP activity against the total funding communicated by SG for 2026/27 to be discussed at our quarter four review in May.

2026/2027 Look Forward

As NHS Scotland continues to face significant financial and operational pressures expected to persist into 2026–27 and beyond, the Scottish Government has clear expectations for NHS Boards to work collaboratively to address these challenges. Boards are required to plan collaboratively within their respective sub-national structures., aligning financial plans to support system wide sustainability.

Subnational planning is intended to strengthen financial sustainability by reducing duplication, enabling more efficient use of resources, and supporting shared investment in services across regions. Through collaborative planning, Boards are better positioned to achieve economies of scale, optimise capacity, and target investment where it delivers the greatest value for patients and communities. Over time, this approach is expected to improve cost control and enhance return on investment across the health system.
The Health and Social Care Service Renewal Framework reinforces this expectation, requiring organisations to make the best possible use of the resources available to them. In response, our financial planning for 2026/27 and beyond reflects a continued commitment to collaborative working with key partners, including Fife Integration Joint Board, Fife Council, and other stakeholders, as well as wider engagement with other Scottish Health Boards through sub-national planning arrangements.

The organisation's challenging financial position is driven primarily by the scale of savings required, set against sustained growth in demand for services. This is compounded by ongoing workforce pressures, the costs of maintaining and modernising an ageing estate, and the financial impact of implementing a range of nationally mandated programmes.

To respond to these challenges, a refreshed Transformation and Financial Sustainability approach, underpinned by the 6Ps framework, has been developed. This sets out a structured programme of work and supporting actions aimed at delivering savings of £26.624m in respect of Health Board retained and delegated functions during 2026/27. The approved financial plan for 2026/27 reflects a residual funding gap of £9.0 million following the delivery of planned savings. Scottish Government has approved the plan and confirmed deficit funding support for a second year, subject to the condition that the final outturn for 2026/27 does not exceed the agreed level of deficit support.

Building on the infrastructure and governance arrangements established in previous financial years, the organisation intends to maintain momentum and delivery focus through the next financial planning cycle. While the scale of required savings and service improvement is significant, successful delivery will depend on the pace and effectiveness with which our transformational ambitions are implemented across the organisation and wider system.

APRIL 2025 – MARCH 2026
CAPITAL POSITION

In 2025/26 we invested £21.506million across a wide range of capital projects including buildings, equipment and technology to support the delivery of services. The element charged to the Capital Resource Limit (CRL) is £21.470m which is the Capital Expenditure net of receipts. The balance is offset against the Net Book Value (NBV) of equipment disposed of in 2025/26.

Our Capital Resource Limit (CRL) budget for the 2025/26 financial year was uplifted by 5% from £7.764m to £8.152m as part of the Scottish Government budget settlement. We were successful in securing additional funding totalling £13.318m across the financial year.

Capital Funding 25/26	**Budget £'000**	**Budget £'000**
Formula Capital		8,152
BCP - Multiple Mental Health Estate	5,000	
BCP - VHK Phase 2 Window Replacement	200	
BCP - VHK Phase 2 Cladding Panel Resotration	300	
BCP - General Fire Door Rectification Programme	100	
NIB - Tranche 1 Equipment	1,449	
NIB - Tranche 2 Equipment	1,268	
NIB - Additional Renal Funding	42	
NIB - Radiology Funding	436	
NIB - Additional Equipment	878	
EV Charging Infrastructure	391	
Energy Efficiency Funding	280	
Energy Efficiency Funding - BEMS	100	
QMH Pain Management Garden	125	
Medical Education - VHK Level 4	410	
Windows 10	412	
Windows10 Tranche 2	530	
Theatre Instruments - Buffer Stock	426	
Welch Allyn	1,612	
Environmental Sustainability	89	
LIMS National Share	93	
Recycling Bins	32	
Solar Panels Grant Monies	181	
Solar Panels Capital Monies	58	
LIMS Overpayment	- 20	
Capital to Rev Transfer	- 1,074	13,318
Total CRL funding at 31 March 2026		**21,470**

NHS Fife

Meeting:	**Fife NHS Board**
Meeting date:	**26 May 2026**
Title:	**Transformation Portfolio Update and Savings Delivery**
Responsible Executive:	**Susan Dunsmuir, Director of Finance** **Susan Fraser, Director of Planning & Transformation**
Report Author:	**Maxine Michie, Deputy Director of Finance** **Fiona McLaren, Head of Corporate PMO**

Executive Summary:

- By the end of the financial year, NHS Fife delivered total savings of £22.858m, representing 80% of the total approved savings required to support delivery of the NHS Fife financial plan. Of this total, £11.313m was delivered by the Health Board across People and Change, Clinical Services, the Infrastructure Programme, Medicines Optimisation, Business Transformation, Procurement, and a range of other smaller non recurrent opportunities. The Health and Social Care Partnership (HSCP) delivered savings totalling £11.545m, primarily through reductions in supplementary staffing, service redesign initiatives, and medicines optimisation. At March, recurring savings of £14.746m had been secured. This includes £11.545m delivered by HSCPs and £3.201m delivered through Health Board savings plans. Overall savings achieved during the year represent 2.44% of NHS Fife's baseline Revenue Resource Limit (RRL), with recurring savings accounting for 1.57% of total RRL. Overall savings delivered are £3.761m short of the assessed trajectory with health retained £2.748m behind and health delegated £1.013m behind.
- Progress across key transformation programmes continues, with work now underway to either close off or transition work into the 2026/27 transformation programmes.
- It is proposed the Board accepts a **moderate** level of assurance.

1 Purpose

This report is presented for:

- Assurance

This report relates to:

- Annual Delivery Plan
- NHS Board Strategic Priority
    - To Deliver Value & Sustainability

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

Page 98 of 765

1/12

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

NHS Fife continues to operate in an extremely challenging financial context, with an approved 2025/26 financial plan reflecting an initial deficit of £37.782m. A Financial Improvement Programme totalling £28.573m has been established to reduce this gap, aligned with the second year of the Re-form, Transform, Perform (RTP2) transformation portfolio. This programme reflects the organisation's strategic response to both financial pressure and the need to deliver long-term, sustainable service redesign.

At the end the end of the year confirmed savings of **£22.858m** have been reported – comprising **£11.545m** from delegated budgets and **£11.313m** from Board- retained services. This represents **80%** of the total savings required.

2.2 Background

The Re-form, Transform, Perform 2 (RTP2) framework represents the second phase of NHS Fife's strategic transformation journey and was formally approved by the Board in March 2025. It reflects a deliberate shift toward deeper, structural change across clinical pathways, workforce models, and support functions, building on the operational learning and delivery capability established during 2024/25.

RTP2 is positioned as a whole-system response to financial challenge, workforce sustainability, and rising demand, aligning with national policy direction, local service priorities, and the Board's long-term vision for modern, high-quality care. The portfolio is designed to deliver both immediate in-year savings and longer-term value, ensuring that performance improvement is embedded within service design rather than delivered through short-term cost control alone.

Delivery of operational improvement is being progressed through four interdependent, system-wide transformation programmes. Each programme will have oversight on progress and interdependence with the Fife Integration Joint Board commissioned transformation programme to ensure synergy and exploitation of mutual dependence.

- **Clinical Services Redesign** – focused on service sustainability, care integration, and unscheduled/planned care reform
- **Infrastructure and Change** – supporting energy, estates, transport, and sustainability improvements
- **People and Change** – advancing workforce modernisation, agency reduction, and absence management
- **Business and Digital Transformation** – streamlining corporate functions and enabling digital automation

These programmes are structured to deliver not only cost reduction but also improvements

2/12

in care quality, workforce sustainability, and organisational resilience.

Each of the four programmes is supported by a specific financial improvement target, contributing to the overall RTP2 savings ambition of £28.6m for 2025/26:

Programme	2025/26 Target
Clinical Services Redesign	£9.3m
Infrastructure and Change	£3.0m
People and Change	£8.2m
Business and Digital Transformation	£2.5m
Medicines & Procurement	£5.6m
Total	**£28.6m**

The design of RTP2 acknowledges the interdependencies between programmes and the need for sustained alignment across planning, finance, quality, and workforce domains. It also reflects the Board's strategic aim to create a culture of continuous improvement, staff empowerment, and evidence-based decision making at all levels of the organisation.

2.3 Assessment

Financial Analysis

By the end of the financial year, NHS Fife delivered total savings of £22.858m, representing 80% of the total approved savings required to support delivery of the NHS Fife financial plan. Of this total, £11.313m was delivered by the Health Board across People and Change, Clinical Services, the Infrastructure Programme, Medicines Optimisation, Business Transformation, Procurement, and a range of other smaller non recurrent opportunities. The Health and Social Care Partnership (HSCP) delivered savings totalling £11.545m, primarily through reductions in supplementary staffing, service redesign initiatives, and medicines optimisation. At March, recurring savings of £14.746m had been secured. This includes £11.545m delivered by HSCPs and £3.201m delivered through Health Board savings plans. Overall savings achieved during the year represent 2.44% of NHS Fife's baseline Revenue Resource Limit (RRL), with recurring savings accounting for 1.57% of total RRL.

The Board's savings from supplementary staffing fell short of the £2m target with £0.557m delivered in year. The delivery of savings across this staff group was successful in 2024/25 adding to the challenge in for 2025/26. Following receipt of unscheduled care and planned care funding which supported a number of temporary posts across the financial year whilst the recruitment progressed, a decrease in the core supplementary staffing did not emerge as successfully as in the previous financial year. Continued high sickness absence rates across the system coupled with extreme service pressures over the latter half of the financial year resulted in an ongoing requirement for high supplementary staffing levels. Despite significant operational pressures work continued to review all nurse staffing establishments and medical workforce. By the end of March, the acute services directorate successfully achieved 94% compliance with direct engagement (at April 2025, 69%) increasing the opportunities to secure savings across the medical staff workforce. In the final quarter of the

financial year Acute Services successfully recruited to several long-standing vacancies which will hugely impact medical agency costs in 2026/27. Savings actions to manage unfunded posts and business transformation also fell short of target but work taken forward did deliver a strong level of savings in year. Work continues on these key areas as we move into the various savings programmes agreed for 2026/27. The principal challenge for the board in savings delivery is securing savings on a recurring basis. which is essential to securing financial sustainability as we move forward into 2026/27 and beyond.

The HSCP delivered savings to the end of the financial year of £11.545m. Savings also fell short of trajectory due to challenges to reduce reliance on expensive care providers out with Fife and Mental Health redesign. Savings not delivered this year will move into 2026/27.

Confirmed scheme savings are included in Appendix 1

RTP Programmes

1. Clinical Services Redesign Programme

An update was provided to the Clinical Governance Committee in January 2026 with moderate assurance given.

The update summarised work underway within unscheduled care, the focus on enhancing patient flow, reducing avoidable admissions, and streamlining urgent care pathways with work focussed through Same Day Emergency Care (SDEC), Acute Frailty Unit and work to embed Discharge without Delay. The update also covered progress to stabilise fragile services and the progress to deliver planned care waiting times recovery.

This work will transition and continue in 2026/27.

2. Infrastructure and Change Programme

Progress was last reported at the Public Health & Wellbeing Committee in March 2026 where a moderate level of assurance was accepted.

- Decontamination service provision - discussions with NHS Tayside and private sector partners continue, supported by a business case outlining options. While no savings are expected in FY2025/26, the initiative retains potential to deliver financial benefits from FY2026/27 onward.
- Patient Transport workstream is system wide and has been slower to be initiated, however work is now underway. The programme is being advanced through a phased, pragmatic approach with early efforts focused on high-cost areas.

Sustainability

- Sustainability items are progressing well with considerable savings through reductions in energy usage, renewable technologies and improved grip and control.
- It is unlikely that we will achieve any savings from procuring energy off framework this financial year. We are achieving the benefit of VAT relief together with a reduction in energy unit costs generally on the framework. Therefore, not achieving/progressing this item is not a concern.

Transport, Cameron Estate and Mental Health Estate will continue as programmes within 2027/27.

3. People and Change Programme

Progress reported at the Staff Governance Committee in January 2026 provided a moderate level of assurance. People & Change has now concluded as a programme but elements of the work will transition into the workforce programmes identified for 2026/27.

4. Business Transformation

Progress was reported at the Staff Governance Committee in January 2026, with limited assurance being given. The following updates have been received for March:

Digital Dictation Support Review - Pilot Stage Evaluation completed in March. Business Case & solution use case in development.

VMF Process Change - March update - Project completion, closure and final transition.

Corporate Functions Admin. Review - Paper to be completed for the analysis work and model options for the Strategic Performance, Planning and Analyst theme in March/April. Further develop the Strategic Change Theme Implementation Framework.

Fixed Term Posts - HR FAQs developed in support of communications plan. Currently paused due to an agreed priority to focus on the Shared Service Centres Project.

Shared Service Centres - Complete the initial HR/Workforce project scope and launch the new HR Service Desk offering in March. Options Appraisal to inform the future direction of the project.

Hybrid Mail - Pilot Stage Evaluation in March and Business Case & solution Use Case development in March/April.

Process Automation March update - understand the cost versus benefit opportunity.

The work open will transition into either the Administration or Digital and Data programmes identified for 2026/27.

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

Justification for assurance levels proposed

Page 102 of 785

5/12

This report proposes a Moderate Level of Assurance in relation to both savings delivery and the planning and implementation of the transformation portfolio, in line with NHS Fife's Assurance Levels Framework (May 2024). This level reflects an appropriate balance of timing, control environment, and expected trajectory. While systems of control to support financial delivery are in place and maturing, confirmed savings remain at an early stage, with areas of risk emerging and delivery expected to accelerate as the year progresses.

2.3.1 Quality, Patient and Value-Based Health & Care

NHS Fife remains committed to ensuring that the transformation and financial recovery agenda is fully aligned with the principles of safe, effective, and person-centred care. The framework has been explicitly designed to protect quality, support improved access, and create sustainable models of care for the future.

Teams across the organisation continue to work in partnership to ensure that any change or redesign is subject to appropriate quality oversight. Where changes may impact patient pathways, these will be reviewed through established quality and safety processes, and any unintended consequences escalated through governance frameworks.

More broadly, RTP2 embraces the principles of value-based healthcare by seeking to optimise outcomes that matter to patients while ensuring efficient use of resources. The portfolio explicitly supports the integration of financial planning with service quality, clinical safety, and workforce wellbeing. This includes close alignment with NHS Fife's Integrated Performance & Quality Reporting approach, which will continue to track the impact of transformation on core standards of care.

2.3.2 Workforce

Transformation efforts are aligned with national and local workforce strategies, with key priorities including workforce modernisation, implementation planning for the reduced working week, agency and absence management, and the strengthening of workforce data. These priorities are embedded across the People and Change and Business Transformation programmes within RTP2, with whole-system implications for service delivery, workforce design, and organisational culture.

Staff engagement continues to be a key component of the RTP2 approach. Over 300 ideas have been received through the staff suggestion scheme to date, and dedicated RTP2 briefings, workshops, and service-level discussions have helped to surface ideas, build understanding, and manage change locally. Partnership working remains central to all programme governance, with Area Partnership Forum involvement embedded in planning and implementation discussions.

2.3.3 Financial

The financial performance of both delegated and retained health services is subject to robust, recurring scrutiny through NHS Fife's corporate governance arrangements. This includes formal inclusion within monthly Performance and Quality Reports, oversight through the Finance, Performance and Resources Committee, and regular review by the

Page 103 of 785

6/12

Executive Leadership Team.

2.3.4 Risk Assessment / Management

Failure to deliver the required level of savings in-year will result in an adverse year-end financial position. As previously confirmed, NHS Fife is not eligible for brokerage in 2025/26, and the Scottish Government expects Boards to achieve financial balance without additional in-year financial support. This heightens the importance of robust, system-wide risk management and programme-level accountability.

The organisation's corporate risk register reflects the ongoing and material financial challenge, with specific entries focused on both the overall financial gap and the ability of NHS Fife's transformation programme to deliver sustainable change at the required pace and scale. These risks are monitored regularly through the Executive Leadership Team (ELT), Board committees and corporate performance reporting.

The portfolio has been deliberately designed to act as a mitigating framework, targeting cost reduction, service sustainability, and operational efficiency. The programme structure supports risk reduction by embedding clear governance, defined outcomes, and structured assurance routes. Each programme within RTP2 has a dedicated risk register which is reviewed by the Programme Management Office and escalated as necessary through the relevant programme boards and governance committees. This provides visibility of interdependencies and allows for targeted intervention where delivery risk emerges.

In line with NHS Fife's risk appetite, the organisation remains open to managed innovation and transformation, provided the benefits clearly outweigh the risks and appropriate controls are in place. This approach is being actively applied across RTP2, where many of the proposed changes represent new ways of working, service reconfiguration, or shifts in workforce models. While this creates some inherent uncertainty, it also provides a platform to challenge legacy models and drive value-based reform.

A weekly RTP Executive Delivery Meeting has been established to monitor progress, unblock barriers, and ensure traction behind key delivery milestones. This complements formal monthly programme reporting and allows for earlier intervention on emerging risks.

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

No direct or adverse equality impacts have been identified at this early stage of programme delivery. However, the scale and scope of the transformation portfolio means that due regard to equality, human rights, and socio-economic impact must remain central as individual schemes progress toward implementation. Impact assessments are embedded within programme governance, with oversight through Executive and Programme Boards to ensure the Public Sector Equality Duty (PSED) is appropriately enabled at every stage of change.

A key focus across the portfolio is to ensure programmes apply the 'why and when' test - that

is, a deliberate and proportionate assessment of when equality and human rights considerations must be addressed in decision-making, and why particular actions may require deeper exploration of impacts on people with protected characteristics or those experiencing socio-economic disadvantage. This ensures equality governance is not treated as a tick-box exercise, but rather as a meaningful enabler of better outcomes.

In addition, the equality dimension of change is being linked with broader organisational ambitions, including NHS Fife's role as an Anchor Institution and its responsibilities under the United Nations Convention on the Rights of the Child (UNCRC). Transformation proposals, particularly those relating to workforce reform, service redesign, and access to care, have potential implications for inequalities and the lived experience of people in Fife. These impacts may not always be immediately visible but must be considered over time and across multiple domains, including poverty reduction, inclusion, access to employment, and community wellbeing.

The approach taken reflects NHS Fife's commitment to inclusive practice, both in the delivery of services and in its internal governance. As part of the Board's wider equality ambitions, all major transformation proposals will be required to demonstrate how they have

considered and responded to the three aims of the Equality Duty: to eliminate unlawful discrimination, advance equality of opportunity, and foster good relations.

2.3.6 Climate Emergency & Sustainability Impact

The portfolio reflects NHS Fife's commitment to embedding sustainability across its operations, with the Infrastructure programme acting as a key delivery vehicle for environmental improvement and alignment with the NHS Scotland Climate Emergency and Sustainability Strategy. The programme encapsulates a broad range of sustainability initiatives, including energy efficiency, site rationalisation, waste reduction, transport, medical devices, and the modernisation of decontamination processes. These actions are designed not only to support financial sustainability, but to deliver meaningful reductions in carbon footprint and environmental impact.

While there are no additional direct environmental impacts identified at this reporting stage, further assessments will be completed as individual schemes move into implementation.

2.3.7 Communication, involvement, engagement and consultation

Communication and engagement remain central to the success of the RTP2 transformation programme, ensuring staff, stakeholders and the public are informed, involved, and able to shape change as it progresses. A multi-channel communications approach is already in place and will be updated and strengthened over the coming months to reflect the increasing complexity and visibility of programme delivery. A refreshed internal and external communications campaign has been developed, building on the traction achieved during 2024/25 and aligned to upcoming milestones within clinical service redesign, infrastructure modernisation, and workforce transformation.

Page 105 of 785

Externally, success of the RTP approach was highlighted in a high-profile parallel session at the NHS Scotland Event on June 2025, reflective of the success and shared learning approach.

2.3.8 Route to the Meeting

Finance, Performance & Resources Committee – 5 May 2026.

2.4 Recommendation

The Board is asked to take **Moderate Assurance** on both the transformation portfolio and savings delivery, reflecting a strong control environment for this stage of the year while acknowledging a moderate level of residual risk.

3 List of appendices

The following appendices are included with this report:

- Appendix No. 1, End Year Savings Summary Table

Report Contact

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Appendix 1: Year End Savings Summary Table

Approved minimum 3% Savings Plans	2025/2026	2025/2026	2025/2026	Savings Delivered February 2026			Recurring Saving		
Sustainability & Value Schemes	**£'000**	**£'000**	**£'000**	**£'000**	**£'000**	**£'000**	**£'000**	**£'000**	**£'000**
	HSCP	**Health Board**	**NHS Fife**	**HSCP**	**Health Board**	**NHS Fife**	**HSCP**	**Health Board**	**NHS Fife**
People & Change									
Supplementary Staffing	3,153	2,000	5,153	2,953	557	3,510	2953	0	2,953
Reduce Acute Services Pay Cost Pressure		3,000	3,000		1,062	1,062		638	638
	3,153	**5,000**	**8,153**	**2,953**	**1,619**	**4,572**	**2,953**	**638**	**3,591**
Service Redesign						-			-
SDEC/Minor Injuries Redesign		500	500		500	500		83	83
Inward Commissioning		1,000	1,000			-			0
Planned Care		500	500		1,500	1,500		64	64
Haematology/MOE/Frailty		300	300		500	500			-
Reprovision Out of area care packages	1,797		1,797	410		410	410		-
Assessment and Rehabilitation Centres (ARCs) Redesign	300		300	300		300	300		300
Community Rehabilitation & Care	1,000		1,000	635		635	635		635
Mental Health Redesign	3,948		3,948	3,399		3,399	3399		3399
	7,045	**2,300**	**9,345**	**4,744**	**2,500**	**7,244**	**4,744**	**147**	**4,891**
			-			-			0
Infrastructure			**-**			-			
Energy (PFI), Waste, Medical Physics		1,000	1,000		2000	2,000		915	915
Site Rationalisation inc Cameron		1,000	1,000			-			-
	-	**2,000**	**2,000**	**-**	**2,000**	**2,000**	**-**	**915**	**915**
Business Transformation						-			-
Corporate Structures Rationalisation (inc Digital)	495	2,000	2,495	495	1274	1,769	495		-
	495	**2,000**	**2,495**	**495**	**1,274**	1,769	**495**		-
Grip & Control			**-**			-			-
Medicines Efficiencies	2,030	2,000	4,030	3,036	1743	4,779	3,036	850	3886
Procurement		1,500	1,500		1527	1,527		651	651
Decontamination & Laboratory Services		400	400			-			-
Transport	250	300	550	250	53	303	250		250
Small Value Schemes	100			67		67	67		67
Financial Opportunities					597	597			-
	2,380	**4,200**	**6,580**	**3,353**	**3,920**	**7,273**	**3,353**	**1,501**	**4,854**
Total NHS Fife Health Care System	**13,073**	**15,500**	**28,573**	**11,545**	**11,313**	**22,858**	**11,545**	**3,201**	**14,746**
Percentage of Savings achieved at Month 12				**88.31%**	**72.98%**	**80.00%**	**88.31%**	**20.65%**	**51.61%**
Savings as percentage of RRL - Target 3% Recurring						**2.44%**			**1.57%**

NHS Fife

Meeting:	**Fife NHS Board**
Meeting date:	**26 May 2026**
Title:	**Appropriately Trained: Core Skills / Mandatory Training Compliance Rates and Sustainability Plan**
Responsible Executive:	**David Miller, Director of Workforce**
Report Author:	**Jackie Millen, Learning and Development Manager**

Executive Summary:

- As of 31 March 2026, NHS Fife's core skills compliance is 77%, 3% below the 80% target set for 31 March 2026. This reflects an 8% increase since December 2025.
- The introduction of the Once for Scotland core skills suite of learning in March 2026 has positively influenced compliance levels coupled with the significant improvement in Estates & Facilities Directorate.
- Improved compliance reflects strong collective ownership and leadership across services over the last 12 months. Sustaining our compliance rates will require continued commitment at every level going forwards.
- To reach 80% compliance across all topics and support the drive towards a sustainable compliance level, a range of actions and activities have been identified.
- The deadline for the two new core skills topics (Cyber Security and Counter Fraud) to be completed is 30 September 2026.
- Appendix No.1 illustrates NHS Fife Core Skills compliance levels across static and new core skills topics (Counter Fraud and Cyber Security) as at 31st March 2026.
- Appendix No. 2 illustrates individual Directorate Core Skills compliance levels as at 31st March 2026 across static and new core skills topics.
- Appendix No.3 illustrates individual Directorate compliance performance improvements December 25 – March 26 across static core skills topics.
- Appendix No.4 illustrates compliance level trends from December 2022 – December 2025.
- This paper provides a moderate level of assurance.

1 Purpose

This report is presented for:

- Assurance

This report relates to:

- Legal requirement
- Local policy
- NHS Board Strategic Priority 3 To improve Staff Experience and Wellbeing

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

As of 31 March 2026, NHS Fife's core skills compliance is 77%, 3% below the 80% target, yet 8% higher than in December 2025.

This is a marked 17% improvement on our position this year, compared to March 2025. Demonstrating the organisation's continuing capacity for improvement. However, sustained collaboration and shared accountability between line managers and employees is essential going forwards.

The introduction of new refresh periods through implementation of the Once for Scotland (OfS) core suite of learning has positively influenced current core skills compliance levels during March.
The Estates & Facilities Directorate has played a key role in driving improvement through sustained effort and a strong focus on delivery. These advances have been further strengthened by collective leadership and partnership working across the system, resulting in measurable and shared improvements.

The planned change to the Information Governance refresh period has been reframed to provide flexibility for boards to maintain existing cycles until expiry, supporting stable IG compliance while enabling a managed and proportionate transition to future arrangements.

2.2 Background

NHS Fife defines Mandatory core training as any training our employees must complete which complies with statutory legislation, national guidance, and regulatory frameworks. The Board's workforce is expected to comply with all mandatory core training requirements associated with their role.

The introduction of Protected Learning Time and the development of the OfS core learning suite, as set out in the DL issued on 18 November 2025, demonstrates NHS Fife's alignment with national guidance. From 2 March 2026, the new core skills suite supports a single, consistent approach to core skills learning across NHS Scotland.

2.3 Assessment

Appendix 1 provides an overview of compliance rates across individual core skills topics for NHS Fife up to 31st March 2026.

Compliance levels are now above 80% for Fire Safety (88%), Manual Handling (86%) and HAI (83%). Health & Safety compliance is now 77%, Equality and Diversity 79% and Violence and Aggression 72%.

Information Governance and Child/Adult Protection compliance are slightly lower at 68% and 66% respectively.

As newly introduced topics, Cyber Security compliance is currently 16% and Counter Fraud 21%. Members of staff who have not yet completed these learning resources have up to 2nd September to do so.

Appendix 2 illustrates individual core skills compliance across all Directorates in NHS Fife and the HSCP up to 31st March, offering a valuable opportunity for each service portfolio to explore specific actions in greater detail and implement targeted recovery actions.

All Directorates/service portfolio areas show increases in compliance rates at the end of March when compared to the outcomes reported in December.

Within the Corporate Directorate:

- Estates, Facilities & Capital Planning showed the highest increase of 29%.
- Board Medical compliance increased by 13%
- Pharmacy services increased by 11%

In Acute Services:

- Surgical Directorate increased by 11%
- Medical Directorate compliance increased by 10%.
- WC&CS increased by 8%

In the HSCP:

- Complex & Critical Care Services increased by 9%.
- Community Care Services increased by 7%
- Primary and Preventative Care increasing compliance by 5%.

Appendix 3 illustrates individual Directorate compliance performance improvements December 25 – March 26 across static core skills topics. This offers a clear line of sight on the scale and direction of continuous improvement activity, while evidencing the impact of changes to refresh periods on core skills compliance across NHS Fife.

Appendix 4 shows the core compliance trend from March 2023 to March 2026, with March 2026 the highest level recorded in the three-year period.

Core Skills Sustainability Plan 2025/26 – Actions Completed

In addition to the introduction of the OfS core skills suite of learning, a number of key actions to support NHS Fife in driving forward sustained improvements and long-term commitment in core skills training were completed, including:

- Directorate Performance and Assurance Forums where conversations include highlighting actions to improve Core Skills compliance, current service challenges, and the strategies needed to address them.
- Targeted Engagement and Core Skills Workshops for Low Compliance Areas demonstrate a clear and sustained commitment to pragmatic, context-driven strategies that appropriately balance compliance obligations with operational pressures.
- Direct communications from Senior Leaders inviting every employee to play their part in engaging in Core Skills training.
- Regular Communications encouraging managers and employees to boost compliance through ongoing updates and engagement.
- Updating of resources such as the NHS Fife Core Skills diary asset tool, other guidance materials and communications platforms.
- Data reconciliation work associated to Turas accounts to ensure training completions could be recorded accurately for all employees.
- The NHS Fife Corporate Induction programme provided new members of staff with all core skills learning within the first few weeks in their role. Since its launch in May 2025, 390 new members of staff have attended the programme.

Looking ahead: Engagement and sustainability actions April – September 2026 include:

- Each Service Area will be provided with a consolidated view of compliance across core skills topics, supporting the development of future PAFs and enabling targeted focus on areas where compliance improvement is required.
- One-day Core Training classroom-based events consisting of a blend of in-person presentations and eLearning completion will be launched in June. These sessions will provide all employees the opportunity to update all core skills in a supported environment and support more effective management of PLT for teams. These will also be part of our targeted hot-spot offers.
- Direct communications to members of staff who have yet to complete Cyber Security and Counter Fraud eLearning to raise awareness of the 6-month deadline for completion, ie 2nd Sept 2026.
- Rolling communications campaign spotlighting Core Skills topics where improvement is needed.
- Awareness raising of the change to Child and Adult Support and Protection eLearning requirements with members of staff who have not completed both individual modules prior to 2nd March.
- Further data reconciliation work within Estates & Facilities and Acute Services, including Medical & Dental employees.
- Pop-Up PLT sessions offering dedicated space to complete core skills eLearning are available to services on request.

Initial guidance indicated that the Information Governance (IG) refresh period would move to annual completion from 2March; however, national agreement now allows Boards with longer refresh cycles to retain these until each member of staff's current learning expires. As a result, staff who completed local IG learning before 2 March remain compliant until the end of their three-year refresh period; after completing the new Once for Scotland (OfS)

module, IG will then move to annual refresh. This has helped NHS Fife maintain IG compliance and avoid the anticipated drop in rates.

This report provides the following Level of Assurance:

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

2.3.1 Quality, Patient and Value-Based Health & Care

Providing quality care will be enhanced by a well-skilled workforce. Maintaining core skills compliance will ensure that all care is provided with up-to-date, relevant knowledge and skills at all times.

2.3.2 Workforce

Providing workforce with opportunities to enhance, or refresh, skills and knowledge will support the Staff Governance Standard for staff to be well informed, appropriately trained and provided with a continuously improving and safe working environment. It will also support the strategic priority of the Board to improve staff experience and wellbeing leading to an engaged and positive workforce.

2.3.3 Financial

The recovery plan outlined in this report is not expected to have any financial impact.

2.3.4 Risk Assessment / Management

Ongoing service pressures are a significant factor in the reduced level of training compliance. Improvements in training monitoring and reporting noted above are being progressed to address this issue and allow services to target their improvement work. A Core Skills Compliance dashboard report is now available for managers in eESS OBIEE with supporting guidance provided.

The risk appetite should be considered Open - Willing to consider all potential delivery options and chose the one that is most likely to result in successful delivery while also providing an acceptable level of reward (and value for money etc).

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

The equality, diversity and human rights training introduces staff to equality legislation and explains how it protects different groups of people from discrimination and unfair treatment.

2.3.6 Climate Emergency & Sustainability Impact

No impact.

2.3.7 Communication, involvement, engagement and consultation

The proposed improvement actions were developed in consultation with the Director of Estates and Facilities, Director of Acute Services and the Associate Director of People & Culture.

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 Leadership Team – 30 April 2026
- Staff Governance Committee – 12 May 2026
- Area Partnership Forum – 20 May 2026
- NHS Fife Board – 26 May 2026

2.4 Recommendation

This paper is provided to members for:

- **Assurance** – This report provides a Moderate Level of Assurance.

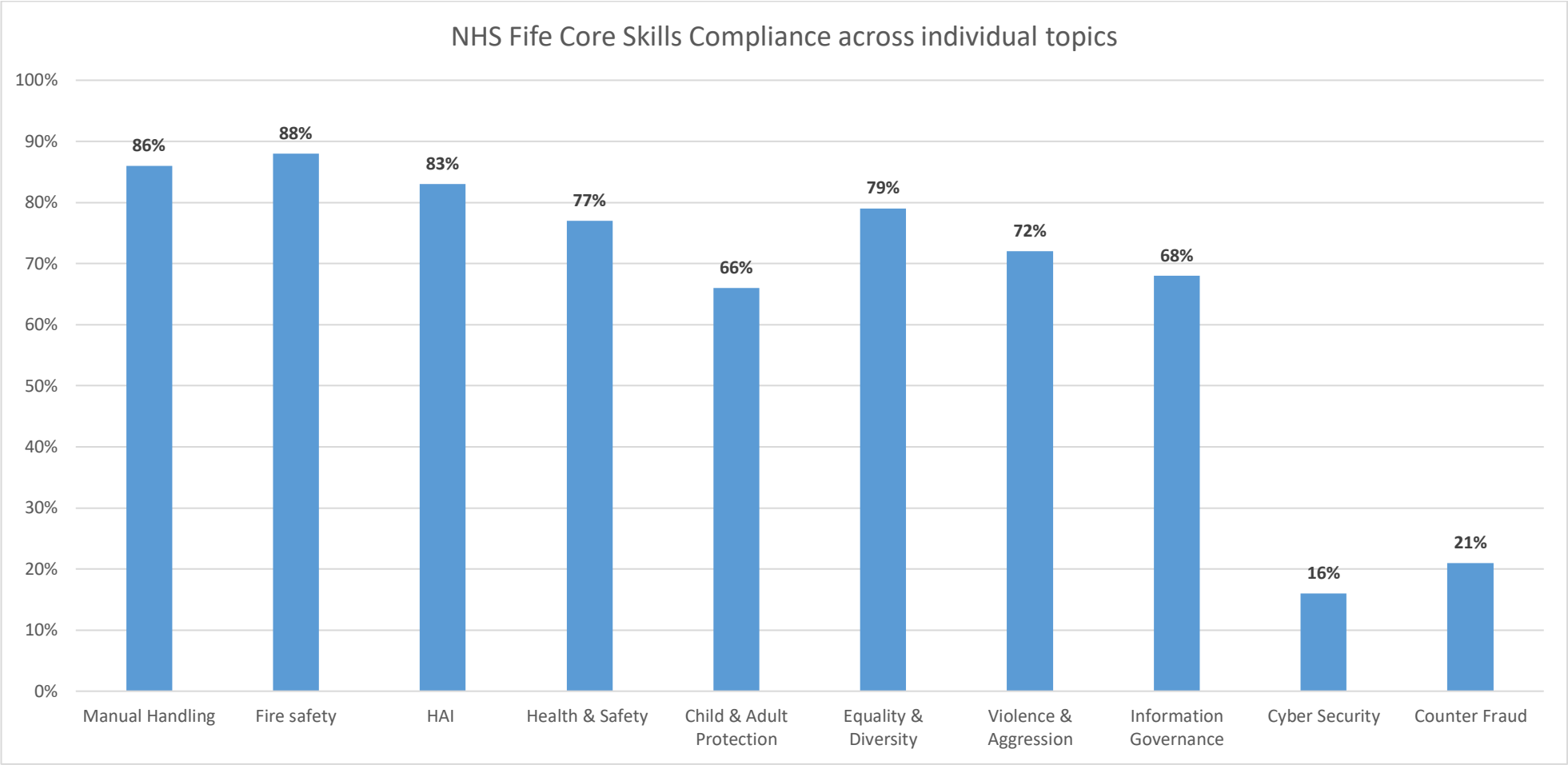
3 List of appendices

The following appendices are included with this report:

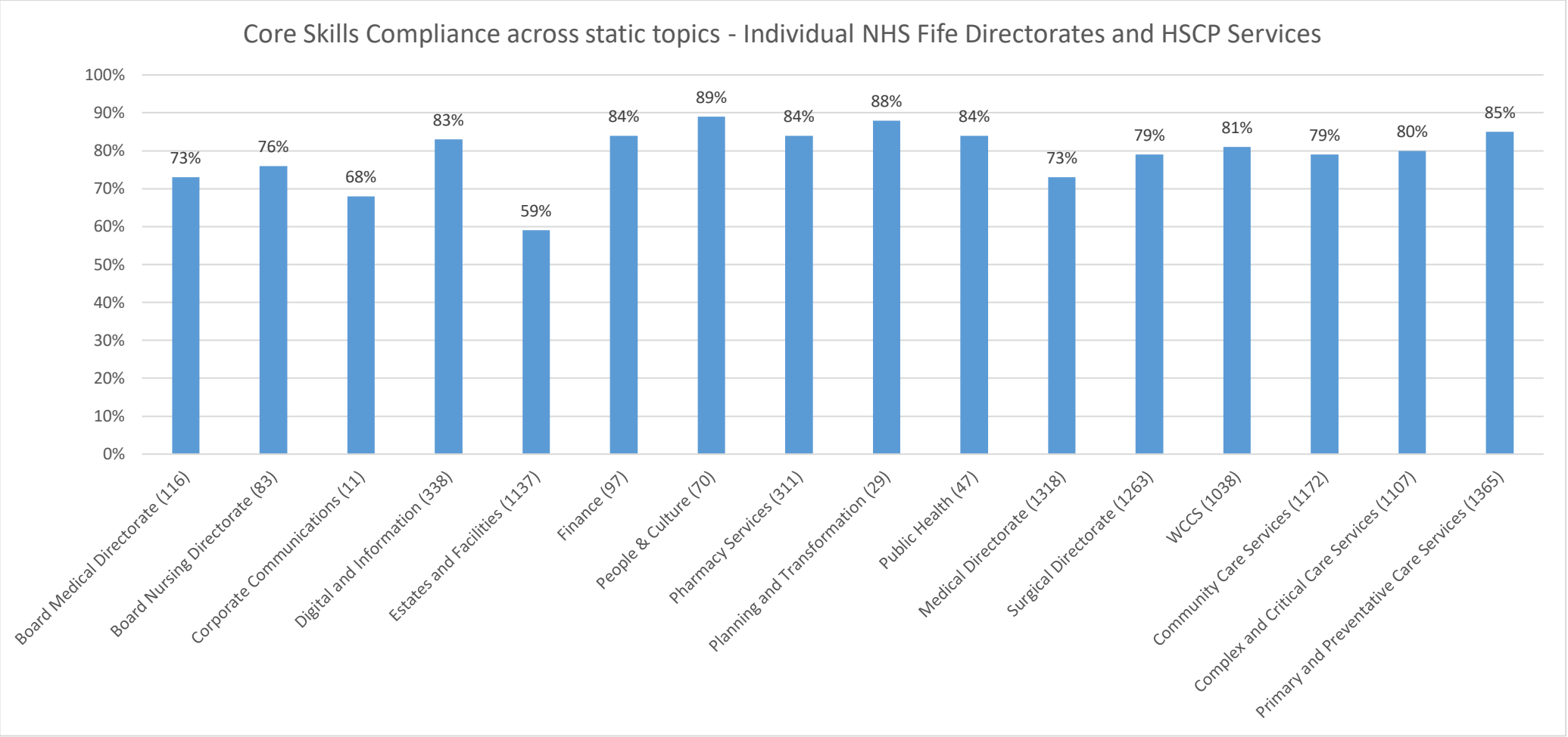
- Appendix No.1 illustrates NHS Fife Core Skills compliance levels as at 31st March 2026 across all core skills topics.
- Appendix No. 2 illustrates individual Directorate Core Skills compliance levels as at 31st March 2026 across static and new core skills topics.
- Appendix No.3 illustrates individual Directorate compliance performance improvements December 25 – March 26 across static core skills topics.
- Appendix No.4 illustrates compliance level trends from December 2022 – December 2025.

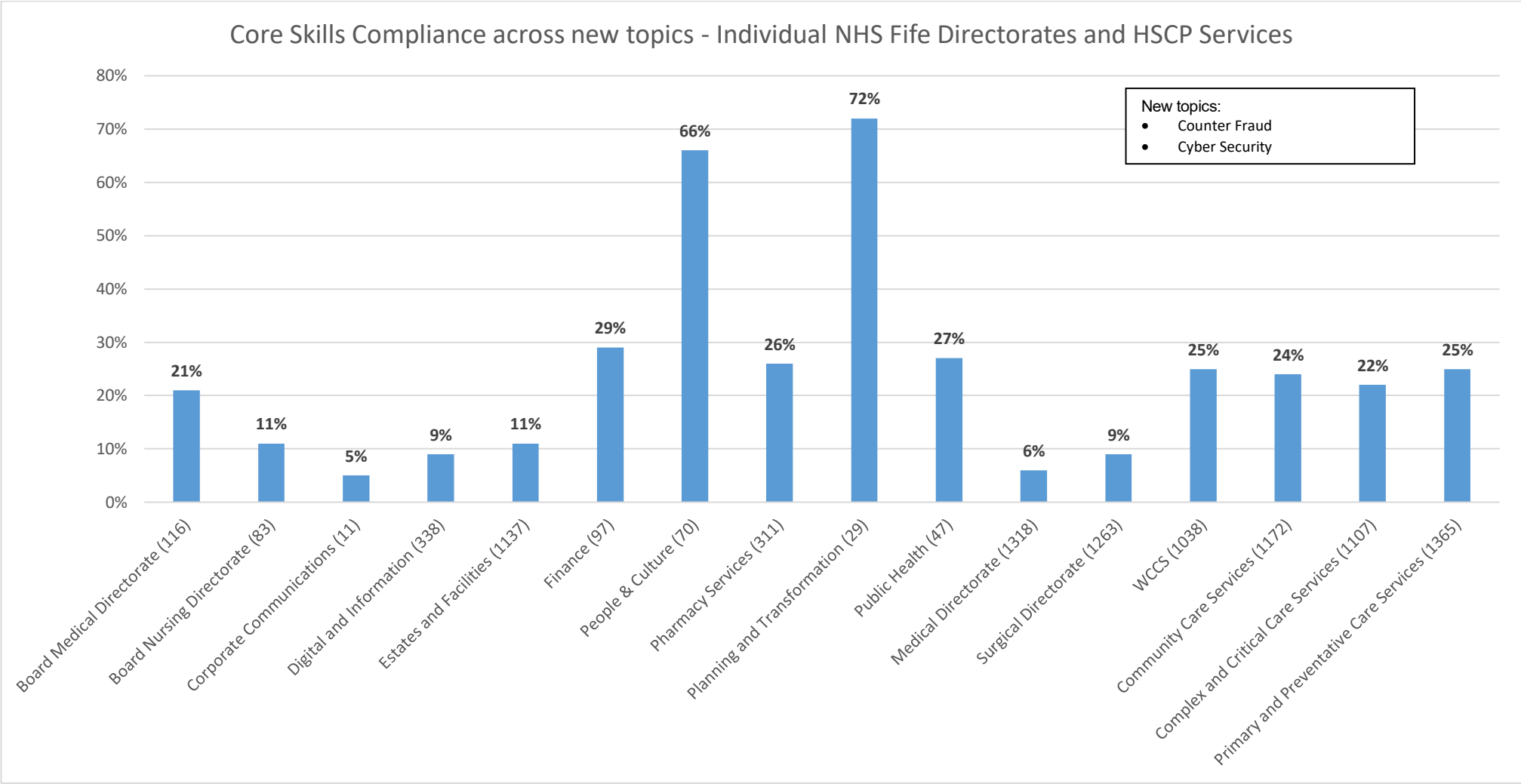
Report Contact
Jackie Millen
Learning and Development Manager
Email: jacqueline.millen@nhs.scot

Appendix 1 illustrates NHS Fife Core Skills compliance levels as at 31st March across all core skills topics.

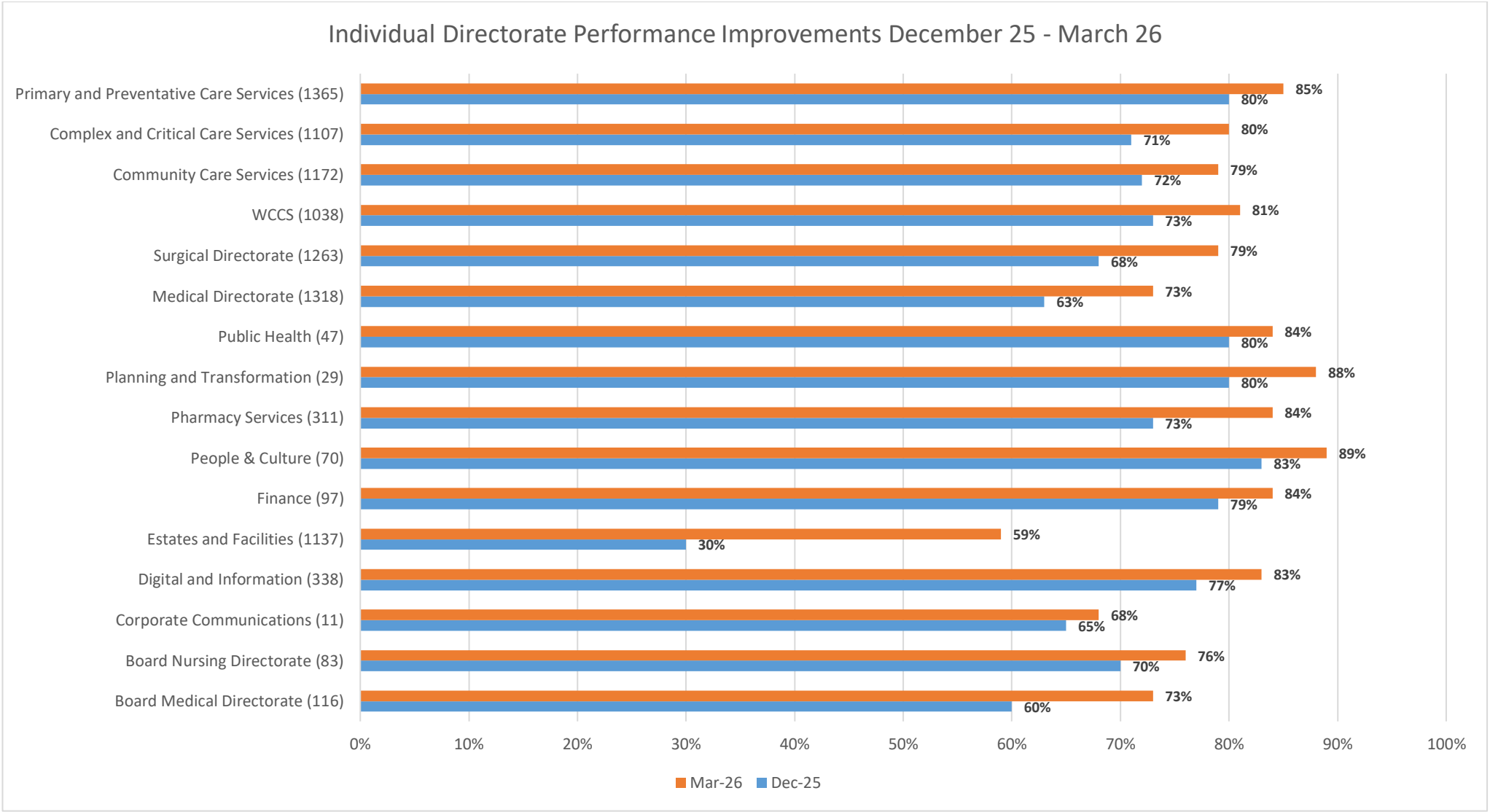


Appendix No. 2 illustrates individual Directorate Core Skills compliance levels as at 31st March 2026 across static and new core skills topics.

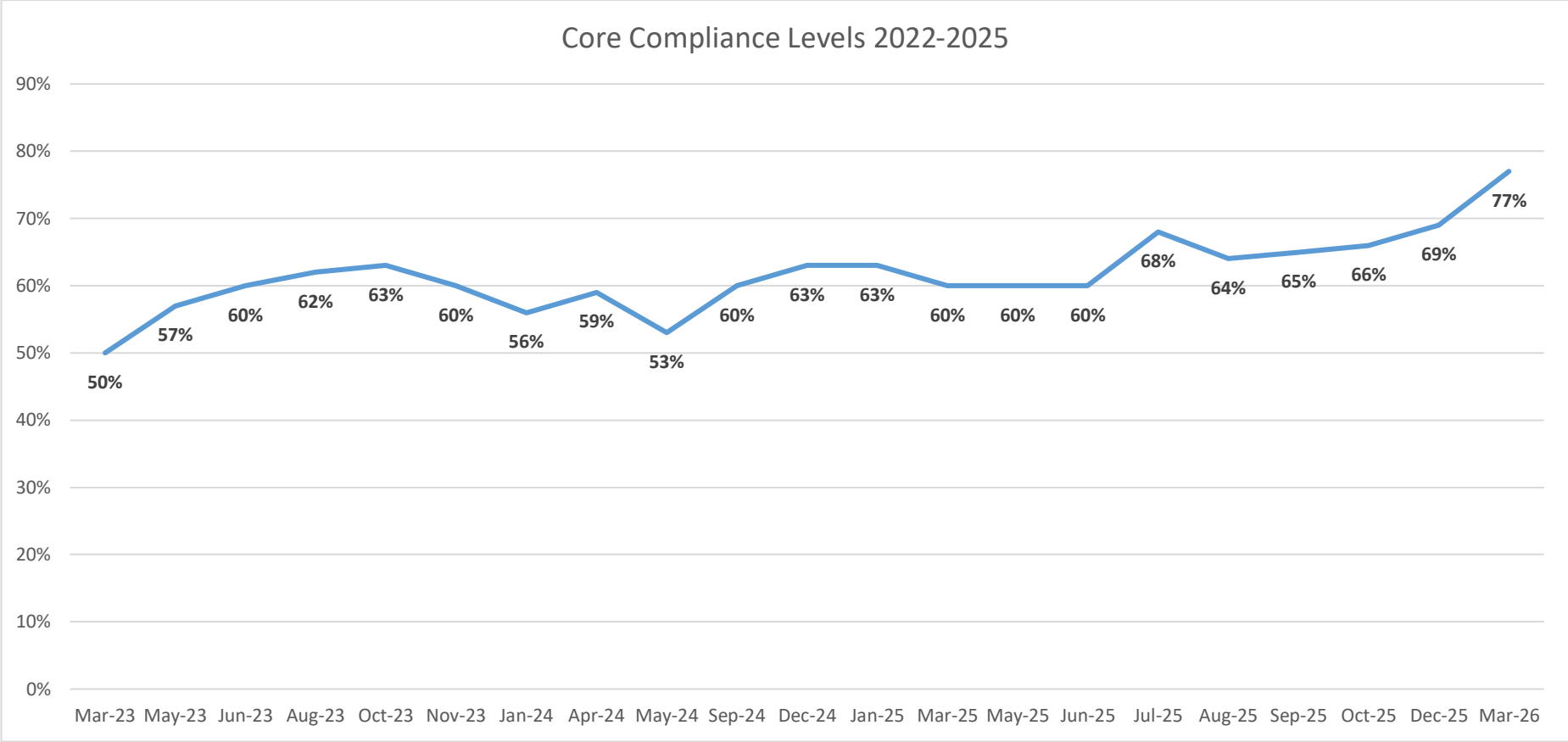



Core Skills Compliance across new topics - Individual NHS Fife Directorates and HSCP Services
80%
70%
60%
50%
40%
30%
20%
10%
0%
New topics:
Counter Fraud
Cyber Security
21%
11%
5%
9%
11%
29%
66%
26%
72%
27%
6%
9%
25%
24%
22%
25%
Board Medical Directorate (116)
Board Nursing Directorate (83)
Corporate Communications (11)
Digital and Information (338)
Estates and Facilities (1137)
Finance (97)
People & Culture (70)
Pharmacy Services (311)
Planning and Transformation (29)
Public Health (47)
Medical Directorate (1318)
Surgical Directorate (1263)
WCCS (1038)
Community Care Services (1172)
Complex and Critical Care Services (1107)
Primary and Preventative Care Services (1365)

Appendix No.3 illustrates individual Directorate Performance Improvements December 25 – March 26 across static core skills topics.



Appendix No.4 illustrates compliance level trends from December 2022 – December 2025.



NHS Fife

Meeting:	**Fife NHS Board**
Meeting date:	**26 May 2026**
Title:	**Estates, Facilities and Capital Planning Leadership Development**
Responsible Executive:	**Neil McCormick, Director of Property and Asset Management**
Report Author:	**Neil McCormick, Director of Property and Asset Management**

Executive Summary:

- This report outlines the Leadership and Culture Development Programme undertaken by NHS Fife's Estates and Facilities Directorate during 2025-26, aimed at enhancing leadership capabilities and embedding a positive culture to support workforce sustainability and effective service delivery.
- The programme was supported by the Associate Director of Culture, Development and Wellbeing, Organisational Development and Culture Specialists and the Learning and Development Manager.
- Leadership Development Programme: The directorate conducted a structured series of workshops focused on leadership behaviours, culture and people-centred practices as part of a wider transformation aligned with NHS Fife priorities.
- Workshop Structure and Content: Three core workshops took place between October 2025 and February 2026, including an Art of Brilliance Masterclass emphasizing leadership energy, mindset and impact beyond formal roles.
- The workshops fostered shared understanding of challenges, leadership responsibilities and contributed to the development of refreshed Vision, Mission and Values for Property and Asset Management.
- Themes identified: Consistent themes included the impact of leadership behaviours on staff experience, the need for clear communication, valuing and developing staff through quality reviews and wellbeing support and a shared purpose aligned with patient care.
- Looking forward to 2026-27 and beyond, the Leadership Group has agreed to finalize and our vision and mission statement providing an anchor for collaboration and unity. The group has also agreed to commission a Sub-Leadership Group, enabling passionate people within our directorate to volunteer and contribute towards change and improvement. In addition, four further Leadership Workshops have been arranged for 2026-27.

1 Purpose

This report is presented for:

- Assurance

This report relates to:

- Local policy
- To improve staff experience and wellbeing

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

- Safe
- Effective
- Person Centred

This report aligns to the following strand/s of the NHS Scotland Staff Governance Standard:

- Well informed
- Appropriately trained and developed
- Involved in decisions
- Treated fairly and consistently, with dignity and respect, in an environment where diversity is valued
- Provided with a continuously improving and safe working environment, promoting the health and wellbeing of staff, patients and the wider community

2 Report summary

2.1 Situation

During 2025-26, NHS Fife's Estates and Facilities Directorate undertook a structured programme of Leadership and Culture Development Workshops. The programme was designed to support the directorate's strategic objective of placing people at the heart of everything we do, recognising that strong leadership, healthy culture and consistent people practices are essential enablers of safe, effective and sustainable services.

The workshops formed part of a wider transformation journey aligned to NHS Fife priorities on workforce sustainability, engagement, leadership capability and organisational culture.

2.2 Background

The programme comprised three core workshops, supported by complementary leadership development activity:

Workshop 1 (October 2025) - Establishing the Case for Change

Focused on creating a shared understanding of current challenges, leadership behaviours and cultural barriers, while setting a collective direction for improvement.

The Art of Brilliance Masterclass (October 2025)

The Art of Brilliance Masterclass was commissioned as a core element of the Estates, Facilities and Capital Planning Leadership and Culture Development Programme. Its purpose was to ignite leadership capability, strengthen people-centred behaviours and complement the directorate's internal leadership workshops by focusing on mindset, energy and impact rather than process or hierarchy.

The workshop explored a set of simple but powerful leadership concepts, consistently referenced throughout the wider Estates and Facilities transformation work:

- **Leadership as energy and impact**, not role or title
- **The Four-Minute Rule** - how the first moments of an interaction shape trust, connection and outcomes
- **The Oxygen Mask Principle** - sustaining personal energy to support others effectively
- **The 2% Mindset** - focusing attention on positives and progress to shift culture
- **Best vs Worst Manager reflection** - reinforcing the importance of appreciation, trust and development
- **80/20 Leadership Rule** - creating space for others to own solutions rather than over-controlling
- **Destination Addiction** - avoiding constant future focus at the expense of recognising progress and success

These themes are explicitly referenced and embedded in subsequent directorate action plans and workshop materials (See Appendix 1,2)

Workshop 2 (November 2025) - Exploring Progress and Embedding Leadership Behaviours

Reviewed early progress, reinforced leadership responsibility for people practices and integrated learning from the Art of Brilliance leadership approach.

Workshop 3 (February 2026) - Embedding Change and Agreeing Next Steps

Consolidated learning, celebrated progress and aligned leadership actions with the directorate's emerging Vision, Mission and Values.

The workshops were attended by the Estates and Facilities Systems Leadership Group, with representation across Estates, Facilities, Capital Planning, Sustainability, HR and Finance.

2.3 Assessment

Across the three workshops, several consistent themes emerged:

Leadership and Culture

Participants recognised that leadership behaviours, everyday interactions and consistency of approach have a direct impact on staff experience, engagement and performance. There was strong agreement that leadership is not limited to formal roles but is exercised daily across the directorate.

Communication and Connection

The importance of clear, timely and two-way communication was repeatedly highlighted. Staff value visibility, clarity of priorities and opportunities to connect across teams and disciplines.

Valuing and Developing Our People

Participants emphasised the need for high-quality PDPR conversations, support for wellbeing and clearer development and career pathways. Workforce metrics such as absence, engagement and training compliance were reframed as indicators of organisational health rather than standalone targets.

Shared Purpose and Direction

The workshops created space for reflection on the directorate's purpose and contribution to patient care. This directly informed the development of a refreshed Vision, Mission and Values for Property and Asset Management.

Training Compliance Levels and Other Metrics

Baseline Position (June 2025)

At the outset of the Leadership and Culture Programme, Estates and Facilities workforce metrics were low:

- Core Skills compliance stood at 25.2%
- PDPR completion was 25.9%

This baseline provided a clear case for focused leadership intervention and sustained improvement activity.

Current Position (January - March 2026)

Significant improvement is demonstrated over the period of the programme:

- By January 2026, Core Skills compliance increased to 49.2% and PDPR completion rose to 37.8%
- By March 2026, Core Skills compliance should reach 63% for current and remaining topics only, reflecting changes to national and local requirements
- If we model this in line with the introduction of new and refreshed mandatory topics (including Fraud Awareness, Cyber Security and annual Information Governance refresh) Core Skills compliance could be up to 71%

Wider Workforce and Engagement Metrics

Baseline (June 2025):

- PDPR: 25.9%
- Core Skills: 25.2%
- iMatter response rate: 42%
- Action planning: 24 of 65 actions completed

Current (31 January 2026):

- Absence: 9.93%
- PDPR: 37.8%
- Core Skills: 49.2% (63%-71% March 2026)

Targets for 2026-27:

- Absence: 5.8%
- PDPR: 65% - 80%
- Core Skills: 80%
- iMatter response rate: 66%, with 100%
- Action planning completion (65/65)

Looking forward to 2026-27 and beyond, the Leadership Group has agreed to finalize and our vision and mission statement providing an anchor for collaboration and unity. The group has also agreed to commission a Sub-Leadership Group, enabling passionate people within our directorate to volunteer and contribute towards change and improvement. In addition, four further Leadership Workshops have been arranged for 2026-27.

Members can take sufficient assurance that controls upon which the organisation relies to manage the risks including mandatory training compliance and absence are in the main suitably designed and effectively applied. There remains a moderate amount of residual risk.

This report provides the following Level of Assurance:

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

2.3.1 Quality, Patient and Value-Based Health and Care

The services provided by Estates, Facilities, Capital Planning and Health and Safety underpin the quality of services provided to patients and reduce the risk of healthcare acquired infection and provide required nutrition through the catering service.

2.3.2 Workforce

The paper outlines a workforce centric approach to improvement.

2.3.3 Financial

There are no direct financial impacts. The majority of the workshop programme was carried out with internal facilitation and resources. The Art of Brilliance Workshop was supported by the Consort Development Fund.

There may be some future financial benefits through the reduction of staff absence.

2.3.4 Risk Assessment / Management

There is a risk to the organisation of having a low training compliance in terms of health and safety. This is mitigated by the programme of workshops and demonstrable improvement in compliance numbers.

There is a financial risk to the organisation of high staff absence levels. This has improved significantly since last year with 11 out of the 12 months showing a reduction from the previous year.

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

The workshops have been designed to be inclusive and encourage a diverse group of staff to engage in the process. The aim of the continued process includes finding improved pathways to encourage school/college leavers to join the service and existing employees to be able to develop within the service to insure that we have a capable, diverse and representative staff group.

2.3.6 Climate Emergency and Sustainability Impact

We have engaged with a wide variety of staff including the Sustainability team who are part of the core approach to leadership development within the directorate.

There are no specific impacts on carbon emissions, water consumption, travel or waste.

2.3.7 Communication, involvement, engagement and consultation

The process has included stakeholders throughout including strong staff-side representation and a wider group of stakeholders at the Art of Brilliance Masterclass.

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 Leadership Team - 26 March 2026
- Staff Governance Committee - 12 May 2026
- NHS Fife Board - 26 May 2026

2.4 Recommendation

This paper is provided to members for:

- **Assurance** - this report provides a Moderate Level of Assurance.

3 List of appendices

The following appendices are included with this report:

- Appendix 1 - EFCP Our Story So Far
- Appendix 2 - PAMS Brilliant Leadership Toolkit

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Capturing Our Story: Themes, Insights and Learning So Far

This paper captures the growing momentum from our Leadership and Culture Development Programme and the Art of Brilliance sessions. It brings together the common themes raised across Estates, Facilities and Capital Planning and reflects what staff are already doing, noticing and creating within our own teams.

Rather than setting out formal actions at this stage, this is a living themes paper, a shared understanding of our collective direction of travel. The emphasis remains on reflection, connection and learning, allowing space for development ahead of Workshop 3, where we will explore how we build on our confidence and capability to help others grow and develop to the benefit of our directorate.

The Art of Brilliance reminded us that leadership is not about titles or tasks, but about energy, mindset and presence. Ideas like the Four-Minute Rule, the Oxygen Mask Principle, the 2% Mindset, the Best vs Worst Manager reflection, the 80/20 Leadership Rule, Destination Addiction and Understanding Our Impact connect directly to how we communicate, support and develop our people.

Workshop 2 reinforced how strongly staff have embraced this programme. Teams described real changes already happening including five-minute check-ins, buddy systems, shared learning and a stronger desire to feel connected. Staff asked for more time together, more opportunities to learn from one another and more connection across services.

Three clear threads emerged consistently from staff: more time together, a desire to share learning and a need to feel more connected across the directorate.

Our Emerging Golden Threads

Across Workshops 1 and 2, three powerful themes consistently surfaced in staff feedback, conversations and behaviours. These were not prompted - they emerged naturally across teams and locations.

1. More Time Together

A clear desire for connection, shared experience and opportunities to talk, reflect and collaborate.

2. Sharing Learning

Teams want to learn from one another, pass on insights and avoid working in isolation.

3. Being More Connected

A growing sense that people want to feel part of a wider directorate, not just an individual service.

These threads run through every theme that follows. They represent what people value most and where energy is already building across the directorate.

The sections that follow are not actions. They summarise what we are noticing, what staff are already doing and the direction of travel emerging from Workshops 1 and 2.

Theme 1: Communication and Engagement - What we are noticing

Objective: Strengthen day-to-day communication and build consistent connection across the directorate.

Link to Art of Brilliance: *The Four-Minute Rule - how we show up in the first moments shapes trust and tone.*

Emerging Practices:

Teams are creating more opportunities to connect and spend time together, through brief check-ins and informal huddles.

Leaders are becoming more visible, creating moments of reassurance and understanding.

There is a stronger appetite for open, two-way communication.

Staff value consistent messages and a joined-up approach across the directorate.

What is emerging: Connection is becoming a daily practice, not a task.

Theme 2: Leadership and Performance Management - What is emerging

Objective: Build consistency in how teams are led, supported and developed.

Link to Art of Brilliance: *The Oxygen Mask Principle and 80/20 Rule - look after your own energy, empower others, create space for ownership.*

Emerging Practices:

Leaders are reflecting more on their own impact and how they show up.

Conversations are shifting from instruction to support, confidence-building and listening.

Teams are demonstrating ownership of ideas, aligning with the Art of Brilliance principles.

PDPR processes are being seen less as compliance and more as an opportunity for meaningful development.

More visible leadership and more regular one-to-one contact.

What is emerging: Human-centred leadership that builds confidence and trust.

Theme 3: Staff Development and Training - What we are seeing

Objective: Make development meaningful, supportive and part of everyday working life.

Link to Art of Brilliance: *Best vs Worst Manager - people grow when they are supported, trusted and developed.*

Emerging Practices:

Clear appetite for learning together and sharing learning with others.

Interest in development pathways and capability building.

Buddying and peer support strengthening confidence and belonging.

Training conversations increasingly linking to PDPRs.

What is emerging: A directorate that wants to grow together.

Theme 4: Culture and Continuous Improvement - Early Shifts

Objective: Build on the positive energy and visible improvements already happening within teams.

Link to Art of Brilliance: *The 2% Mindset - focus on what is working and appreciate effort.*

Emerging Practices:

Celebration of small wins across sites.

Staff showing more optimism and connection.

Feedback loops strengthening through workshops and local initiatives.

What is emerging: A more positive emotional workplace grounded in kindness and recognition.

Theme 5: Integration and Strategic Alignment - Direction of Travel

Objective: Strengthen collaboration and unity across Estates, Facilities and Capital Planning.

Link to Art of Brilliance: *Destination Addiction - stay grounded in today's purpose, not just the next task.*

Emerging Practices:

Desire for clearer, joined-up communication between services.

Increased collaboration and shared priorities.

More awareness of overlaps and opportunities for joint thinking.

Growing sense of a single directorate identity.

What is emerging: Movement towards 'one directorate' ways of working.

Understanding Our Impact

Understanding our impact remains at the heart of the programme. Leadership is not about doing more, it is about being more aware of how our behaviour affects the people around us. Every conversation, email, decision and tone contributes to the culture we are creating.

We continue to ask ourselves:
Did I help or hinder today? Did I bring people with me? What impact did I have?

Understanding our impact strengthens the culture we all want.

Looking Ahead

This is not a task list. It reflects our learning so far.

Workshop 3 will allow us to connect these cultural insights with development pathways, training opportunities and the wider workforce picture. From there, a more practical sequence of next steps may naturally emerge. Keeping our people-centred focus at the heart of what we do will cultivate the right behaviours and environment for learning, innovation and engagement.

For now, we are focused on our action plans, putting our people first and celebrating what we have achieved so far.

Staying curious and reflective.

Noticing what is changing.

Encouraging the behaviours we want to see.

Keeping people practices at the centre of everything we do.

This is our story so far - a foundation we will build on together

Property & Asset Management

Brilliant Leadership Toolkit

December 2025, Rev. 0

VERSION CONTROL

Draft R.0	Dec. 25	First working draft

Contents

1 Introduction 4
1.1 Context 4
1.2 NHS Fife – Our Leadership Way (2025–2028) 4
1.3 Toolkit 5
2 It's All About You (Self-Leadership) 6
2.1 The Oxygen Mask Principle 6
2.2 Iceberg Leadership 6
2.3 The 2% Mindset 6
2.4 2% Challenge: 20 Things You Appreciate About Your Life 7
2.5 Destination Addiction 7
2.6 80/20 Leadership Rule (Personal Focus) 7
3 It's Not About You (Leadership as Ripple) 8
3.1 The 4-Minute Rule 8
3.2 The Pig of Happiness & Understanding Your Impact 8
3.3 Positive-to-Negative Ratio 8
3.4 Best vs Worst Managers 9
3.5 Leaders vs Managers 9
4 Time & Focus Tools (applies to both lenses) 10
4.1 Applying the 80/20 Rule with Teams (note) 10
4.2 Covey's Time Management Matrix 10
5 Conclusion 11

1 Introduction

1.1 Context

This toolkit has been assembled from several directorate leadership workshops run from October 2025 through to February 2026. Its purpose is to serve as a point of reference to encourage great leadership within our directorate and to enable us to share our learning more widely within the organisation.

1.2 NHS Fife – Our Leadership Way (2025–2028)

Our Leadership Way (OLW) is NHS Fife's guiding framework for leadership at all levels 'from the ward to the board'. It emphasises three behaviours: Being Adaptive, Being Compassionate, and Being Collaborative. This section summarises OLW and shows how it aligns with the toolkit.

1.2.1 The three OLW behaviours

- Being Adaptive – responding effectively to change and challenges, through the adoption of a growth mindset.
- Being Compassionate – understanding, supporting, and valuing others.
- Being Collaborative – working together to make a real difference.

1.2.2 Alignment map: OLW ↔ Toolkit

Banner	OLW Behaviour	Key OLW elements	Toolkit tools
It's All About You	Adaptive	Self-leadership, ambiguity, curiosity, change model	Oxygen Mask; Iceberg Leadership; 2% Mindset; Destination Addiction; 80/20 Focus
It's Not About You	Compassionate	Active listening, empathy, understanding, helping	4-Minute Rule; Pig of Happiness; Understanding Your Impact; Positive-to-Negative Ratio
It's Not About You	Collaborative	Teamwork, psychological safety, growth, performance	Best vs Worst Managers; Leaders vs Managers; 80/20 Team Impact
Bridging	Adaptive & Collaborative	Planning & prioritisation	Covey's Time Management Matrix

1.3 Toolkit

Organised under two banners: ‘It’s All About You’ (Self-Leadership) and ‘It’s Not About You (Leadership as Ripple).

This toolkit brings together practical leadership tools that build inner resilience and create a positive ripple through teams. The same tools are arranged under two leadership lenses so you can find and use them quickly in context.

At-a-glance: where each tool sits

It’s All About You (Self-Leadership): Oxygen Mask Principle; Iceberg Leadership; 2% Mindset; 2% Challenge (20 Appreciations); Destination Addiction (how to counter it); 80/20 Leadership Rule (personal focus).

It’s Not About You (Leadership as Ripple): 4-Minute Rule; The Pig of Happiness; Understanding Your Impact; Best vs Worst Managers; Leaders vs Managers; Positive-to-Negative Ratio.

Bridging & Planning (applies to both): Covey’s Time Management Matrix (prioritisation across urgency & importance).

2 It's All About You (Self-Leadership)

2.1 The Oxygen Mask Principle

Inspired by airline guidance—'Put your own mask on first'—leaders protect wellbeing to lead sustainably.

2.1.1 Why It Matters

- Prevents burnout and ensures sustainable leadership.
- Models healthy boundaries for the team.
- Enhances decision-making and resilience.

2.1.2 Practical Examples

- Schedule recovery time: block breaks, exercise, reflection before your calendar fills up.
- Set boundaries: say no or delegate to avoid overload.
- Mental check-in: before a big meeting, pause—Am I calm and focused?
- Invest in learning: keep developing your skills and mindset.
- Health first: prioritise sleep, nutrition, and stress management.

2.2 Iceberg Leadership

The visible 10% (skills and behaviours) sits on the hidden 90% (values, beliefs, EQ, mindset) that truly drives leadership.

2.2.1 Why It Matters

- Effectiveness depends on inner qualities, not just visible actions.
- Ignoring the "below the surface" aspects leads to reactive or inconsistent leadership.
- Focusing on the hidden 90% builds authenticity, trust, and resilience.

2.2.2 Practical Applications

- Self-reflection: assess values, motivations, and emotional triggers.
- Develop emotional intelligence: empathy, self-regulation, social skills.
- Align actions with values: ensure decisions reflect core principles.
- Seek feedback: ask trusted colleagues about the impact of unseen behaviours.
- Continuous growth: work on mindset and character as much as technical skills.

2.3 The 2% Mindset

Choose optimism and growth—operate in the top 2% of proactive thinkers by stepping beyond your comfort zone.

2.3.1 Why It Matters

- Inspires creativity and resilience.
- Fosters a culture of innovation and positivity.
- Helps teams see opportunities instead of obstacles.
-

2.3.2 Practical Examples

- Start meetings with positivity: "What's gone well today?"
- Model growth: share what you're learning, even when it's new.
- Encourage risk-taking: create safe spaces for ideas and experiments.
- Celebrate effort: recognise people for stepping out of their comfort zone.
- Personal reflection: "What would the best version of me do today?"

2.4 2% Challenge: 20 Things You Appreciate About Your Life

A gratitude exercise to train attention toward what's working and build resilience.

2.4.1 Why It Matters

- Reinforces the 2% Mindset (possibility and appreciation).
- Enhances well-being and perspective, reducing stress and negativity.
- Models positive leadership habits that ripple through culture.

2.4.2 How to Do It

- Create space: block 10 minutes; choose a notebook or open a document.
- List 20 appreciations: include big items (family, health) and small joys (coffee, music).
- Be specific: write why each item matters to deepen impact.
- Review & reuse: revisit during stressful weeks or before key meetings.
- Share wisely: invite others to try it—celebrate the practice, not perfection.
- Try to repeat this process for 20 consecutive days to enable reinforcement.

2.4.3 Prompts (if you get stuck)

- People who support me (family, colleagues, mentors).
- Health and habits (sleep, exercise, fresh air).
- Work opportunities (projects, partnerships, learning).
- Places that restore me (parks, sea, favourite walk).
- Everyday comforts (good bread, hot shower, morning coffee).

2.5 Destination Addiction

The "I'll be happy when…" loop. Counter it by practising presence and celebrating progress.

2.5.1 Why It Matters

- Creates a culture of chasing goals without celebrating progress.
- Leads to burnout for leaders and teams.
- Neglects presence, essential for trust and engagement.

2.5.2 Practical Ways to Overcome It

- Celebrate small wins; recognise progress, not just end goals.
- Practise presence: mindful pause or gratitude check-in to start meetings.
- Shift language: "Right now, let's appreciate…" in place of "When we achieve…".
- Model balance: success includes well-being, not just outcomes.
- Ask reflective questions: "What's working well today?"

2.6 80/20 Leadership Rule (Personal Focus)

Apply the Pareto Principle to your calendar or to tasks—protect the vital few activities that drive most impact. 20% input for 80% value.

2.6.1 Why It Matters

- Maximises impact by concentrating on high-leverage actions.
- Reduces burnout by avoiding low-value tasks.
- Improves team performance through effective delegation and ownership.

2.6.2 Practical Examples

- Meetings: focus on the 20% of agenda items that drive 80% of outcomes.
- People development: invest energy in high-impact coaching and support.
- Projects: identify the few initiatives that deliver the biggest strategic gains.
- Personal time: block time for thinking, planning, and relationship-building.

3 It's Not About You (Leadership as Ripple)

3.1 The 4-Minute Rule

Use the first four minutes of any interaction to set tone, trust, and energy—your mood is contagious.

3.1.1 Why It Matters

- First impressions shape outcomes.
- Quick positive engagement builds psychological safety.
- Sets momentum for meetings and conversations.
- Enables stronger longer lasting connections and trust.

3.1.2 Practical Examples

- Give team members, family or friends quality time and attention – listen.
- Start of day: positive greeting sets the tone for you and the team.
- Entering a meeting: smile, eye contact, acknowledge participants by name.
- Virtual: camera on, name people, use upbeat language.
- Handling challenges: acknowledge issues promptly to maintain confidence.
- Team engagement: ask "What's gone well today?" to lift the room.

3.2 The Pig of Happiness & Understanding Your Impact

Choose optimism deliberately and be intentional about the ripple your behaviour creates.

3.2.1 The Pig of Happiness (examples)

- Start meetings with a smile and positive tone.
- Share good news or appreciation before challenges.
- Celebrate small wins; encourage laughter appropriately.

3.2.2 Understanding Your Impact (examples)

- Pause before responding to keep tone constructive.
- Ask: "What impact do I want to have in this moment?"
- Provide feedback that builds confidence and clarity.
- Model calm and optimism under pressure.

3.3 Positive-to-Negative Ratio

When managing people it can roughly take 2.9 positive comments to neutralise 1 negative comment; aim for 5–6 positives per negative for a thriving culture.

3.3.1 Why It Matters

- Negative feedback carries more emotional weight.
- Teams need a surplus of positives to feel safe and motivated.
- Use the ratio in meetings, reviews, and daily interactions.

3.3.2 Practical Strategies

- Balance feedback: surround critique with genuine positives.
- Spot & say: notice small wins and verbalise them.
- Use ratios in meetings: for every problem, highlight multiple things working.
- Model appreciation: open with recognition before challenges.

3.4 Best vs Worst Managers

3.4.1 Best Managers

- Communicate clearly; listen actively.
- Empower and trust; give autonomy.
- Recognise and appreciate achievements and effort.
- Support growth: coaching, feedback, development.
- Lead by example: integrity, positivity, resilience.
- Create psychological safety.

3.4.2 Worst Managers

- Micromanage; erode trust.
- Poor communication; unclear instructions.
- Ignore recognition; overlook contributions.
- Block development; no support for learning.
- Negative role modelling: stress, blame, favouritism.
- Create fear; punish mistakes instead of learning.

3.5 Leaders vs Managers

3.5.1 Leaders

- Vision-oriented: long-term goals; inspire others.
- Innovative: encourage creativity; embrace change.
- Influence: motivate through trust and relationships.
- Empowerment: develop people and future leaders.
- Big-picture thinking: ask “why” and “what’s possible?”.

3.5.2 Managers

- Process-oriented: tasks, systems, efficiency.
- Control: ensure compliance with rules and standards.
- Authority: direct through position and structure.
- Problem-solving: day-to-day operations and issues.
- Detail focus: ask “how” and “when?”.

4 Time & Focus Tools (applies to both lenses)

4.1 Applying the 80/20 Rule with Teams (note)

Use the personal 80/20 discipline to steer the team: focus everyone on the vital few priorities; delegate or stop low-value work.

4.2 Covey's Time Management Matrix

Prioritise by urgency and importance. Highly effective leaders protect Quadrant II time for planning, prevention, relationships, and growth.

	Urgent	Not Urgent	Toolkit Links
Important	Quadrant I: Crises, pressing problems, deadlines	Quadrant II: Planning, prevention, relationship building, personal growth	4-Minute Rule; 80/20 (personal & team); Iceberg Leadership
Not Important	Quadrant III: Interruptions, some calls/emails, meetings	Quadrant IV: Trivia, time-wasters, excessive entertainment	Delegate or stop low-value work; Counter Destination Addiction
	Key insight: Protect time for Quadrant II—this is where long-term impact comes from.		

5 Conclusion

Lead from the inside out. When you strengthen self-leadership, your impact multiplies across the team. Use the two lenses to find the right tool quickly and protect time for the Quadrant II work that prevents tomorrow's crises.

Our Leadership Way reinforces this by inviting us to lead with adaptability, compassion, and collaboration. These behaviours are essential for NHS Fife's vision: creating supportive cultures, empowering colleagues, and delivering excellent care. By embedding OLW principles into daily practice, we ensure leadership that is resilient, inclusive, and focused on what matters most—people and outcomes.

NHS Fife

Meeting:	**Fife NHS Board**
Meeting date:	**26 May 2026**
Title:	**Appropriately Trained: PDPR Completion Rates and Sustainability Plan**
Responsible Executive:	**David Miller, Director of Workforce**
Report Author:	**Jackie Millen, Learning and Development Manager**

Executive Summary:

- NHS Fife achieved a PDPR completion rate of 45% at 31 March 2026. This outcome is 20% below the required target of 65%.
- We now move to a minimum completion target of 70% for 2026/27 (by end March 2027).
- To achieve the 70% completion rate by end March 2027, a blend of organisation-wide initiatives and targeted measures will be required to improve engagement, supported by strengthened, direct action at team and service level.
- NHS Fife Corporate Risk Register - PDPR completion rates have been added as a new corporate risk. Clear mitigating controls and actions are in place to demonstrably address the risk.
- To achieve a minimum PDPR completion rate of 70% by end March 2027, service areas are expected to complete PDPRs for approximately 5% of their workforce each month. A clear numeric target will be set for each service portfolio area and corporate directorate, expressed as the number of PDPRs to be completed in-year and the required monthly (or quarterly) run-rate (e.g., if an area has 200 PDPRs to complete in-year, it will be expected to deliver c.16–17 per month). Progress will be monitored through established performance and assurance forums (monthly for service portfolio areas and quarterly for corporate directorates).
- Appendix 1 presents PDPR completion metrics as of 31 March 2026.
- Appendix 2 outlines engagement, communication and support activities to support improved overall engagement in the next 12 months.
- This paper provides a limited level of assurance.

1 Purpose

This report is presented for:

- Assurance

This report relates to:

- Legal requirement
- Local policy
- NHS Board Strategic Priority 3 To improve Staff Experience and Wellbeing

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

As of **31 March 2026**, NHS Fife's Personal Development and Performance Review (PDPR) completion rate stands at **45%**, reflecting a decrease of 0.5% since December 2025. Completion rates at 31 March 2023 was 37.9% reflecting an overall increase of 7.1% over the last 3 years.

2.2 Background

Annual performance appraisals are a key part of the Agenda for Change agreement and Staff Governance Standard 2: "appropriately trained." The core of this is the PDPR process, supported by the TURAS system. Crucially, the value lies in the meaningful conversation itself, between reviewer and reviewee.

Appendix 1 outlines Directorate PDPR performance metrics as of 31 March 2026, including completion rates across NHS Fife Corporate Directorates, Estates & Facilities, Acute Services and HSCP through Q1-Q4 2025/26, along with a 12-month rolling trend chart.

2.3 Assessment

While sustained efforts were made to achieve the 70% target for the year ending 31 March 2026, progress was slower than anticipated, resulting in completion rates approximately 20% below the required level.

Looking back: PDPR Recovery plan 2025/26

Positive developments over the last 12 months:

- 6 of the 16 individual Directorates have shown increases in completion rates at the end of March 2026.
- Directorate Performance and Assurance Forums offer the opportunity to highlight actions to improve PDPR completion, current service challenges, and the strategies needed to address them.
- Direct communications from Senior Leaders inviting every employee to play their part in engaging in PDPR conversations.
- Directorate level engagement with hotspot areas ie. Estates & Facilities and Medical Directorates resulted in positive increases in completion rates at end March.
- The new Corporate Induction programme launched in May 2025 provides the opportunity to raise awareness of PDPR with new members of staff.

Looking ahead - PDPR Sustainability Plan 2026/27

To achieve a minimum PDPR completion rate of 70% by end March 2027, the organisation-wide initiatives introduced in 2025/26 will continue, alongside strengthened, locally led action at team and service level to accelerate improvement.

Sustained improvement will be driven through visible leadership and clear accountability, reinforcing PDPR as a routine, high-quality conversation that supports staff development, wellbeing and service delivery, with completion also used as an assurance requirement for access to Protected Learning Time.

A new corporate risk has recently been opened in relation to PDPR completion rates on the NHS Fife Corporate Risk Register. Mitigating controls and actions are in place and will demonstrably address the risk.

Under the direction of the Chief Executive and Executive Leadership Team, PDPR completion will be performance managed robustly going forward. A clear trajectory will be set for each service portfolio area and corporate directorate, expressed as the number of PDPRs to be completed over the year and the required monthly (or quarterly) run-rate (e.g., if an area has 200 PDPRs to complete in-year, it will be expected to deliver c.16–17 per month). To achieve a minimum PDPR completion rate of 70% by 31 March 2027, service portfolio areas are expected to complete PDPRs for approximately 5% of their workforce each month. Delivery against agreed numeric targets, associated actions and any recovery plans will be reviewed through established performance and assurance forums on a monthly basis for all service portfolio areas, and on a quarterly basis for all corporate directorates, with escalation where delivery is not on track and accountability through the Chief Executive's regular meetings with Executive Directors.

Actions over the next 12 months will include:

1. To deliver the agreed trajectory and achieve a minimum PDPR completion rate of 70% by end March 2027, service areas are expected to complete PDPRs for approximately 5% of their workforce each month. A clear numeric target and required monthly (or quarterly) run-rate will be set for each service portfolio area and corporate directorate, with progress monitored routinely through established performance and assurance forums (monthly for service portfolio areas and quarterly for corporate directorates).
2. Direct emails to 'partial sign-offs' to encourage joint agreement following PDPR discussion.
3. PDPR status reports to individual managers every 3 months commencing May 2026.
4. Let's Talk PDPR MS Teams sessions available to all employees involved in PDPR processes, whether as reviewees, reviewers, or managers, providing opportunities for Q&A, sharing of best practice, and seeking guidance.
5. Data driven learning and development interventions offered to hotspot areas. The performance assurance forums will continue to be a key for a to ensure improvement plans are in place.
6. Continued data reconciliation to ensure accurate assignment of AfC staff to the correct manager and reviewer, along with the appropriate KSF post outline for their role.
7. Turas Appraisal Learning Bytes available to support managers, reviewers, and reviewees in navigating the appraisal documentation and conducting high-quality PDPR conversations.

8. Turas Appraisal Bytesize learning short video tutorials to provide guidance on Turas Appraisal, including completing the Discussion Summary, PDP, and Objectives sections of the appraisal document.
9. Core Skills, PDPR and PLT information flyer: A one-page document outlining all training resources and information sessions available to support engagement in PDPR.
10. One-day Core Skills Training events consisting of a blend of in-person presentations and eLearning completion will be launched in June 2026. These events will provide key information on PDPR/Appraisal for all attendees.
11. The implementation of PLT assurance metrics within Turas Appraisal will strengthen the focus on high-quality PDPR conversations by improving visibility and accountability. This will support increases in completion rates through clear expectations, routine monitoring, targeted support and regular reporting to embed these measures into standard appraisal practice.
12. A range of engagement and communication actions have also been identified to support improved engagement in PDPR during 2026/27. These are outlined in Appendix 2.

To reach the **70% target by 31 March 2027**, accelerated and coordinated effort is needed.

The effectiveness of PDPR is dependent on consistent and proactive leadership from managers at all levels in initiating, facilitating and completing high-quality review conversations with every member of staff, and ensuring that agreed outcomes are accurately and timeously recorded in Turas. Members of staff also have a clear responsibility to engage fully in their annual review, recognising PDPR as a shared process that underpins continuous improvement and professional development. Sustained improvement requires accountability to be embedded across the organisation, supported by clear expectations, routine performance monitoring, and visible leadership, with Directorate-level oversight and regular consideration of PDPR performance within wider management discussions.

This report provides the following Level of Assurance:

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

2.3.1 Quality, Patient and Value-Based Health & Care

Providing quality care will be enhanced by a well-skilled workforce. Maintaining compliance rates which reflect quality PDPR conversations, will ensure that all care is provided with up-to-date, relevant knowledge and skills at all times.

2.3.2 Workforce

Enabling staff to engage in meaningful PDPR conversations supports the Staff Governance Standard by ensuring they are informed, well-trained, and work in a safe, continuously improving environment. It also aligns with the Board's strategic priority to enhance staff experience and wellbeing, fostering a more engaged and positive workforce.

2.3.3 Financial

The recovery plan outlined in this report is not expected to have any financial impact.

2.3.4 Risk Assessment / Management

Whilst delivering the actions identified will provide managers with the tools to engage in PDPR conversations and increase engagement in their teams, ongoing service pressures are a significant factor in the reduced level of PDPR compliance. Manager and Reviewer reports detailing PDPR status are available within the Turas Appraisal functionality to support easy identification of individual compliance status.

The risk appetite should be considered Open - Willing to consider all potential delivery options and chose the one that is most likely to result in successful delivery while also providing an acceptable level of reward (and value for money etc).

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

The PDPR approach is intended to be applied consistently and fairly across the workforce, supporting equality of opportunity for development and ensuring staff have access to appropriate learning and support. PDPR completion and engagement will be monitored to identify and address any emerging variation across staff groups and service areas.

2.3.6 Climate Emergency & Sustainability Impact

No impact.

2.3.7 Communication, involvement, engagement and consultation

The proposed improvement actions were developed in consultation with the Director of People & Culture, and Associate Director of People & Culture, system-wide leaders and hot-spot areas.

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 Leadership Team – 30 April 2026
- Staff Governance Committee – 12 May 2026
- Area Partnership Forum – 20 May 2026
- NHS Fife Board – 26 May 2026

2.4 Recommendation

This paper is provided to members for:

- **Assurance** – This report provides a Limited Level of Assurance.

3 List of appendices

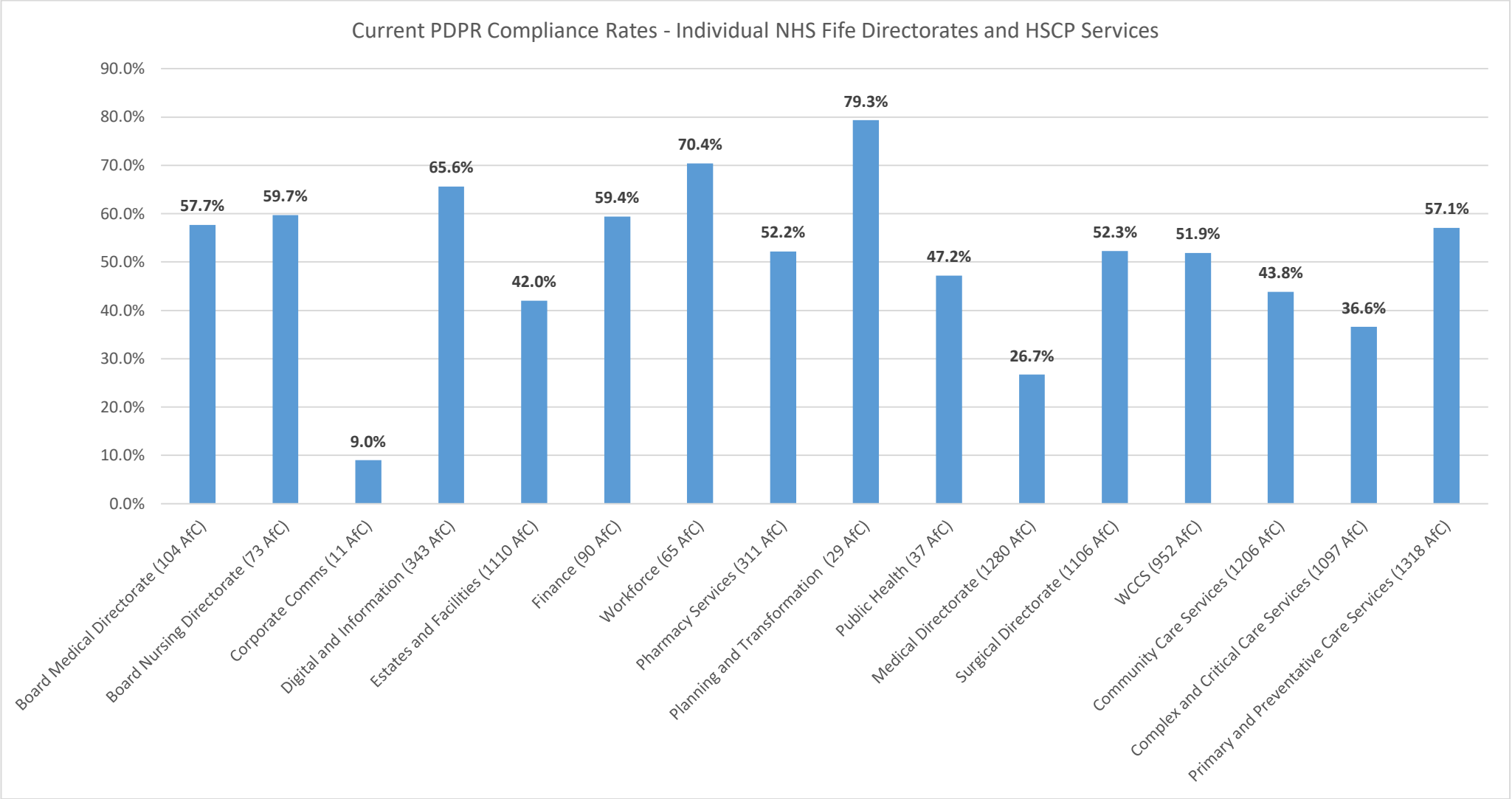
The following appendices are included with this report:

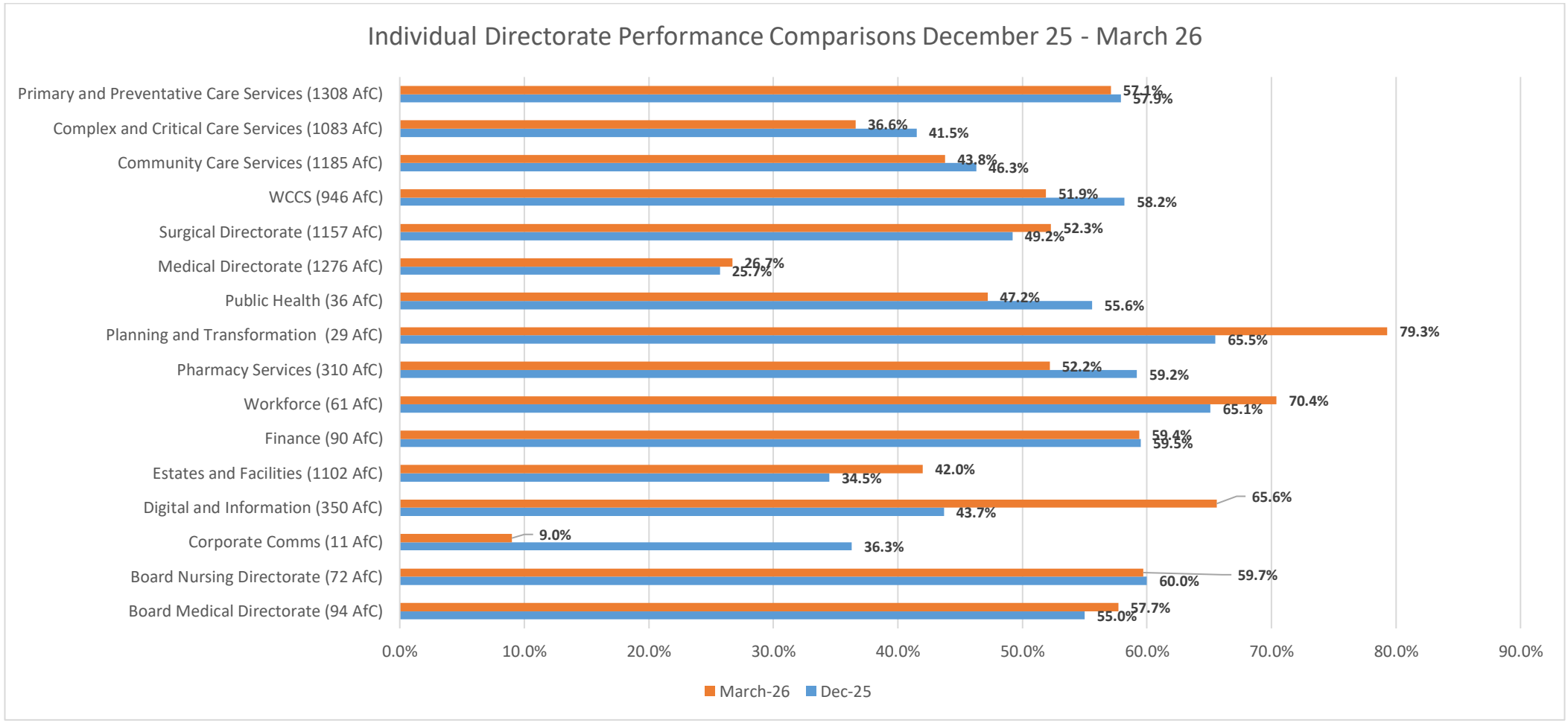
- **Appendix 1** illustrates a range of the performance metrics in relation to PDPR completion rates as at 31 March 2026.
- **Appendix 2** outlines engagement, communication and support activities to support improved overall engagement in the next 12 months.

Report Contact

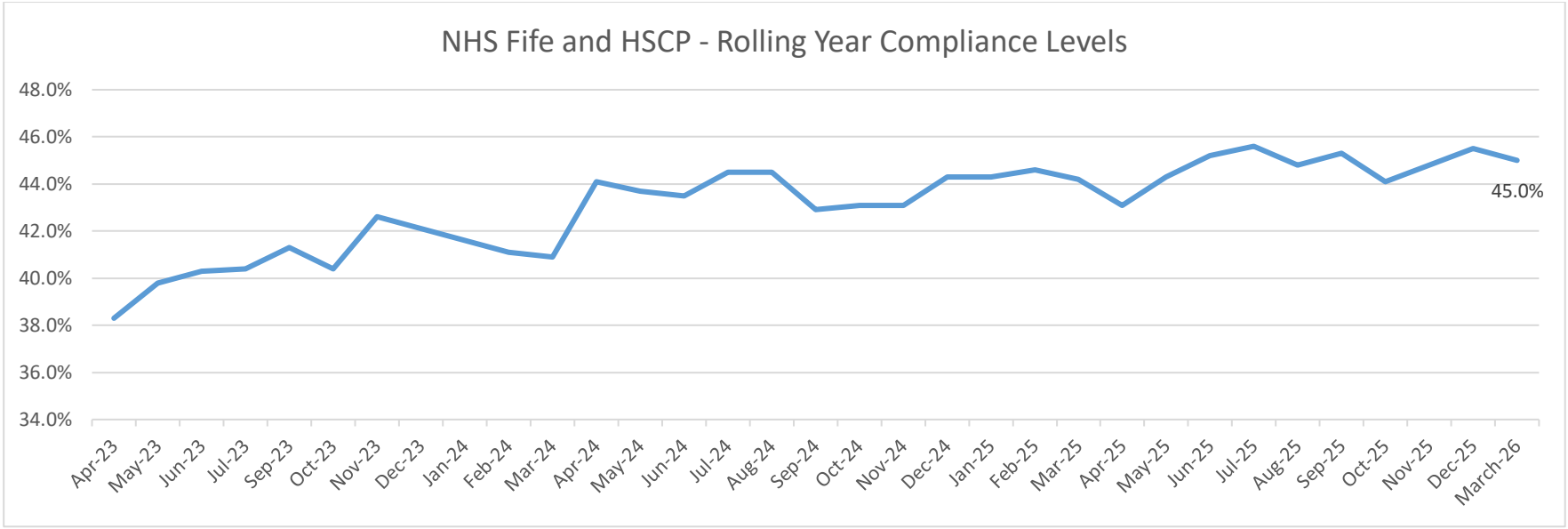
Jackie Millen
Learning and Development Manager
Email: jacqueline.millen@nhs.scot

Appendix 1 illustrates a range of the performance metrics in relation to PDPR completion as at 31 March 2026




Individual Directorate Performance Comparisons December 25 - March 26
Primary and Preventative Care Services (1308 AfC)
Complex and Critical Care Services (1083 AfC)
Community Care Services (1185 AfC)
WCCS (946 AfC)
Surgical Directorate (1157 AfC)
Medical Directorate (1276 AfC)
Public Health (36 AfC)
Planning and Transformation (29 AfC)
Pharmacy Services (310 AfC)
Workforce (61 AfC)
Finance (90 AfC)
Estates and Facilities (1102 AfC)
Digital and Information (350 AfC)
Corporate Comms (11 AfC)
Board Nursing Directorate (72 AfC)
Board Medical Directorate (94 AfC)
57.1%
57.9%
36.6%
41.5%
43.8%
46.3%
51.9%
58.2%
52.3%
49.2%
26.7%
25.7%
47.2%
55.6%
79.3%
65.5%
52.2%
59.2%
70.4%
65.1%
59.4%
59.5%
42.0%
34.5%
65.6%
43.7%
9.0%
36.3%
59.7%
60.0%
57.7%
55.0%
0.0%
10.0%
20.0%
30.0%
40.0%
50.0%
60.0%
70.0%
80.0%
90.0%
March-26
Dec-25

Appraisals Completed		Q1	Q2	Q3	Q4
Area	**Measure**	**June 25**	**Sept 25**	**December 25**	**March 26**
NHS Fife	Reviews Held	1192	674	853	1076
	Compliance	**44.4%**	**45.3%**	**45.5%**	**45.0%**
	Corporate	**40.4%**	**42.9%**	**44.0%**	**46.1%**
	Acute Services	**43.2%**	**43.0%**	**42.7%**	**42.4%**
	HSCP	**49.5%**	**48.7%**	**49.2%**	**46.7%**



Appendix 2 outlines engagement, communication and support activities to support improved overall engagement in the next 12 months.

Deadline: 31/05/26

Action	Details	Responsible Team(s)	Potential Outcome
Identify, and email all partial sign offs'	'One partial sign offs are Appraisal documents where one person has agreed the Appraisal but the other hasn't. This can be the member of staff or their reviewer. Message will encourage completion of the joint agreement if a PDPR conversation has taken place.	Employability and Learning Team	223 partially agreed Appraisals as at 20.04.26. Allowing for partial agreements being made in error, there is the potential to increase compliance by 1-2%
Provide individual Directorate PDPR status report to all Exec Directors	This report will detail on individual members of staff's current PDPR status including how many months since last Appraisal was recorded. These reports will be provided every three months commencing in May 2026.	Employability and Learning Team	Support from Executive Directors to increase engagement within their areas will influence both Directorate and Organisational completion levels.
Direct email to all employees who have not engaged in a PDPR conversation in the last 12 months.	All AfC members of staff who have not engaged in a PDPR conversation in the last 12 months will be contacted directly to raise awareness of the importance and benefits of these conversations. They will also be encouraged to approach their manager/reviewer to initiate arrangement of PDPR meeting.	Employability and Learning Team	5076 members of staff with no PDPR in the last 12 months. Encouraging pro-activity will support achievement of the 70% completion target by 31 March 2027.
Organisation-wide and Manager direct comms to clarify PLT assurance outcomes associated to PDPR	Assurance on the provision of PLT will be secured during PDPR conversations through two metrics: • Employee Self-declaration • Joint agreement of Appraisal Although the Employee Self-declaration function is not yet available, the joint agreement metric should be raised early to support increased completions. Managers will be advised that PLT should be discussed at these meetings with the joint agreement indicating that this has been done.	Employability and Learning Team Communications Team	Managers will welcome the opportunity to discuss core skills and role-specific requirements during the PDPR conversation leading to an increase in completions.
Raise awareness of 'minimum completion' requirements	Raise awareness with managers on the importance of a quality PDPR conversation being more important than completing all tabs in the Appraisal document. Recording outcomes may be the barrier for some and reducing concerns may be advantageous.	Employability and Learning Team Communications Team Individual Managers	Reducing anxieties and concerns around the digital elements of PDPR may help increase engagement.

	Highlight to all members of staff, via the Weekly Brief, of the importance of the PDPR conversation and the 'two tabs to complete' information similar to that given to managers.		
Identify individual teams or services where completion rates are high (70-100%)	Gather information from teams who demonstrate high engagement in PDPR to determine good practice and opportunities to share	Employability and Learning Team Data collected via MSForms	Other teams and services learn from good practice and innovative solutions from others.

Deadline: 31/07/2026

Action	Detail	Responsible person(s)	Potential Outcomes
Analyse how many professional registrants are submitting revalidation paperwork each month	Identify revalidation dates for relevant AfC employees. Raise awareness that revalidation conversations with assigned Confirmers can double up as PDPR/Appraisal conversations.	Employability and Learning Team Workforce Planning Team	More effective use of time in doubling up similar conversations and achieving desired outcomes.
Ask managers to consider 'who else'	Encourage managers to establish if there an appropriate person in their team who could also support them in engaging in PDPR conversations with other team members. Raise awareness of peer review opportunities.	Employability and Learning Team	Managers feel less pressured to engage directly in all PDPR conversations with members of their team.
Identify teams and services where engagement in PDPR is exceptionally low (0-40%)	Make direct contact with the manager to offer support and advice in increasing engagement, reinforcing the message that that it is an organisational expectation that time is set aside to ensure anyone who has yet to have a PDPR conversation has the opportunity created. Establish challenges and provide appropriate support/training where needed.	Employability and Learning Team OD & Culture Team	Managers feel heard and supported leading to increased engagement in PDPR conversations with their team members. Team members feel valued, supported and engaged leading to increased wellbeing, attendance and retention.

Deadline: 31/08/2026

Action	Detail	Responsible person(s)	Potential Outcomes
Work with the Comms team to create a sense of 'No one left behind' initiative	Encourage 100% engagement/compliance across all teams (of those team members who are actively attending work and have been in the team for longer than 9/10 months to recognise absences/vacancies/new members of staff in their first year in post, etc)	Employability and Learning Team Communications Manager	Managers have a deeper understanding of PDPR requirements and the benefits in engaging members of staff. Members of staff feel empowered to request PDPR meetings at the appropriate time.
Identify teams and services where engagement in PDPR is mid-range (40-70%)	Make direct contact with the manager to establish any variables associated to achieving full completion for team. Provide appropriate support/training where needed, suggesting alternative reviewer opportunities (peer review, etc).	Employability and Learning Team OD & Culture Team	Managers are supported to seek solutions to engaging all team members.

Deadline: 31/03/2026

Action	Detail	Responsible person(s)	Potential Outcomes
Ongoing PAFs	We will ensure all Service Managers have up-to-date data on completion rates to inform the PAF dialogue in order to secure improvement plans for each area. Provide the Director of Planning & Performance and the Director of People & Culture are provided with the data for each area to ensure improvement plans are secured, and the data used in the rolling programme of Performance Assurance Forums ahead.	Employability and Learning Team	Managers have a deeper understanding of PDPR requirements and the benefits in engaging members of staff.

NHS Fife

Meeting:	**Fife NHS Board**
Meeting date:	**26 May 2026**
Title:	**Reduction in Working Week Update**
Responsible Executive:	**David Miller, Director of People &Culture**
Report Author:	**Sandra Raynor, Associate Director of People & Culture** **Melanie Jorgensen, HR Team Leader** **Brian McKenna, Workforce Planning Lead**

Executive Summary

- This paper provides an overview of NHS Fife's state of readiness at the point of implementation of the Reduced Working Week on 1 April 2026, noting that financial information will be reported through a subsequent governance cycle.

- Services are progressing a range of options to mitigate the impact of the Reduced Working Week where funding has been approved. These include recruitment of additional posts, increasing the hours of part time staff, and the use of the staff bank where this is an option. This paper provides an overview of the progress made against these options.

- A small number of services have identified a moderate or reduced level of assurance relating to their ability to implement the reduced working week. Whilst the 36-hour working week will be implemented in these areas in line with national policy, these services envisage additional costs associated with backfill arrangements until a sustainable solution is identified.

- The RWW Groups within the Acute Services Division and Fife H&SCP are discussing what potential sustainable solutions are for these services to ensure these are short term and minimise any additional cost impact.

- The implementation of the RWW will continue to be reviewed ensuring cognisance of the impact on service delivery, the progress of the recruitment cycles and as contractual changes progress. On-going monitoring of finances will ensure the mitigation adopted by services remains within the funding allocation.

- A structured review will be undertaken in the future to identify any unintentional consequences of the RWW, including a staff survey.

1. Purpose

This report is presented to Fife NHS Board for:
- Assurance
- Discussion

This report relates to:
- Emerging issue

- Government policy / directive
- Local policy

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

2. Report Summary

2.1 Situation

In preparation for the Reduced Working Week (RWW), RWW Groups were established within the Acute Services Division and Fife H&SCP. The purpose of these Groups was to lead the planning for, and introduction of, the 36-hour working week from the 1 April 2026. In collaboration with these Groups, this report provides an overview of NHS Fife's state of readiness at the point of implementation of the Reduced Working Week and progress against the range of options services progressed to mitigate the impact of the RWW.

2.2 Background

The final phase of the RWW reduced the working week for staff covered by the Agenda for Change agreement to 36-hours per week, calculated pro-rata for part time staff. Aggregating the reduction across the relevant staff groups led to the approval of an additional 218 WTE positions throughout NHS Fife, with the additional capacity replacing the reduction in available contracted working hours in prioritised areas, maintaining safety and efficiency in the relevant functions. Prioritising of these positions was agreed through relevant managerial and professional groups plus partnership forums, balancing clinical priorities with the funding agreed as part of the non-pay elements of the Agenda for Change pay award.

Services have been able to utilise their agreed funding allocation in a variety of ways, with these options being progressed under the direction of the relevant RWW Oversight Group, Senior Leadership Teams and Professional Leads to mitigate clinical risks. In addition to this, an escalation process was circulated to services which prioritised those options which aligned costs to their funding allocation (**Appendix 1 – Reduction in Working Week Escalation Process & Systems Update**).

A streamlined vacancy approval process was also implemented for those RWW backfill positions that progressed to recruitment, with arrangements being applied to track these vacancies through the recruitment cycle. Similar arrangements are being progressed to track preferred candidates through the pre-employment checks, notice periods and commencement in post.

Finance colleagues are working with services to closely monitor the costs against the options progressed to ensure the costs remain within the funding allocations. A detailed breakdown of costs will be provided at a future meeting of the Board.

Directorates were also advised that the Finance and People & Culture Directorates will support requests to process large scale contractual changes for those staff who have agreed to revert to pre 1 April 2026 contractual hours, where this is reflected within the agreed funding allocation. Support from the National Systems Team was sought to ensure all transactions were processed through the eESS > ePayroll interface prior to the April Payroll cut-off.

2.3 Assessment

Through the work of the RWW Oversight Groups within the Acute Services Division and Fife H&SCP, we are reporting a Confident Assurance Level for the majority of services within NHS Fife (**Appendix 2 – RWW Assurance Check**).

Services confirmed a range of mitigation aimed at offsetting the reduction in available hours whilst maintaining clinical services. This mitigation was aligned to the funding allocation previously agreed across the health board (218 WTE). Progress on the principal forms of mitigation is detailed below:

- Vacancies totalling 180 WTE have been advertised, with 75% (c135 WTE) positions having progressed to, or beyond, the interview stage of the recruitment process.
- 850 transactions were processed through the eESS > ePayroll interface, reverting part time staff back to their previous contractual hours. This increased our available WTE by 23 WTE.
- The Staff Bank continue to support services with the allocation of supplementary staffing, for example, c13 WTE bank workers were allocated during the week commencing 20 April 2026.
- eRostering & SSTS teams continue to work with Services in the preparation and implementation of revised rosters aligned to the 36 hours working week.

This mitigation aligns with the service plans collated in advance of the introduction of the RWW, with plans to continue this monitoring into 2026/2027 Quarter 1.

Services across the Medical Directorate are reporting a moderate level of assurance. In discussion with the staff within these services, agreement has been reached to maintain the extant 37-hour roster in these areas for a time limited period. Assurance has been given that the 36-hour working week will be implemented within these areas from week commencing 27 April 2026, with a revised 8-week roster template developed with the support of the SSTS team to be introduced. Although the national 36-hour working week has been implemented from the 1 April 2026 across these services, overtime costs will be incurred for those full-time staff working an additional 1 hour per week pending the implementation of the revised shift pattern.

Theatres are also reporting a moderate level of assurance with the service calculating that the RWW will reduce their Operating Department Practitioner workforce by the equivalent of 4 WTE. Again, the 36-hour working week has been implemented in Theatres, with discussions continuing how best to mitigate this risk. Due to national recruitment challenges within the Profession, it is envisaged this will mean increased participation in national training programmes for Operating Department Practitioners, with the immediate deficit being met by supplementary staffing, including the approval of Agency Shifts.
Although it is recognised that a small number of services have been challenged with the implementation of the Reduced Working Week from the 1 April 2026, the implications for this relates to premium costs being incurred where full time staff are asked to work overtime, or alternatively agency workers are authorised to mitigate the impact of substantive staff moving to the 36-hour week. Staff in these areas, as elsewhere across NHS Fife, will see their contracted hours reduce in line with the RWW.

The implementation of the RWW will continue to be reviewed, ensuring cognisance of the impact on service delivery, the progress of the recruitment cycles and as contractual changes progress. On-going monitoring of finances will ensure the mitigation adopted by services remains within the funding allocation, noting the challenges which have been

identified above. A structured review will be undertaken in the future to identify any unintentional consequences of the RWW, including a staff survey.

The delay in undertaking this structured review will provide services the opportunity to continue working with the SSTS and eRostering Teams, building the 36-hour per week (pro-rata) into their roster templates, with the aim of maximising the staff wellbeing benefits associated with the RWW. For inpatient areas, for example, this could include introducing a more standardised working pattern over a shorter duration (e.g. 4 or 8 week rosters) rather than having a mixture of long and short weeks over a longer period, as is the case with the 37-hour working week.

Based on the assessment above, this report provides the following Level of Assurance:

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

2.3.1 Quality, Patient and Value-Based Health & Care

Efforts are on-going to ensure that the RWW is implemented in a way that does not impact on patient care. The collective proposal supports improved staff wellbeing, which is expected to enhance patient care quality. Redesigning services with realistic medicine principles will ensure value-based care and better outcomes.

2.3.2 Workforce

It is anticipated that the implementation of a reduced working week will have a positive impact on staff experience and wellbeing at work. However, as delivery of some services may be adversely impacted by the reduction in the working week, some staff may feel increased strain in balancing workload against patient safety and expectation.

Any changes resulting from the actions set out in this paper will be discussed in partnership in an open and transparent manner, ensuring appropriate communications to both staff and managers.

2.3.3 Financial

Indicative funding of £20.4m is expected from 2026/2027, and financial modelling suggests that whilst a 60-minute reduction may be affordable, it carries significant risk and requires to absorb the band 5-6 within services once back payments are made.

It should be noted that options at a premium cost (overtime and agency) should be short term and if not within the funding envelope of the funding allocation could result in additional cost pressures to be managed within service budgets.

A detailed breakdown of the costs incurred by Services in implementing the RWW, against their funding allocation, will be reported through a subsequent governance cycle, noting that certain costs such as excess hours and overtime are incurred in arrears.

2.3.4 Risk Assessment / Management

Strategic risks include workforce shortages, duplication of recruitment efforts and the proposal necessitate structural reform and co-ordinated planning to mitigate these risks.

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

NHS Fife has clear statutory responsibilities under the Public Sector Equality Duty to have due regard to equality in the exercise of its public functions. This requires proactive consideration of how decisions and policies affect people with different protected characteristics, ensuring that the organisation:

1. Eliminates discrimination, harassment, and victimisation.
2. Advances equality of opportunity and fosters good relations between people who share a protected characteristic and those who do not.
3. Reduces inequalities experienced by people facing socio-economic disadvantage.

An EQIA, will be developed by the Reduced Working Week Group and this will provide the formal evidence base to demonstrate compliance with these duties. It will embed equality considerations into the immediate changes for staff.

2.3.6 Climate Emergency & Sustainability Impact

The proposal may reduce travel and energy consumption through redesigned service delivery models. Mitigations include digital transformation and remote service options.

2.3.7 Communication, involvement, engagement and consultation

Funding agreed in response to the reduced working week was previously agreed through relevant managerial and professional groups plus partnership forums, balancing clinical priorities with the funding agreed as part of the non-pay elements of the Agenda for Change pay award. The content of this report has been developed in collaboration with the RWW Oversight Groups within the Acute Services Division and Fife H&SCP. Comments received during this process have been reflected within the finalised escalation process. Our overall approach to the RWW has been informed by the Chair of the People and Change Board.

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.

- General Managers across Acute, Partnership and Corporate Functions
- The RWW Health and Social Care Partnership Group
- The RWW Acute Services Division Group
- Area Partnership Forum

2.4 Recommendation

This paper is provided to Fife NHS Board members for:

- Assurance – This report provides a **Moderate** Level of Assurance.
- Discussion

3. List of Appendices

The following appendices are included with this report:

- Appendix 1: Reduction in Working Week Escalation Process & Systems Update
- Appendix 2: RWW Readiness Check

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Appendix 1: Reduction in Working Week Escalation Process and Systems Update

The final reduction of the Working Week for Agenda for Change (AfC) staff will be applied from 1st April 2026 (30th March 2026 for weekly paid staff). This reduces the Whole Time Working Week to 36 hours for staff covered by the Agenda for Change Terms of Service, with part time staff reducing their contracted hours pro-rata to maintain their existing WTE (e.g. 0.5 WTE will = 18 hours effective 01/04/2026).

In preparation for this, NHS Fife approved over 200 WTE vacancies to mitigate the impact of the reduction in the working week, with these vacancies being actively recruited too. As recruitment is just one source of backfilling for these vacancies, an escalation process has been agreed for managers to use, ensure changes to their rosters and establishment are in-line with those agreed through your Senior Leadership team, Executive Director and the investment approved by the Board.

Please note, these options should only be considered where approval has been received to mitigate the impact of the RWW via backfill arrangements. Where any option is considered, or where a combination of options is progressed, the aggregate impact of these options cannot exceed the agreed increase to your funded establishment. Funding will not be provided for increases in WTE which extend beyond the agreed RWW investment and budget managers will be required to mitigate increases not approved within their existing budget.

The escalation process is:

Option	Description	Notes
1	Recruitment	Where the available WTE allows, the preferred option is to backfill the approved WTE change via recruitment. This ensures all staff benefit from the reduction in working week, in accordance with the national policy. Recruitment via the Nurse Bank, on a short-term basis, can also be considered when permanent appointments are progressing through the recruitment process.
2	Increase Hours of Part-Time Staff	The contracted hours for part time staff will automatically decrease following the introduction of the RWW. Where staff are in agreement, and subject to service requirements, part time staff can retain their pre RWW hours. Managers can also consider aggregating several individual reductions to increase the contracted hours of a smaller number of staff, where this is appropriate.
3	Extend contracts previously due to end	Staff whose contract was due to finish on 31st March 2026 can be extended. Managers should refer to the OFS Fixed Term Contract Policy when considering this, ensuring any extensions are in line with the policy and that active recruitment is progressed simultaneously where appropriate.
4	Excess Hours	Managers can offer part time staff the opportunity to work excess hours (e.g. at plain time). When processing excess hours, please use the reason "*ADDTL Hours – Reduced Working Week*". Nursing/ Midwifery Managers should reference their professional escalation guidance to consider the cost implications of Excess hours, during unsocial periods, compared to other options within this escalation table.
5	Staff Bank	Managers can make arrangements via the Staff Bank for gaps in rosters, as a direct result of the RWW, to be filled through Bank Workers. Please use the code "*Reduction in Working Week*" when requesting bank shifts.

Option	Description	Notes
6	Overtime	Where the above options prove unsuccessful, and there is an agreed service need, managers can consider the use of overtime. When processing overtime hours, please use the reason "*ADDTL Hours – Reduced Working Week*". Please note, there is a premium payment for overtime therefore the hours backfilled on this basis require to be reduced to align with agreed finances.
7	Agency	There is provisions for the approval of agency workers already in place. These should be followed. Again, due to the premium costs incurred through agency workers, the hours backfilled on this basis require to be reduced to align with agreed finances.

While Option 1 remains the default, clinical safety is paramount. Safe staffing models must therefore be maintained, and where risks to clinical safety are identified, alternative options may be considered and implemented as mitigation, subject to prior approval from the relevant Executive Director.

All currently known planned escalations, escalation 2 onwards should be notified to Finance via your Finance Business Partner/Management Accountant as soon as possible to be approved to ensure funding is made available from the Boards approved RWW investment plan.

Page 3 of 7

System Changes to the national Workforce Systems

The RWW changes require system developments across the range of national Workforce Systems (e.g. ePayroll, SSTS, eESS, Job Train and eRostering). Due to the volume of employee changes required, and the individual system complexities contained within this, the standard interface arrangements between the national Workforce Systems will be disabled from the evening of Thursday, 26th March 2026, with "independent" developments planned thereafter.

Impact on eESS

For eESS, changes to contracted hours will be processed centrally as a bulk upload, with the contracted hours for part-time staff reducing on a pro-rata basis. The calculation applied for the pro-rated reduction for part-time staff will be the contracted hours in operation at M12/W52 divided by 37.0, multiplied by 36, calculated to two decimal places. A conversion table is available - RWW-Pro-Rata-Reduction-for-Part-Time-Staff-3.xlsx. **Managers should not process any changes to reflect the RWW hours from 1st April 2026**.

The planned bulk upload will only work where there are no planned future dated changes to the records. National guidance has been circulated asking boards to ensure no transactions are authorised where the effective date of the change is on/after 1st April 2026 (*please note managers should continue to process retirals / terminations with an effective date of 1st April 2026 or beyond. Manual steps will be undertaken to correct these assignments centrally*).

For transactions with an effective date on/after 1st April 2026, these transactions will be rejected, and managers will be asked to re-enter once the system is available. It is envisaged the bulk uploads will be concluded by 31st March 2026, and the system will be available from 1st April 2026. Please ensure sufficient time to allow this transaction to be authorised through the workflow authorisation hierarchy, prior to the April Payroll cut-off (i.e. 16th April 2026).

ePayroll

The bulk update to the ePayroll system will change the conditioned hours held against Agenda for Change pay bands to 36 hours per week, with basic hourly rates increased accordingly from Week 1 and Month 1, inclusive of the 1st April 2026 pay award. The change in hours is implemented at the same time as the pay award, meaning there will be no (interim) protection applied to either remunerated hours / payments as was the case in 2024. Standard basic hours will be changed to equal the updated contracted hours.

In line with the RWW agreement, the bulk update will apply different effective dates for monthly paid and weekly paid staff, i.e. 1 April 2026 and 30 March 2026 respectively.
The bulk update will be applied automatically. Should any manager be looking to alter the contracted hours of a staff member from the 1st April 2026 (e.g. retain previous hours), a fresh transaction will need to be processed via eESS before this is actioned in ePayroll.

SSTS

As was the case with the 1st Phase of the RWW, SSTS will be updated to reflect the new contracted hours only, with the new contracted hours being displayed on rosters. Any pre-existing shift entries/templates from 30/03/26 for weekly paid staff or 01/04/26 for monthly paid staff will need to be reviewed and updated to reflect the new working pattern.

Although the final reduction of the working week for Agenda for Change staff should apply from 1 April 2026, being a Wednesday. Across NHSS Boards staff are rostered from the beginning of the

working week, Monday. Applying the reduced working week reduction from a midweek date clearly brings rostering challenges. It has been agreed by the RWW Employers Group, and supported by national staff side colleagues, that for rostering purposes any changes in working hours to reflect the RWW should be effected from the beginning of the week in which the 1 April 2026 falls, i.e. 30 March 2026.

There is no defaulting of shift entries to match the new contracted hours, and any extra hours/overtime in SSTS will require to be entered and authorised in SSTS.

Page 162 of 785

Appendix 2: RWW Readiness Check

Division / Directorate	WTE Uplift Agreed	Recruitment	Increase Contractual Hours of PT Staff	Extend Fixed Term Contract	Excess Hours	Nurse Bank	Overtime	Agency	Assurance Level
Acute Services Division (Div)									
Acute Nursing Directorate (Dir)	No	-	-	-	-	-	-	-	Significant
Acute Services Head Office (Dir)	No	-	-	-	-	-	-	-	Significant
Medical Directorate (Dir)		X	X	X			X		
Admissions - Emergency Care (Dept)	Yes	X	X				X		Moderate - 27/04/2026
Cardiology (Dept)	Yes	X	X				X		Moderate - 27/04/2026
Clinical Intervention Unit (Dept)							X		Moderate - 27/04/2026
Critical Care (Dept)	Yes	X	X	X			X		Moderate - 27/04/2026
Dermatology (Dept)	Yes		X				X		Moderate - 27/04/2026
Diabetes & Endocrinology (Dept)	Yes	X	X				X		Moderate - 27/04/2026
Directorate Office Emergency (Dept)	No	-	-	-	-	-	-	-	Significant
Emergency Medicine (Dept)	Yes	X	X				X		Moderate - 27/04/2026
General Medicine (Dept)	Yes	X	X				X		Moderate - 27/04/2026
Haematology (Dept)	Yes	X	X				X		Moderate - 27/04/2026
Health Records Emergency Care (Dept)	Yes	X					X		Moderate - 27/04/2026
Infectious Diseases (Dept)									Moderate - 27/04/2027
Medicine of the Elderly (Dept)	Yes	X	X				X		Moderate - 27/04/2026
Neurology (Dept)	???								Moderate - 27/04/2026
Oncology (Dept)	Yes	X	X				X		Moderate - 27/04/2026
Outpatients (Dept)	Yes	X	X				X		Moderate - 27/04/2026
Renal Medicine (Dept)	Yes	X	X				X		Moderate - 27/04/2026
Respiratory Medicine (Dept)	Yes	X	X				X		Moderate - 27/04/2026
Surgical Directorate (Dir)		X	X		X	X	X	X	
Admissions - Planned Care (Dept)	Yes		X		X	X	X		Significant
Anaesthetics (Dept)	No	-	-	-	-	-	-	-	Significant
Breast Surgery (Dept)	No	-	-	-	-	-	-	-	Significant

Division / Directorate	WTE Uplift Agreed	Recruitment	Increase Contractual Hours of PT Staff	Extend Fixed Term Contract	Excess Hours	Nurse Bank	Overtime	Agency	Assurance Level
Cancer Services (Dept)	No	-	-	-	-	-	-	-	Significant
Colorectal Surgery (Dept)	Yes		X		X	X			Significant
Day Surgery (Dept)	Yes		X		X	X			Significant
Directorate Office Planned (Dept)	No	-	-	-	-	-	-	-	Significant
Endoscopy (Dept)	Yes		X		X	X			Significant
General Surgery (Dept)	Yes		X		X	X			Significant
Health Records Planned Care (Dept)	No	-	-	-	-	-	-	-	Significant
Ophthalmology (Dept)	Yes		X			X			Significant
Oral Maxillofacial & Dental (Dept)	No	-	-	-	-	-	-	-	Significant
Orthodontics (Dept)	Yes		X			X			Significant
Orthopaedics (Dept)	Yes		X		X	X			Significant
Otolaryngology & Audiology (Dept)	Yes		X		X	X			Significant
Plastic Surgery (Dept)	No	-	-	-	-	-	-	-	Significant
Theatres (Dept)	Yes	X	X		X	X		X	Moderate - TBC
Urology (Dept)	Yes		X		X	X			Significant
Vascular Surgery (Dept)	No	-	-	-	-	-	-	-	Significant
Women, Children & Clinical Services (Dir)	Yes	X	X		X				
Administrative Services NTR (Dept)	No	-	-	-	-	-	-	-	Significant
Directorate Office Clinical Support & Access (Dept)	No	-	-	-	-	-	-	-	Significant
Laboratories (Dept)	Yes	X							Significant
Medical Photography (Dept)	No	-	-	-	-	-	-	-	Significant
Obstetrics & Gynaecology (Dept)	Yes	X	X						Significant
Paediatrics (Dept)	Yes	X	X						Significant
Radiology (Dept)	Yes	X	X		X				Significant
Rehabilitation Nursing (Dept)	No	-	-	-	-	-	-	-	Significant
Rehabilitation Occupational Therapy (Dept)	Yes	X							Significant
Rehabilitation Physiotherapy (Dept)	Yes	X							Significant
Women & Children Management (Dept)	No	-	-	-	-	-	-	-	Significant

Division / Directorate	WTE Uplift Agreed	Recruitment	Increase Contractual Hours of PT Staff	Extend Fixed Term Contract	Excess Hours	Nurse Bank	Overtime	Agency	Assurance Level
Corporate Services Division (Div)		X	X						
Board Chief Executive (Dir)	No	-	-	-	-	-	-	-	Significant
Board Medical Directorate (Dir)	No	-	-	-	-	-	-	-	Significant
Board Nursing Directorate (Dir)	No	-	-	-	-	-	-	-	Significant
Digital and Information (Dir)	No	-	-	-	-	-	-	-	Significant
Estates & Facilities (Dir)	Yes	X	X						Significant
Finance (Dir)	No	-	-	-	-	-	-	-	Significant
Human Resources (Dir)	No	-	-	-	-	-	-	-	Significant
Pharmacy Services (Dir)	Yes	X	X						Significant
Planning & Transformation (Dir)	No	-	-	-	-	-	-	-	Significant
Public Health (Dir)	No	-	-	-	-	-	-	-	Significant
HSCP - Divisional Management (Div)									
Community Nursing Management (Dir)	No	-	-	-	-	-	-	-	Significant
Health & Social Care Partnership Management (Dir)	No	-	-	-	-	-	-	-	Significant
HSCP Associate Director of Nursing (Dir)	No	-	-	-	-	-	-	-	Significant
HSCP Business Enabling (Dir)	No	-	-	-	-	-	-	-	Significant
HSCP Community Care Services (Div)	Yes	X	X		X	X			
Clinical Rehabilitation Services (Dir)	Yes	X	X		X	X			Significant
Community Hospital Services (Dir)	Yes	X				X			Significant
Community Nursing Services (Dir)	Yes	X				X			Significant
Divisional Management Community Care (Dir)	No	-	-	-	-	-	-	-	Significant
HSCP Administrative Support (Dir)	No	-	-	-	-	-	-	-	Significant
Integrated Community Assessment and Support Services (Dir)	Yes	X			X				Significant
HSCP Complex & Critical Care Services (Div)	Yes	X				X			
Clinical Psychology (Dir)	Yes	X				X			Significant
Learning Disability Services (Dir)	Yes	X				X			Significant
Mental Health Services (Dir)	Yes	X				X			Significant

Division / Directorate	WTE Uplift Agreed	Recruitment	Increase Contractual Hours of PT Staff	Extend Fixed Term Contract	Excess Hours	Nurse Bank	Overtime	Agency	Assurance Level
HSCP Preventative & Primary Care Services (Div)		X	X		X	X			
Community Dental Services (Dir)	No	-	-	-	-	-	-	-	Significant
Community Immunisation Service & CTAC (Dir)	Yes	X			X	X			Significant
HSCP Childrens Services (Dir)	Yes	X			X	X			Significant
Nutrition & Dietetics (Dir)	Yes	X							Significant
Physiotherapy Services Fife Wide (Dir)	Yes	X							Significant
Podiatry Services (Dir)	Yes	X							Significant
Primary Care (Dir)	No	-	-	-	-	-	-	-	Significant
Public Health Services (Dir)	No	-	-	-	-	-	-	-	Significant
Rheumatology (Dir)	No	-	-	-	-	-	-	-	Significant
Sexual Health Services (Dir)	No	-	-	-	-	-	-	-	Significant
Speech & Language Therapy (Dir)	Yes	X	X						Significant
Urgent Care Services (Dir)	Yes	X	X		X	X			Significant

NHS Fife

Meeting:	**Fife NHS Board**
Meeting date:	**26 May 2026**
Title:	**Annual Delivery Plan 2025/26 March Update**
Responsible Executive:	**Susan Fraser, Interim Director of Planning & Transformation**
Report Author:	**Bryan Archibald, Planning & Performance Manager**

Executive Summary:

- NHS Board Delivery Plans provide an overarching commitment at a Board-wide level to the key service outcomes that will be delivered, reflecting both national and local priorities. This paper provides an updated as of month 12 2025/26 (31 March 2026).
- The plan has been aligned to individual Unscheduled Care, Planned Care and Mental Health plans as requested by Scottish Government Policy Departments. Due to timings, information and trajectories contained within this update may have changed.
- There are actions described against the 11 Delivery Areas of the ADP. Ongoing monitoring of the actions will be supported through a revised Fife performance framework in 2025/26.
- The Corporate Objectives for 2025/26 have been incorporated into the Delivery Area sections of the ADP and supporting ADP objectives have been identified from each section.
- Board is asked to take Moderate assurance regarding delivery of the plan as a whole with Corporate Objectives Health Inequalities – EO&MP, Infrastructure and Digital & Innovation providing Significant Assurance with Urgent and Unscheduled Care providing Limited Assurance due to confidence in achieving year end targets.

1 Purpose

This report is presented for:

- Discussion

This report relates to:

- Annual Delivery Plan

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

A core function of an NHS Board is to develop and approve an annual delivery plan that clearly outlines organisational priorities, strategic objectives, performance measures, and actions required to effectively deliver healthcare services aligned to national policy, local population needs, and financial sustainability requirements.

NHS Fife's Annual Delivery Plan was approved by the Board and Scottish Government between March and July 2025.

2.2 Background

NHS Board Delivery Plans provide an overarching commitment at a Board-wide level to the key service outcomes that will be delivered, reflecting both national and local priorities.

Delivery Plans are developed in conjunction with Board financial and workforce planning and ensure that relevant trajectories for performance and outcomes take account of available resources and the need to maintain quality and safety.

Within each Delivery Area, there are a number of planning priorities to be described in the ADP. Delivery Areas in full are listed below:

Territorial Boards

1. Planned Care
2. Urgent and Unscheduled
3. Cancer Care
4. Mental Health
5. Primary and Community Care
6. Women and Children's Health
7. Population Health and Reducing Health Inequalities

All Boards

8. *Finance, Infrastructure and Value Based Health and Care*
9. *Workforce*
10. *Digital and Innovation*
11. *Climate*

Overarching aims/objectives aligned to ADP planning priorities have been collated including outcomes and metrics to monitor impact. The Corporate Risk Register has been aligned to each Delivery Areas, and these will describe the strategic risks to delivery of these priorities.

Work has been undertaken to align the Corporate Objectives for 2025/26 with the ADP Delivery Area.

A revised performance and assurance framework developed in 2025/26 will support the ongoing monitoring of the ADP actions, Corporate Objectives and other key performance metrics.

The Annual Delivery Plan (ADP) 2025/26 was submitted on 03 April 2025 with ratification expected that same month. Scottish Government send a communication in July 2025 explaining a shift in emphasis away from active approval and national reporting; and towards delivery of the NHS Scotland Operational Improvement Plan (OIP, published 31 March 2025) and the Health and Social Care Service Renewal Framework (SRF, published 17 June 2025). A letter from Scottish Government received on 8 July 2025 indicates that the ADP has been approved as NHS Fife's local delivery plan.

2.3 Assessment

The Corporate Objectives define the headline priorities for the organisation, ensuring Board-level oversight and strategic alignment for the year ahead.

Following review with services, updates against each of the Corporate Objectives as at month 12 (31 March 2026) is below, with further detail on all Planning Priorities within the ADP found in the accompanying appendix.

1. Planned Care

By March 2026, actively contribute to the national waiting time recovery programme by reducing the number of patients waiting over 52 weeks for inpatient/day case procedures and outpatient appointments, while collaborating with other NHS Boards where challenges remain.

Update: NHS Fife committed to delivering the national requirement to eliminate all waits over 52 weeks for new outpatient (NOP) and inpatient/day case (IPDC) treatment by Mar-26, with specific agreed tolerances for Vascular (≤100 NOP) and Orthopaedics (≤340 IPDC). Significant progress was made throughout 2025/26, with substantial reductions in long waits across most specialties.

In Feb-26, the IPDC position predicted three specialties (ENT, Ophthalmology and General Surgery) would not achieve zero over 52-week waits by the deadline due to a combination of workforce constraints, unavoidable clinical absence, infrastructure delays, and single operator dependency.

Though not achieving zero in Orthopaedics, the service was forecast to meet its Scottish Government approved ceiling of ≤340, with sustained improvements from additional operating and outsourcing where clinically appropriate.

The landing position at the end of Mar-26 over delivered on the Feb-26 forecast for NOP with 20 patients remaining over 52 weeks whilst the trajectory for TTG was missed with 401 patients remaining.

Strong governance arrangements remain in place, including weekly Waiting Times Group oversight and monthly reporting to Scheduled Care governance structures.

Target number of surgeries within NTC was achieved in 2025/26 with similar planned for 2026/27. Sub national scoping work continues.

2. Urgent and Unscheduled Care

By March 2026, improve A&E waiting times compared to 2024/25, with a minimum of 82% of patients seen within 4 hours, through whole-system improvements including utilisation of virtual beds (Hospital @ Home) optimising patient flow, enhancing the Flow Navigation Centre, expanding Same-Day Emergency Care pathways, and strengthening community-based alternatives to hospital admission.

Update: Performance against the 4-hour standard has remained challenging through winter 2025/26, driven primarily by high medical admissions, constrained downstream capacity and delays in discharge. Data shows some stabilisation in recent months, supported by system-wide flow actions rather than sustained performance recovery. Implementation of whole-system measures has continued, including the Continuous Flow+ model, increased use of AU1/AU2 overnight, strengthened Flow Navigation Centre (FNC+) MDT working, and further embedding of Same Day Emergency Care (SDEC) and Hospital at Home. Benchmarking indicates relative improvement against peer boards, but performance remains below ambition and trajectory.

Key risks:

- Continued mismatch between acute demand and downstream/community capacity.
- Workforce fragility across acute, community and social care.
- Reliance on short-term mitigations rather than structural capacity change.

3. Cancer Care

By March 2026, improve compliance with the 62-day referral-to-treatment standard by optimising treatment pathways.

Update: NHS Fife performance remains challenging and sits just under the temporarily reduced national standard of 80%. Urology continues to be the most challenged specialty. A focus remains on the renal surgery backlog.

A comprehensive prostate direct to MRI pathway was implemented in Jul-25, focusing on streamlining the entire patient journey – from referral to diagnosis and treatment. The expectation is to reduce the prostate pathway by up to 21 days.

The realistic target is to raise urology compliance to 70% (currently 48%) with emphasis is on patient-centred care, ensuring quality is not compromised for the sake of meeting targets. It remains unlikely we will achieve 70% by Mar-26.

Dynamic tracking and escalation processes have been introduced to improve patient flow and identify delays early, including the weekly tracking of patients who have breached but

not yet been treated, quantifying the backlog and monitoring progress. Service collaboration and a focus on the backlog has demonstrated a 59% reduction in the overall backlog (67% reduction in Urology backlog) since Apr-25.

Additional team resource started in Jan-26 with recurring CWT funding.

4. Mental Health

By March 2026, fully implement the core Mental Health Standards through the delivery of the Fife Mental Health Strategy, embedding the Mental Health Built Environment Quality and Safety Toolkit to ensure consistent, high-quality, person-centred care across all services, with a focus on a new model of mental health delivered closer to people's homes.

Update: The DBI service is now fully rolled out, the MHW SIG will now receive annual performance reports for DBI.

Work has also been completed in relation to the Equalities Review, Workforce Strategy Action Plan, Fife Suicide Prevention Action Plan, and engagement with Carers (77 responses received in recent experience survey), the findings and outputs from these will shape and influence future work.

Recommendations from the NE Fife Test of Change, How Services Work Together, are being progressed into other locality areas.

5. Primary and Community Care

By March 2026, increase the reach and impact of primary care services in NHS Fife by strengthening our integrated workforce to build capacity and capability, embedding preventative approaches such as proactive engagement with patients at risk of frailty and CVD, and expanding the use of digital technologies, including the digital dermatology pathway, in routine primary care practice.

Update: The CVD DES for 2025/26 has been concluded. Level of uptake is being evaluated. SG have confirmed that the CVD DES will continue into 2026/27. Arrangements for this being delivered through general practice is being progressed. The frailty DES is also being evaluated in terms of uptake. No confirmation from SG at this time regarding the continuation of this DES.

Phase 1 of the Enhanced Service Review is being concluded with some minor recommendations. A Phase 2 business as usual approach is in the planning stages.

6. Women and Children's Health

6.1 By March 2026, successfully open, embed, and demonstrate impact of the new Women's Health Unit at Queen Margaret Hospital, ensuring implementation of the refreshed Women's Health Plan, improved access to specialist care, measurable service improvements, and a clear return on investment through enhanced patient outcomes and service expansion.

Update: While local delivery models are still being finalised, national planning for corporate leadership and governance of Phase 2 of the Women's Health Plan (2026–2029) is underway. Leadership arrangements for Phase 2 are currently under consideration at Executive level. This work will inform future direction, governance, and

investment decisions, supporting the longer-term embedding of women's health services and improved access to specialist care.

The Women's Health Unit is open and operational 5 days per week.

6.2 By March 2026, advance NHS Fife's commitment to the UNCRC by embedding children's rights into service planning and delivery, ensuring alignment with national priorities and strengthening early intervention approaches, including increasing infant immunisation uptake at 12 months to 93% or higher in the most deprived areas of Fife, in line with NHS Scotland's national vaccination strategy.

Update: The UNCRC Implementation Group has met and are planning the first statutory reporting to Scottish Government, due Apr-26. The group continues to work on assurance and implementation processes to uphold principles of UNCRC across Fife.

7. Health Inequalities and Population Health

7.1 By March 2026, evidence NHS Fife's progress in implementing Marmot Principles through the Anchor Progression Framework, while advancing progressive recruitment for priority groups and delivering the ambitions of our Anchor Strategic Plan.

Update: Anchor Annual report 2024/25 presented to Anchor Programme Board and Public Health and Wellbeing Committee in Mar-26.

Employability focus remains on priority groups, joining up conversations with partners and local third sector agencies. Challenges remain in procurement and land and assets and community use: a tiered assurance model is being considered to reflect the differing progress levels across workstreams. Each area has been self-assessed using the progression framework.

7.2 By March 2026, deliver key actions from NHS Fife's interim Equality Outcomes and Mainstreaming Plan 2025-2029, embedding anti-racism, supporting workforce equality, and advancing NHS Fife's UNCRC commitments to ensure inclusive and equitable service delivery.

Update: Early in 2025/26 NHS Fife commissioned an external Learning Review into our governance, decision making, and compliance with equality duties. The report provided 38 recommendations for NHS Fife collectively ensuring that we strengthen governance, embed cultural change, and improve staff confidence in equality arrangements. In response, a Learning Review Improvement Plan was developed. Structured around 5 key result areas this plan was overseen by the Learning Review Assurance Group. Chaired by the Vice-Chair of NHS Fife, with external scrutiny, it reported directly to the Board of NHS Fife. The improvement plan has now concluded with ongoing work transferring to business-as-usual governance arrangements from Apr-26.

8. Finance, Infrastructure and Value Based Health and Care

8.1 By March 2026, deliver financial sustainability in line with NHS Fife's Medium-Term Financial Plan, ensuring in-year financial balance through cost containment, efficiency improvements of at least 3%, and value-based healthcare approaches, while progressing long-term financial recovery and sustainability measures.

Update: On receipt of deficit funding support from Scottish Government of £8.890m we will achieve a financial breakeven position for 2025/26 subject to scrutiny by external audit.

We have also achieved both the Cash requirement and Capital Resource Limit financial targets.

We have delivered £22.858 savings in year against a planned 3% target of £28.573m of which £14.746m is on a recurring basis.

The overspend against the Health Board's total budget at the end of March of £8.980m, includes an overspend on health delegated services of £2.183m and risk transfer from Fife Council of £3.824m, total overspend of £6.007m reflected in the financial position of the board.

The overspend reported for Health Board retained budgets totals £2.973m a significant improvement on the residual gap anticipated in the 2025/26 financial plan.

8.2 By March 2026, deliver Phase 1 of the risk-based essential infrastructure investment plan (capital depending), prioritising mental health estate refurbishment and critical safety upgrades at Victoria Hospital, ensuring improved patient safety and service resilience.

Update: Mental health projects progressed in line with plans. VHK, Phase 2 cladding repairs and windows progressed in line with plans. Fire door rectification works progressed in line with plans.

9. Workforce

By March 2026, implement enhanced workforce planning measures to optimise recruitment, retention, and skill mix, ensuring a sustainable and adaptable workforce that meets future service demands. This will include rationalising WTE in central function job families in line with NHS Scotland guidance, incorporating effective vacancy panels, skills mix assessments, grade profile reviews, automation opportunities, and shared service models between Boards, while ensuring alignment with national employment terms and conditions.

Update: Vacancy control panels continue to review all Vacancy approval requests, aiding achievement of wider corporate objectives. Continued monitoring demonstrates reduction in WTE engaged in central function job families, and reduction in those engaged in AfC Band 8A.

10. Digital and Innovation

By March 2026, we will enable our workforce to work more efficiently using digital tools by designing and delivering a training and education programme which will demonstrate an increase in digital adoption within functions and service areas by a minimum of 10%, enhancing both capacity and efficiency. This will include the expansion of technology-enabled care solutions to improve patient access, service efficiency, and remote care delivery.

Update: The Digital ADP has completed its planned activities with the exception of OpenEyes, which is ready for go live in May-26.

In addition, the original ADP, a range of additional activities have been undertaken and completed including, MyCare readiness, ANIA Innovation activities and technology assessments including automation, Copilot introduction and Speech Recognition.

In 2026/27, there will be continued development of training and education activities in support of building capacity for service led digital adoption and digital skills development within the workforce.

11. Climate

By March 2026, we will establish an evidence-based trajectory towards achieving NHS Scotland's 2030 carbon reduction targets by implementing sustainable estate management practices, reducing energy consumption, and embedding the Environmental Management System across NHS Fife facilities.

Update: Great progress has been made in reducing energy consumption and implementing sustainable estate management practices. Most SG funding provided for submetering, solar, BEMS outstation work, and LED lighting has been spent, with the remainder on track to be spent by the end of the financial year. We have also submitted plans to SG detailing the renewable projects we are aiming to deliver with costs and benefits. There were 2 scenarios for 2026/27 (£470k and £940k), as well as a plan for major projects.

Committee update

There were no comments from Finance, Performance and Resource Committee but it was assured that all 'ongoing' priorities (**On track**, **At risk** or **Unlikely to achieve on time**) will be carried forward into Delivery Plan 2026/27.

This report provides the following Level of Assurance (delivery of ADP Moderate with Significant for Corporate Objectives; Health Inequalities – EO&MP, Infrastructure and Digital & Innovation with Limited for Urgent & Unscheduled Care):

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

2.3.1 Quality, Patient and Value-Based Health & Care

The ADP process ensures the delivery of high-quality, safe, and person-centred care through strategic planning and system-wide collaboration. A value-based healthcare approach is embedded to ensure services are clinically effective, financially sustainable, and aligned with patient needs, while prioritising equity of access, prevention, and early intervention.

Key enablers include workforce development, digital transformation, clinical service redesign, and infrastructure investment. Through continuous improvement, evidence-based decision-making, and governance oversight, the ADP drives measurable improvements in patient outcomes, operational efficiency, and system resilience, aligning with national quality standards and long-term sustainability goals.

2.3.2 Workforce

The ADP sets out the approach to workforce planning, ensuring alignment with the Workforce Plan for 2025/26. This includes optimising staffing models, recruitment, retention, and skill mix to build a resilient and adaptable workforce that meets service demands and future challenges.

A focus on sustainable workforce planning will support service transformation, productivity improvements, and financial sustainability, while also addressing national workforce priorities, staff wellbeing, and training needs to ensure a high-performing health and care system.

2.3.3 Financial

The ADP and Financial Plan for 2025/26 are developed through a joint approach, ensuring financial resources are aligned with strategic priorities and operational requirements. The Financial Plan underpins the delivery of ADP actions, balancing investment, efficiency savings, and long-term sustainability to maintain financial resilience while supporting service transformation.

2.3.4 Risk Assessment / Management

The ADP is aligned with the Corporate Risk Register, ensuring that delivery risks are proactively identified, monitored, and managed through the risk management framework. Each ADP delivery area is mapped to the relevant corporate risks, with this alignment detailed in the ADP 2025/26 appendix, supporting robust governance and accountability.

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

An Equality Impact Assessment (EQIA) is not required for the ADP itself but remains an integral part of the planning process for associated service changes. The plan explicitly references the UNCRC, reinforcing commitments to children's rights, while also embedding Anchor Institution principles to support inclusive employment, procurement, and community engagement.

Health inequalities are a core ADP delivery area, with actions woven throughout the plan to address equitable access, prevention, and early intervention. Additionally, a dedicated corporate objective ensures a strategic commitment to equality, diversity, and inclusion (EDI), reinforcing alignment with national and local ambitions to create a fairer, more inclusive health system.

2.3.6 Climate Emergency & Sustainability Impact

Climate action is embedded throughout the plan as a key delivery area. The ADP includes specific commitments to carbon reduction, sustainable estate management, and environmental impact mitigation, aligning with national net-zero targets and NHS Scotland's climate resilience strategy.

2.3.7 Communication, involvement, engagement and consultation

The ADP has been developed through extensive communication, involvement, and engagement across the organisation, ensuring alignment with strategic priorities, operational planning, and workforce considerations. Key stakeholders, including clinical, managerial, and corporate teams, have contributed throughout the process, with consultation informing priorities and delivery planning to support effective implementation.

2.3.8 Route to the Meeting

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

- **Finance, Performance and Resource Committee**, 05 May 2026

2.4 Recommendation

This paper is provided to members for:

- **Assurance** – Board is asked to take a **Moderate** level of assurance regarding the delivery of the Annual Delivery Plan 2025/26.

3 List of appendices

The following appendices are included with this report:

- Appendix No. 1, Annual Delivery Plan NHS Fife 2025/26 – M12 (Mar-26) Update v1.2

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RTP

SHAPING OUR FUTURE TOGETHER

Annual Delivery Plan 2025/26

Position at end of month 12 (Mar-26)

Contents

ADP alignment to Operational Improvement Plan (OIP) 1

Assurance Level and Progress Status Key 2

Corporate Objectives Summary by Delivery Area – Jan-26 3

Delivery Areas 4

1 Planned Care 4

2 Urgent and Unscheduled Care 8

3 Cancer Care 13

4 Mental Health 18

5 Primary and Community Care 22

6 Women and Children's Health 26

7 Health Inequalities and Population Health 31

8 Finance, Infrastructure and Value Based Health and Care 37

9 Workforce 40

10 Digital and Innovation 45

11 Climate 50

ADP alignment to Operational Improvement Plan (OIP)

Operational Improvement Plan		Annual Delivery Plan	
Critical Area	Priority	Delivery Area	Planning Priority
Improving Access to Treatment	Increasing Capacity	Planned Care	1.1 to 1.3
	Diagnostics – reducing the backlog	Cancer Care	3.2
	Expand the Rapid Cancer Diagnostic Services	Cancer Care	3.2
	Clear Child and Adolescent Mental Health Services (CAMHS) backlogs	Mental Health	4.1, 4.2
Shifting the balance of care	Reducing the pressure in our hospitals	Urgent & Unscheduled Care	2 (.1, .2, .4, .5)
	Hospital at Home	Urgent & Unscheduled Care	2.3
	Specialist frailty services	Urgent & Unscheduled Care	2.6
	Frailty at the front door of the Emergency Department	Urgent & Unscheduled Care	2.4, 2.6
	Access to GPs and other primary and community care clinicians	Urgent & Unscheduled Care	5.1
	Pharmacy First Service	Primary & Community Care	5.9
	Dentistry	Primary & Community Care	5.7
	Primary care optometry	Primary & Community Care	5.8
Improving access to health and social care services through digital and technological innovation	Digital access for your health and social care	Planned Care	1.4
	Digital Dermatology Pathway	Planned Care	1.4
	National digital type 2 diabetes remission programme	Health Inequalities & Population Health	7.8
	Genetic testing: to deliver improved clinical outcomes and target medications for recent stroke patients for newborn babies with bacterial infections		
	An operating theatre scheduling tool	Planned Care	1.4
Prevention - working with people to prevent illness and more proactively meet their needs	Proactive prevention	Primary & Community Care	5.6
	Cardiovascular disease (CVD)	Primary & Community Care	5.5
	Frailty prevention	Primary & Community Care	5.6

Assurance Level and Progress Status Key

Assurance Level	Definition
Significant assurance	The Board or Committee can take reasonable assurance that the system of control achieves, or will achieve, the purpose that it is designed to deliver. There may be an insignificant amount of residual risk or none at all.
Moderate assurance	The Board or Committee can take reasonable assurance that controls upon which the organisation relies to manage the risk(s) are in the main suitably designed and effectively applied. There remains a moderate amount of residual risk.
Limited assurance	The Board or Committee can take some assurance from the systems of control in place to manage the risk(s), but there remains a significant amount of residual risk which requires action to be taken.
No assurance	The Board or Committee cannot take any assurance from the information that has been provided. There remains a significant amount of residual risk.

Progress Status	Definition
On track	Actions and outcomes relating to Planning Priority are 'on track' for completion on time.
At risk	Actions and outcomes relating to Planning Priority are 'at risk' of being completed on time.
Unlikely to achieve on time	Actions and outcomes relating to Planning Priority are 'unlikely to be achieved on time'.
Complete	Actions relating to Planning Priority are 'complete'.
Cancelled /Suspended	Planning Priority has been cancelled /suspended.

All 'ongoing' priorities (On track, At risk or Unlikely to achieve on time) will be carried forward into Delivery Plan 2026/27.

Corporate Objectives Summary by Delivery Area – Mar-26

Delivery Area	Corporate Objective	Assurance Level	Progress Status
Planned Care	Reducing the number of patients waiting over 52 weeks	**Significant**	**Complete**
Urgent and Unscheduled Care	Improve A&E waiting times compared to 2024/25	**Limited**	**At risk**
Cancer Care	Improve compliance with the 62-day referral-to-treatment standard	**Moderate**	**At risk**
Mental Health	Implement the core Mental Health Standards	**Moderate**	**On track**
Primary and Community Care	Increase the reach and impact of primary care services in NHS Fife	**Moderate**	**On track**
Women and Children's Health	Implementation of the refreshed Women's Health Plan	**Moderate**	**On track**
	Advance NHS Fife's commitment to the UNCRC	**Moderate**	**On track**
Health Inequalities and Population Health	Implementing Marmot Principles through the Anchor Progression Framework	**Moderate**	**On track**
	Deliver key actions from NHS Fife's interim Equality Outcomes and Mainstreaming Plan 2025-2029	**Significant**	**On track**
Finance, Infrastructure and Value Based Health and Care	Deliver financial sustainability in line with NHS Fife's Medium-Term Financial Plan	**Moderate**	**Complete**
	Deliver Phase 1 of the risk-based essential infrastructure investment plan	**Significant**	**Complete**
Workforce	Implement enhanced workforce planning measures to optimise recruitment, retention, and skill mix	**Moderate**	**On track**
Digital and Innovation	Enable our workforce to work more efficiently using digital tools	**Significant**	**Complete**
Climate	Evidence-based trajectory towards achieving NHS Scotland's 2030 carbon reduction targets	**Moderate**	**Complete**

Delivery Areas

1 Planned Care

Corporate Objective:	
By March 2026, actively contribute to the national waiting time recovery programme by reducing the number of patients waiting over 52 weeks for inpatient/day case procedures and outpatient appointments, while collaborating with other NHS Boards where challenges remain.	
Assurance Level	**Significant**
Progress Status	**Complete**

NHS Fife committed to delivering the national requirement to eliminate all waits over 52 weeks for new outpatient (NOP) and inpatient/day case (IPDC) treatment by Mar-26, with specific agreed tolerances for Vascular (≤100 NOP) and Orthopaedics (≤340 IPDC). Significant progress was made throughout 2025/26, with substantial reductions in long waits across most specialties.

In Feb-26, the IPDC position predicted three specialties (ENT, Ophthalmology and General Surgery) would not achieve zero over 52-week waits by the deadline due to a combination of workforce constraints, unavoidable clinical absence, infrastructure delays, and single operator dependency.

Though not achieving zero in Orthopaedics, the service was forecast to meet its Scottish Government approved ceiling of ≤340, with sustained improvements from additional operating and outsourcing where clinically appropriate.

The landing position at the end of Mar-26 over delivered on the Feb-26 forecast for NOP with 20 patients remaining over 52 weeks whilst the trajectory for TTG was missed with 401 patients remaining.

Strong governance arrangements remain in place, including weekly Waiting Times Group oversight and monthly reporting to Scheduled Care governance structures.

Target number of surgeries within NTC was achieved in 2025/26 with similar planned for 2026/27. Sub national scoping work continues.

1.1 Tackling long waits and backlogs focusing on key specialities

ADP Objective: reduce waiting times for inpatients, day cases, and outpatients across ENT, Gynaecology, Urology, Neurology, and Gastroenterology, ensuring sustained improvements in access to treatment

Assurance Level	**Moderate**
Progress Status	**Complete**

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Strong governance arrangements remain in place, including weekly Waiting Times Group oversight and monthly reporting to Scheduled Care governance structures.

1.2 Match outstanding demand with available capacity across Scotland through regional and national working including through the National Treatment Centres (NTCs).

ADP Objective: expand elective surgery capacity by fostering regional and national collaborations, enabling the delivery of over 600 surgeries for NHS Lothian patients through the National Treatment Centre, while optimising demand management across the system

Assurance Level	**Significant**
Progress Status	**Complete**

Achieved in 2025/26 with similar surgeries planned for 2026/27. Sub national scoping work continues.

1.3 Increase productivity and optimise theatre utilisation

ADP Objective: optimise theatre utilisation at Queen Margaret Hospital with a dedicated focus on ophthalmology services, improving both efficiency and patient throughput

Assurance Level	**Moderate**

Progress Status	At risk
Waiting time targets for Ophthalmology not achieved due to workforce issues with work continuing on IVT room.	
ADP Objective: introduce pre-assessment for surgical patients up to six months ahead of their procedures, thereby broadening the patient cohort eligible for listing, as per the CfSD agreement	
Assurance Level	**Significant**
Progress Status	**Complete**
Perioperative framework has been shared with ELT and has been approved.	

1.4 Implementation of digital solutions

ADP Objective: improve engagement and reduce DNAs by strengthening communication with long-wait patients for outpatient appointments and hospital admissions through the Digital Patient Hub	
Assurance Level	**Significant**
Progress Status	**Complete**
Delivery remains on track, with ongoing rollout of Digital Hub functionality (including waiting list validation) whilst Bookwise implementation is complete. Organisational readiness has been confirmed for whole-population availability of MyCare as part of the national programme.	
ADP Objective: implement key digital solutions, including Open Eyes EPR, Infix for theatre scheduling, and Digital Dermatology systems, to support service delivery and innovation	
Assurance Level	**Significant**
Progress Status	**Complete**
Digital implementation milestones have progressed as planned: Digital Dermatology is complete; Infix is live; OpenEyes has completed UAT and is pending go live subject to service readiness; the EPR programme continues to progress; and HEPMA is live in NTC with deployment scheduled to commence in Apr-26.	

2 Urgent and Unscheduled Care

Corporate Objective:	
By March 2026, improve A&E waiting times compared to 2024/25, with a minimum of 82% of patients seen within 4 hours, through whole-system improvements including utilisation of virtual beds (Hospital @ Home) optimising patient flow, enhancing the Flow Navigation Centre, expanding Same-Day Emergency Care pathways, and strengthening community-based alternatives to hospital admission.	
Assurance Level	**Limited**
Progress Status	**At risk**

Performance against the 4-hour standard has remained challenging through winter 2025/26, driven primarily by high medical admissions, constrained downstream capacity and delays in discharge. Data shows some stabilisation in recent months, supported by system-wide flow actions rather than sustained performance recovery. Implementation of whole-system measures has continued, including the Continuous Flow+ model, increased use of AU1/AU2 overnight, strengthened Flow Navigation Centre (FNC+) MDT working, and further embedding of Same Day Emergency Care (SDEC) and Hospital at Home. Benchmarking indicates relative improvement against peer boards, but performance remains below ambition and trajectory.

Key risks:

- Continued mismatch between acute demand and downstream/community capacity.
- Workforce fragility across acute, community and social care.
- Reliance on short-term mitigations rather than structural capacity change.

2.1 Continue to support mission to reduce delayed discharges

ADP Objective: Implement the Discharge without Delay (DwD) programme

Assurance Level	**Moderate**
Progress Status	**On track**

The Discharge without Delay (DwD) programme continued to progress throughout March, with a clear focus on strengthening early discharge planning, embedding consistent practice, and aligning community capacity with acute flow pressures.

Daily downstream bed reviews continue to be a key enabler for improving patient flow. Patients are now being consistently supported through the full range of onward pathways, including returning home with START, transfer to STAR beds where rehabilitation goals have been identified, and movement to assessment beds when further assessment of needs is required. In addition, the new Discharge to Assess (D2A) pathway is now live, enabling people to return to their own home for a short period of assessment and planning within a familiar environment. Reducing length of stay within downstream beds, while ensuring that all pathways remain fluid, responsive, and available, is essential to sustaining whole-system flow and improving daily discharge reliability.

The Trusted Assessor model, launched in Jan-26, is now embedded within frailty pathways. Early indications show that this approach is helping to accelerate safe decision-making, streamline assessment, and shorten length of stay. Further pathway refinement work is ongoing to support more acute and community hospital wards to adopt the trusted assessor model to improve consistent and timely discharge.

2.2 Provide the Right Care, in the Right Place by optimising Flow Navigation Centres (FNC)

Assurance Level	**Moderate**
Progress Status	**On track**

FNC performance remains a relative strength within the system. Redirection rates are sustained at ~25%. There is noted continuation of MDT working, improved social care and mental health input, and early benefits from tighter integration with Hospital at Home. Digital enablement remains work in progress but is recognised as critical.

2.3 Reduce hospital admissions by improving urgent care in the community and increasing Hospital at Home pathways

Assurance Level	**Moderate**
Progress Status	**On track**

Work is Ongoing capture and reporting to PHS on activity within core MOE H@H and OPAT.

Reportable H@H+ activity within specialty pathways is not yet captured on an agreed system. A formal request has been made to the Architecture Review Board to provide expertise on a suitable solution. A temporary method of collecting data has been agreed in the interim.

Discussions are ongoing with Respiratory and Cardiology to agree steps towards establishing core H@H pathways. Awaiting patient criteria and RMO job plans adjustment, ahead of finalisation of pathways and implementation.

Ongoing workforce gap analysis to identify resource required to deliver 60 MOE H@H virtual beds, including agreement of next steps in relation to realignment of IV antibiotics and O2 weaning.

There is a risk of some pathways not continuing beyond Mar-26 due to uncertainty regarding funding in the next financial year.

ADP Objective: reduce unplanned attendances and admissions of residents from Care Homes by 20%

Assurance Level	**Moderate**
Progress Status	**At risk**

Scoping work done to understand demand for community frailty pathways. Outcome showed that a significant number of people living with frailty are only identified when they attend or are admitted to VHK. Results will help inform pathway development in the community to support early identification and management of frailty.

Care Home verification meetings continue monthly. There has not been a further reduction in unplanned admissions as reasons for admission are multifactorial. Recognition that lack of comprehensive ACP and visibility of this has contributed to a number of admissions. Further work is required to develop a framework around effective future care planning.

Increase in number of Care Homes who have access to the Urgent Care Services Fife (UCSF) professional-to-professional line following training for Care Homes to use the Restore 2 mini tool. Now 70/74 Care Homes in Fife can access this and data is being monitored to assess outcome from this education in number of unplanned admissions.

2.4 Optimising assessment and care in Emergency Departments by improving access to 'same day' services, the use of early and effective triage, rapid decision-making and streaming to assessment areas

ADP Objective: develop and embed the Same Day Emergency Care (SDEC) pathway to enhance service efficiency.

Assurance Level	**Moderate**
Progress Status	**On track**

SDEC continues to deliver very strong operational performance, with same-day discharge rates consistently above 90% and increasing direct triage from Emergency Department. Overnight redirection and diagnostic access improvements had been recognised as having value. Recruitment to senior clinical posts has strengthened decision-making; however, physical accommodation remains a constraint to further expansion.

2.5 People are discharged as soon as they are medically safe, promoting robust and responsive operational management

ADP Objective: redesign community respiratory pathways to strengthen the ability to manage respiratory patients outside acute hospital settings.

Assurance Level	**Moderate**
Progress Status	**At risk**

Early Intervention and Prevention Pathway has commenced with Scottish Ambulance Service (SAS).

Draft Oxygen Weaning Pathway developed and under review, aim to take first patient on 18 May-26.

2.6 Development of Frailty Model

ADP Objective: implement a revised frailty model, aiming for 90% occupancy rate in both acute hospital geriatric services and community hospitals.

Assurance Level	**Moderate**
Progress Status	**On track**

The Acute Frailty Unit (AFU) continues to demonstrate positive impact, with reduced length of stay and strong discharge outcomes. National feedback via the Frailty Collaborative has been positive. The discharge-to-assess model is embedded, though occupancy has periodically exceeded the 90% ambition due to wider system pressure.

ADP Objective: modernise and optimise the community bed base to ensure frailty pathways are responsive, fit for purpose, and aligned with current needs.

Assurance Level	**Moderate**
Progress Status	**On track**

Assessment paperwork under review to streamline and reduce assessment time. Capacity under review to identify when Community Frailty Team can expand to North East Fife. Work ahead to improve links between Acute Frailty Team and Community Frailty Team.

3 Cancer Care

Corporate Objective:	
By March 2026, improve compliance with the 62-day referral-to-treatment standard by optimising treatment pathways.	
Assurance Level	**Moderate**
Progress Status	**At risk**

NHS Fife performance remains challenging and sits just under the temporarily reduced national standard of 80%. Urology continues to be the most challenged specialty. A focus remains on the renal surgery backlog.

A comprehensive prostate direct to MRI pathway was implemented in Jul-25, focusing on streamlining the entire patient journey – from referral to diagnosis and treatment. The expectation is to reduce the prostate pathway by up to 21 days.

The realistic target is to raise urology compliance to 70% (currently 48%) with emphasis is on patient-centred care, ensuring quality is not compromised for the sake of meeting targets. It remains unlikely we will achieve 70% by Mar-26.

Dynamic tracking and escalation processes have been introduced to improve patient flow and identify delays early, including the weekly tracking of patients who have breached but not yet been treated, quantifying the backlog and monitoring progress. Service collaboration and a focus on the backlog have demonstrated a 59% reduction in the overall backlog (67% reduction in Urology backlog) since Apr-25.

Additional team resource started in Jan-26 with recurring cancer waiting time funding.

3.1 Improving cancer waiting times standards through ongoing delivery of the Framework for Effective Cancer Management

Assurance Level	**Moderate**
Progress Status	**On track**

The FECM Evaluation was submitted in Jan-26 to CfSD, updating on NHS Fife position and progress of each commitment within the framework, providing a high-level scorecard Board view. Feedback has since been requested from Boards on the new evaluation toolkit.

The next FECM evaluation is due 25 Apr-26 and will be circulated to services imminently.

3.2 Increasing diagnostic capacity and maintain a Rapid Cancer Diagnostic Service (RCDS)

Assurance Level	**Moderate**
Progress Status	**On track**

Endoscopy waiting times were impacted by seasonal challenges in Jan-26. Little to no impact was seen within the urgent suspected cancer waiting times and these remain within target.

Radiology has seen significant improvements due to new technology, which has reduced MRI scan times by over 20%, increased capacity by nearly 1,900 appointments in six months, and shortened waiting times from 6 to 3 weeks. Protocols developed locally are now being adopted by other boards.

RCDS is now featured in the new Scottish Referral Guidelines for Urgent Suspected Cancer referrals. Service review meetings confirmed there is unlikely to be an increase in referrals or impact on capacity within RCDS.

3.3 Embedding optimal cancer diagnostic pathways and clinical management pathways

ADP Objective: optimise cancer pathways to ensure clear timelines for appointments, diagnostics, decisions and treatments.

Assurance Level	**Moderate**
Progress Status	**On track**

Optimal cancer pathways have successfully been implemented for lung and head & neck cancer, with colorectal and prostate next in line. The work is directed by the Scottish Government, and NHS Fife is on track with implementation. Timely access to PET scanning in Tayside can still be challenging. New ultrasound scanners within the respiratory service are improving lung cancer timelines.

Successful recruitment of a 1WTE SPOCH Patient Navigator to support the colorectal optimal pathway.

PMB and Prostate Optimal pathways are in the pipeline for 2026/27.

ADP Objective: ensure that women referred with Post Menopausal Bleeding (PMB) following USC vetting are seen within 28 days for their first outpatient appointment.

Assurance Level	**Significant**
Progress Status	**Complete**

The PMB pathway has been implemented and split to ensure urgent suspected cancer (USC) patients are seen appropriately. A 28-day local target was initially used from referral to first appointment and is currently being met. Cervical patients are often vetting amongst PMB referrals and require quick redirection to the appropriate targeted pathway.

The aim to align with the national 14-day USC target has been achieved and sustained for the very first time, with patients booked within 14 days.

3.4 Delivering single point of contact services for cancer patients and integrating 'Improving the Cancer Journey' into pathways of care

ADP Objective: ensure all patients with urgent suspected cancer have access to the Single Point of Contact Hub (SPOCH), with the potential to expand SPOCH support into additional services.

Assurance Level	**Moderate**
Progress Status	**At risk**

Significant assurance can be provided that every patient referred USC has access to SPOCH for appointment queries and reschedules.

SPOCH are responsible for appointing all Urgent Suspicion of Cancer (USC) referrals across all specialties. Currently, SPOCH supports patients throughout their entire journey within the lung, urology, and colorectal pathways. To expand this service to cover additional cancer pathways – and to incorporate the integration of ICJ and screening for the universal prehabilitation programme within Maggie's – additional personnel would be required.

There is a 1.0WTE vacancy (originally 2 x 0.5WTE). A VMF process has started for recruitment.

Following a national scalability assessment, Scottish NHS Boards have been awarded additional funding to support the expansion of SPOCH. The benefits include time savings for Cancer Nurse Specialists, as well as improved experiences for both patients and staff. NHS Fife have been awarded recurring funding which would allow an increase in staffing of approx. 0.8WTE

This objective remains 'at risk' of not delivering as the service are unable to expand its capacity to all cancer pathways.

3.5 Configuring services in line with national guidance and frameworks

Assurance Level	**Moderate**
Progress Status	**On track**

A Prehabilitation Steering Group has been created within NHS Fife, to embed the principles of prehabilitation across services, strengthening governance and awareness.

A National Prehabilitation Event took place on 19 Mar-26, sharing successful processes and providing resources to assist implementation.

SCAN Psychological Therapies Regional Group have undertaken a repeat self-assessment of psychological services across the region for people affected by cancer. SCAN Board action trackers have been created and circulated for completion. This work supports NHS Fife's commitment to person-centred cancer care and improved psychological outcomes.

Scottish Referral Guidelines (SRG) were launched on 6 Aug-25 providing a 6-month implementation period to ensure services are aware, prepared, understand the impact and plan for capacity impact. Engagement from services was positive with responses collated and presented in a Key Changes Impact Assessment Document. Communications to advertise the new guidelines are in progress, utilising Stafflink, Communications Newsletter, Desktop imaging and Infographic Body posters within clinical areas.

3.6 Sustainable services for Oncology and proposed Target Operating Model

Assurance Level	**Moderate**
Progress Status	**On track**

Work is in its early stages and is being co-ordinated at a national level.

A national initiative is underway, and a Task and Finish Group has been established to develop a desktop-based target operating model for non-surgical oncology services across NHS Scotland.

The TOM was endorsed by the NHS Executive Group in Autumn 2025 and the NSCC has recently secured resource to develop and agree the next steps required to move towards implementation.

The immediate priorities for this phase include:

- Establishing governance arrangements with clear roles and responsibilities
- Putting in place clinical and programme leadership to guide implementation
- Producing a detailed implementation plan, including milestones and timelines
- Developing and delivering a structured approach to keep stakeholders engaged and informed.

Oncology services are delivered by 1.0 WTE substantive Fife Oncologist with support from NHS Lothian. There is an annually agreed SLA with Lothian who provide Oncology services for each of the tumour groups.

Discussions ongoing regarding a regional approach to funding for 2026/27 with SCAN.

ADP Objective: implement redesign of the haematology service to ensure it remains sustainable and deliverable within Fife through conducting a comprehensive service review.

Assurance Level	**Moderate**
Progress Status	**On track**

Recruitment progressing (three consultants starting; lab recruitment was the main challenge).

3.7 Refresh of the NHS Fife Cancer Framework 2022-2025 to ensure it aligns with local and national strategy

Assurance Level	**Significant**
Progress Status	**On track**

The framework refresh has been finalised. The Cancer Framework Delivery Plan Year 5 (2026/27) has been created, discussed at the Acute Cancer Services Delivery Group in Mar-26 and listed for discussion at the Cancer Governance & Strategy Group in Apr-26.

4 Mental Health

Corporate Objective:	
By March 2026, fully implement the core Mental Health Standards through the delivery of the Fife Mental Health Strategy, embedding the Mental Health Built Environment Quality and Safety Toolkit to ensure consistent, high-quality, person-centred care across all services, with a focus on a new model of mental health delivered closer to people's homes.	
Assurance Level	**Moderate**
Progress Status	**On track**

The Distress Brief Intervention (DBI) service is now fully rolled out, the MHW SIG will now receive annual performance reports for DBI.

Work has also been completed in relation to the Equalities Review, Workforce Strategy Action Plan, Fife Suicide Prevention Action Plan, and engagement with Carers (77 responses received in recent experience survey), the findings and outputs from these will shape and influence future work.

Recommendations from the test of change, How Services Work Together, are being progressed into other locality areas.

4.1 Building capacity to deliver and maintain the CAMHS 18-week waiting times standard

ADP Objective: maintain the performance standard for CAMHS, ensuring 18-week waiting times are consistently met.	
Assurance Level	**Moderate**
Progress Status	**Complete**

Fife CAMHS Continues to meet National RTT with over 90% of children and young people seen within 18 weeks since Aug-24. Reduction in National Funding through SG Mental Health Outcomes Framework has required ongoing assessment and review of staffing resource and capacity to meet current demand.

4.2 Implementing National Standards for Mental Health services

Assurance Level	**Moderate**

Progress Status	On Track

Because of the cross-cutting nature of neurodevelopment issues, a workstream has been added to the MHCSR&R project board. This will enable neurodevelopment needs to be addressed within the wider service redesign and subject to the project board governance and assurance processes.

ADP Objective: implement a sustainable workforce plan for psychology services to secure the long-term viability of the service.

Assurance Level	Moderate
Progress Status	On Track

Zero-based budget (ZBB) exercise nearly complete - final meeting pushed back to Apr-26 due to year-end reporting requirements. This will provide oversight of the budget position, confirm posts within the establishment, and support implementation of a sustainable workforce model or transformation plan based on the outcomes of the ZBB exercise.

4.3 Improve unplanned and urgent mental health care, including for those in mental distress

Assurance Level	Moderate
Progress Status	At risk

ADP Objective: redesign the Mental Health unscheduled and urgent care service to provide timely access to psychiatric assessments and care, available 24/7/365.

Definitive decision made regards relocation of UCAT to VHK to go ahead – agreement for SBAR to be completed in regard to staff risk / safety.

SLWG Project outcome paper completed and reviewed prior to Mar-26 Programme Board with updates / recommendations suggested.

4.4 Collaborating and cooperating across Health Boards and with the Forensic Network to address the governance, capacity and placement issues in Forensic Mental Health services

Assurance Level	Moderate
Progress Status	Complete

We participate within the Forensic network, but we are not in control of any output from the network, and the part about liaison with other boards is just business as usual. Therefore, action closed as we participate in the network group.

There has not been any draft reports or outcomes published by the forensic network after they hosted a series of meetings looking at Low Secure Referral Guidance last year. We continue to liaise with other boards on a case-by-case basis about Fife patients awaiting transfer back to Fife from medium security and this is a routine and ongoing part of clinical care.

4.5 Ensure the mental health-built estate enables the delivery of high quality, person centred and safe care, with a focus on implementing the national Mental Health Built Environment Quality and Safety toolkit.

ADP Objective: complete the phased programme of ligature improvement works, ensuring all inpatient environments in Fife Mental Health services are both safe and therapeutic.

Assurance Level	**Moderate**
Progress Status	**On track**

QMH Ward 1 (adults) refurbishments are due to be completed in Jun-26.

Surge Bed Reduction – reduced from 24 to 6 surge beds across the GAP wards - currently at final stage of reduction from 6 to 0 owing to pressure on stretched CMHTs.

4.6 Improving data input quality and completeness of mental health data returns

Assurance Level	**Moderate**
Progress Status	**On track**

Both CAMHS and Psychology continue to work alongside NHS Fife Digital & Information (D&I) and PHS in order to develop data collation processes, verification and reporting systems aligned to the National CAPTN data set. Representatives from both services attend monthly Board wrap-around support sessions and National oversight groups with PHS and D&I. An Action Plan has been developed for PHS with D&I for each service to outline what is required and how it will achieve improved recording, data extraction and reporting accuracy to enable CAPTN to be the main source of information in relation to CAMHS and Psychology outcomes in place of current Aggregate returns from Sep-26 onwards

4.7 Mental Health services priorities under the Public Sector Equality Duty

Assurance Level	**Moderate**
Progress Status	**On track**

A Lived Experience Network Event is taking place on 24 April which will help provide Service Users with the opportunity to shape and influence how Mental Health Services are developed ensuring redesign of services meet their needs in the communities they live in.

4.8 Delivering annual health checks for all people 16+ with a learning disability (LD)

ADP Objective: develop a second pathway for individuals aged 16+ with learning disabilities, focusing on supporting those not currently engaging with local services. This will include collaboration with teams such as Community Treatment and Care (CTAC) to facilitate health checks.

Assurance Level	**Moderate**
Progress Status	**At risk**

All patients known to LD nursing and inpatient receive a yearly health check, Identification of patients known to other professional within the service has taken place and plan in progress to deliver health checks to the remaining patients known to our service. Ongoing discussions to include the remaining people in Fife living with an LD to receive a health check as per government policy. We have agreed LD Service and Primary Care that we will engage and support from one of SLT Leads around Data and will revisit the LD register for Fife to get it updated and coded in approx. 6 weeks.

5 Primary and Community Care

Corporate Objective:	
By March 2026, increase the reach and impact of primary care services in NHS Fife by strengthening our integrated workforce to build capacity and capability, embedding preventative approaches such as proactive engagement with patients at risk of frailty and CVD, and expanding the use of digital technologies, including the digital dermatology pathway, in routine primary care practice.	
Assurance Level	**Moderate**
Progress Status	**On track**

The CVD DES for 2025/26 has been concluded. Level of uptake is being evaluated. SG have confirmed that the CVD DES will continue into 2026/27. Arrangements for this being delivered through general practice is being progressed. The frailty DES is also being evaluated in terms of uptake. No confirmation from SG at this time regarding the continuation of this DES.

Phase 1 of the Enhanced Service Review is being concluded with some minor recommendations. A Phase 2 business as usual approach is in the planning stages.

5.1 Clear executive oversight of planning and delivery of General Practice

Assurance Level	**Significant**
Progress Status	**On track**

SG has recently announced the 3-year General Practice investment to support workforce planning and sustainability. A robust plan for oversight of this by NHS Fife/ Fife HSCP is being developed.

5.2 Improving interface working across secondary and primary care

Assurance Level	**Moderate**
Progress Status	**On track**

The Interface Group have identified key priorities for 2026/27 e.g. pathways and communication routes.

5.3 Improving the use of multi-disciplinary working

Assurance Level	**Moderate**
Progress Status	**On track**

The Primary Care Improvement Plan (PCIP) has reached the top of both its funding resource and workforce resource and awaits national direction (expected Jun-26). In the meantime, the multi-disciplinary team continue to modify their delivery through continuous quality improvement activity.

- CTAC: Scheduling hub test of change has had positive outcomes across 6 general practices in the NEF Cluster with plans to expand into other practices.
- Pharmacotherapy: All practices have access to polypharmacy reviews with work ongoing to establish regular clinics.
- Urgent Care ANP: All GP Practice based ANPs have undertaken paediatric training to better support patient navigation.
- MSK Physiotherapy: 1 0.5wte vacancy; stable in 7 of the 8 cluster areas, although implementation of model aspired to is not possible at this time due to priorities directed by MOU2. Patient feedback and performance data remains very positive.
- Community Link Workers (CLW): Referrals have increased by 46% in Jan-Feb 2026 from the same period in 2025.
- Primary Care Mental Health Nursing: Delivery has been disrupted due to loss of 2 WTE Action 15 funded posts; partial funding has been identified within the wider service to reinstate 1.2 WTE posts.
- Immunisation Services: continues as business as usual and remains in a stable position.

At programme level, PCIP dashboards capturing capacity and activity are in development with the support of PHS analysts; a GP practice 'PCIP Experience' survey is also underway. Both will support local decision making and planning in the pursuit of improved equity of delivery at an upcoming 'next steps' workshop in May-26.

5.4 Ensuring there is a sustainable Out of Hours service, utilising multidisciplinary teams (MDT)

ADP Objective: evaluate and refine the strategic model for urgent and unscheduled care across Fife, prioritising quality, resilience, sustainability, and best value.

Assurance Level	**Significant**
Progress Status	**Complete**

There is a sustainable Out-of-Hour's service in place: under the Primary Care Improvement Plan, ANPs have been allocated across practises throughout Fife and they deliver urgent on-the-day care up till 6:00 PM with the Out-of-Hour's service taking over thereafter: thus, providing an element of 24-hour urgent care access. A variety of MDT working is available in the out-of-hours period for all patients who access the Out-of-Hour's service. Reporting and governance channels are well established through the UC Strategic Group & Urgent & Unscheduled Care Programme Board.

5.5 Working with independent contractor general practices to identify mitigate and reduce health inequalities

Assurance Level	**Moderate**
Progress Status	**On track**

The actions from the year 3 deliverables continue to be progressed. Interface with locality planning groups has been strengthened. Links have been established with service leads for adult unpaid carers.

5.6 Preventative And Proactive Care Programme

Assurance Level	**Moderate**
Progress Status	**On track**

Baseline survey extended to increase uptake and completion. Performance Framework to be presented via agreed governance routes for approval April/May cycle.

5.7 General Dental Services: Board-delivered oral health services including the Public Dental Service (PDS), and early intervention programmes such as Childsmile

ADP Objective: explore innovative solutions to enhance access to dental services, aiming to improve and sustain availability despite anticipated workforce challenges.

Assurance Level	**Moderate**
Progress Status	**On Track**

Childsmile and NDIP programmes are in full operation and progressing as expected. All unregistered patients are still being seen within PDS for emergency care. Improving picture regarding the number of general practices that are registering NHS patients - dental advice line can provide this information to encourage patients to seek this registration while available.

The number of applications for Scottish Dental Access Initiative Grants continue to increase this quarter. On approval of the grants being awarded this will improve access to NHS dental services.

5.8 General Ophthalmic Services: Continuing to roll out new initiatives such as the Community Glaucoma Service

ADP Objective: transition glaucoma patients to the national Community Glaucoma Service to enhance care delivery and efficiency.

Assurance Level	**Moderate**
Progress Status	**At risk**

OpenEyes user acceptance testing complete and ready for service readiness being completed by May-26.

Following implementation, patient pathway will be improved, increasing access to community glaucoma services.

The GOS (SS) Service is live and implementation has gone well.

5.9 Community Pharmacy

Assurance Level	**Significant**
Progress Status	**On track**

Uptake continues to increase across each of the Pharmacy First PGDs (Patient Group Directions). New PGDs on hydrocortisone for skin inflammation, and nystatin for oral thrush were launched in Mar-26. The team will collaborate with Community Pharmacy to ensure a smooth uptake.

Negotiations around Community Pharmacy Opioid Substitution Therapy services are underway, aiming to continue an existing service. Services on Injecting Equipment provision, Take Home Naloxone and waste are being reviewed and will be subject to discussions with Community Pharmacy Fife.

A pilot project is underway to support Community Pharmacy data capture in the context of smoking cessation. The team continue to work with the Quit Your Way initiative to understand current quit rates and build plans.

The Pharmaceutical Care Services plan was delivered to the NHS Fife Board on 31 March, following successful progression through governance groups, and will be published imminently. This year's report incorporates a three-year plan and associated recommendations for development and has found no unmet need within the network although this remains under review.

6 Women and Children's Health

Corporate Objectives:	
By March 2026, successfully open, embed, and demonstrate impact of the new Women's Health Unit at Queen Margaret Hospital, ensuring implementation of the refreshed Women's Health Plan, improved access to specialist care, measurable service improvements, and a clear return on investment through enhanced patient outcomes and service expansion.	
Assurance Level	**Moderate**
Progress Status	**On track**
While local delivery models are still being finalised, national planning for corporate leadership and governance of Phase 2 of the Women's Health Plan (2026–2029) is underway. Leadership arrangements for Phase 2 are currently under consideration at Executive level. This work will inform future direction, governance, and investment decisions, supporting the longer-term embedding of women's health services and improved access to specialist care. The Women's Health Unit is open and operational 5 days per week.	
By March 2026, advance NHS Fife's commitment to the UNCRC by embedding children's rights into service planning and delivery, ensuring alignment with national priorities and strengthening early intervention approaches, including increasing infant immunisation uptake at 12 months to 93% or higher in the most deprived areas of Fife, in line with NHS Scotland's national vaccination strategy.	
Assurance Level	**Moderate**
Progress Status	**On track**
The UNCRC Implementation Group has met and are planning the first statutory reporting to Scottish Government, due Apr-26. The group continues to work on assurance and implementation processes to uphold principles of UNCRC across Fife.	

6.1 *Women's Health:* Taking forward the relevant actions set out in the Women's Health Plan

Assurance Level	**Moderate**
Progress Status	**On track**

While local delivery models are still being finalised, national planning for corporate leadership and governance of Phase 2 of the Women's Health Plan (2026–2029) is underway. Leadership arrangements for Phase 2 are currently under consideration at Executive level. This work will inform future direction, governance, and investment decisions, supporting the longer-term embedding of women's health services and improved access to specialist care.

6.2 Best Start

Assurance Level	**Moderate**
Progress Status	**On track**

Currently, we can only provide and sustain Continuity of Carer (CoC) for all three elements: Antenatal, Intrapartum and Postnatal care, for women accessing the Birth at Home service. We are also continuing to achieve CoC for two elements: Antenatal and Postnatal care, for women and families with health inequalities. We are steadily improving Antenatal and Postnatal CoC within the main population of pregnant women but there have been challenges especially with recording and reporting on Badgernet which we are addressing with System C.

We recently piloted Parenthood/ Meet the team sessions within the Midwife Led Unit as a test of change with the hope of improving continuity. These sessions showed promising results but unfortunately this has paused due to staff vacancies and absences.

6.3 New pathways for maternity care

Assurance Level	**Limited**
Progress Status	**At risk**

No additional funding approved to support implementation of additional visits, a comprehensive review of current staffing will be completed to support optimal recruitment for implementing the new maternity pathway.

6.4 New Model of Neonatal Intensive Care

ADP Objective: a locally agreed finalised implementation plan for neonatal redesign based on national and regional priorities.

Assurance Level	**Moderate**
Progress Status	**On track**

Work has been undertaken with NHS Fife Senior Management team and Finance colleagues to agree future number and configuration of Neonatal cots in Fife. This has now been shared with the national Best Start Task and Finish group.

Await national guidance from Task and Finish group regarding timing of any changes to cot numbers/designation. No local reduction in cot capacity will be implemented prior to assurance that pathways and capacity are in place within Tertiary centres to accommodate

6.5 Improvements to Miscarriage Care

Assurance Level	**Moderate**
Progress Status	**On track**

Business case has been developed, Band 7 Lead appointed and now in post. Equipment being purchased and VMF's being submitted to recruit additional staff, which will allow progress with improvements.

6.6 Racialised inequalities in maternity care

ADP Objective: develop and implement an improvement plan for Maternity Care to foster more inclusive practices and drive continuous progress addressing racialised inequalities in maternity care.

Assurance Level	**Moderate**
Progress Status	**On track**

Maternity dashboard currently being developed by Health Intelligence. This breaks down demographics including ethnicities within Fife and provides information relating to a range of obstetric outcomes which we will be able to link to inequalities in relation to ethnicity and deprivation.

Developing a Maternity Voices Partnership (MVP) in Fife.

Use of Equity Lens when reviewing SAERs and CCRs.

6.7 Child Health Services: Delivering high quality paediatric audiology services

ADP Objective: complete a comprehensive review of paediatric audiology services to identify opportunities for service enhancement.

Assurance Level	**Significant**
Progress Status	**Complete**

No change, review is complete with a proposal for improved accommodation with Capital Planning for approval.

6.8 Child Health reviews

Assurance Level	**Moderate**
Progress Status	**On track**

Child Health reviews continue to be offered universally across Fife and are delivered by Health Visitors, Family Nurses and Community Nursery Nurses where risk assessed and delegated within scope of practice. The uptake of reviews by parents continues to remain above the national average at all 5 Child Health Surveillance collection points. This enables services to identify areas of child health and development where further support may be required in order to improve health and wellbeing outcomes.

6.9 Local Child Poverty Action Report

ADP Objective: enhance access to income maximisation support for families with children who have diagnosed or undiagnosed disabilities.

Assurance Level	**Moderate**
Progress Status	**On track**

The project continues to focus on increasing referral volumes while maintaining caseload quality and embedding income-maximisation approaches across NHS Fife and HSCP services. Feedback continues to be very positive, families report reduced stress and improved wellbeing, and staff note that the pathway strengthens their ability to address socio-economic factors that impact health outcomes. Families are already experiencing significant financial gains, including successful appeals of rejected Universal Credit elements and new claims for Child Disability Payment.

Progress has been made on Medium-term priorities including fully integrating income maximisation into routine NHS practice and developing structured feedback loops for referrers to support continuous improvement. Due to the delay in start date, the 12-month pilot project will continue into 2026/27 financial year with final year reporting in Q2.

6.10 Commitment to United Nations Conventions for the Rights for the Child (UNCRC)

Assurance Level	**Moderate**
Progress Status	**On track**

Commitment to UNCRC legislation across the organisation is being delivered through UNCRC Implementation Group which is overseen by our Child Health Commissioner.

7 Health Inequalities and Population Health

Corporate Objective:	
By March 2026, evidence NHS Fife's progress in implementing Marmot Principles through the Anchor Progression Framework, while advancing progressive recruitment for priority groups and delivering the ambitions of our Anchor Strategic Plan.	
Assurance Level	**Moderate**
Progress Status	**On track**
Anchor Annual report 2024/25 presented to Anchor Programme Board and Public Health and Wellbeing Committee in Mar-26. Employability focus remains on priority groups, joining up conversations with partners and local third sector agencies. Challenges remain in procurement and land and assets and community use: a tiered assurance model is being considered to reflect the differing progress levels across workstreams. Each area has been self-assessed using the progression framework.	
By March 2026, deliver key actions from NHS Fife's interim Equality Outcomes and Mainstreaming Plan 2025-2029, embedding anti-racism, supporting workforce equality, and advancing NHS Fife's UNCRC commitments to ensure inclusive and equitable service delivery.	
Assurance Level	**Significant**
Progress Status	**On track**
Early in 2025/26 NHS Fife commissioned an external Learning Review into our governance, decision making, and compliance with equality duties. The report provided 38 recommendations for NHS Fife collectively ensuring that we strengthen governance, embed cultural change, and improve staff confidence in equality arrangements. In response, a Learning Review Improvement Plan was developed. Structured around 5 key result areas this plan was overseen by the Learning Review Assurance Group. Chaired by the Vice-Chair of NHS Fife, with external scrutiny, it reported directly to the Board of NHS Fife. The improvement plan has now concluded with ongoing work transferring to business-as-usual governance arrangements from Apr-26. Key achievements in 2025/26: • Strengthened governance and oversight of all work relating to equality, diversity, and inclusion (EDI) across NHS Fife. This includes refreshing the Equality and Human Rights Steering Group with updated terms of reference, revised membership, and strengthened reporting arrangements into the Staff Governance Committee. This will oversee the continued delivery of the Boards anti-racism plan and in 2026/27, update the Equality Outcomes Mainstreaming Plan. • Redesigned the Equality Impact Assessment (EQIA) process to ensure that this process is robust, effective, with sufficient oversight and assurance across the organisation. The updated process will be implemented from Apr-26 with oversight and scrutiny from the Equality and Human Rights Steering Group. The new EQIA process has considered UNCRC commitments and ensures NHS Fife is compliant with its duties.	

- Completed an invited assurance review of the People and Culture function in NHS Fife to assess functional alignment, capacity, credibility, and responsiveness. Developed a comprehensive and overarching People and Culture Directorate Action Plan. Implementation is currently underway with scrutiny and assurance from the Staff Governance Committee.
- Identified plans to develop our organisational culture so staff can discuss and address issues relating to equality, diversity, and inclusion. A range of approaches, including staff networks, will facilitate connections, discussion, and influence of decision making. A training programme is planned to equip our staff with the knowledge and skills to undertake this work effectively. This work forms part of the ongoing People and Culture Action Plan with input from the Equality and Human Rights Steering Group.

We have worked with partners to improve the way we manage EDI in NHS Fife. For example, we have clarified NHS Fife's responsibilities to undertake EQIAs of national policies.

7.1 Population Health Framework

Assurance Level	**Moderate**
Progress Status	**On track**

Preparatory work progressing in advance of the final publication of the Population Health Organisation maturity matrix. Paper discussed and recommendation agreed with Public Health and Wellbeing Committee in Mar-26 for a worked example.

7.2 Vaccination Services

Assurance Level	**Limited**
Progress Status	**At risk**

Overall, rates remain below the Scottish average and below target. Some progress has been made at stalling or reducing inequalities particularly at age 5 but remain significantly wider than 10 years ago. Operational data for the HPV programme delivered primarily in high-schools Feb/Mar-26 suggests improved uptake from the previous academic year. The assurance level remains at limited given the overall picture for childhood vaccinations compared with Scottish average and the decreases at 24 months & 5 years in the most recent quarterly data.

A preliminary review of performance against the nine national standards, undertaken by Public Health, will be discussed at the Community Immunisation Service Programme Board in early April. Improvement actions against each standard have been proposed, informed by the national 5-year framework and the Fife Immunisation Transformation Oversight Group workshop output. These require further scoping to assess costs and resource requirements.

A service-led workforce plan is being developed recognising the increased delivery ask and improvement priorities.

Plans for introduction of a text reminder system will be progressed. Procurement and information governance support for progressing a digital consent solution for high school vaccination programmes has been sought.

7.3 High consequence infectious diseases (HCID) pathways

Assurance Level	**Moderate**
Progress Status	**On track**

Operational pressures have limited the capacity to progress local meetings of the HCID Pathway Group. Local improvements to post-exposure assessment and management pathways will support other HCID response. Regional work has continued to improve community testing and assessment pathways, including scoping of cross-board support options.

7.4 Cancer Screening Uptake

ADP Objective: increase cancer screening uptake through targeted actions addressing health inequalities in line with the National Cancer Screening Inequalities Plan.

Assurance Level	**Moderate**
Progress Status	**On track**

The outreach and community engagement activities have resulted in an estimated reach as follows: -

- One-to-one conversation and engagement through promotional stall – over 2,000 people
- Face-to-face awareness training – 213 people
- Engagement with Screening Promotion in workplaces including Fife Council, Mowi, Mossmorran and Fife College Campuses.
- Network lunch session's/introduction/ Presentations to staff groups – 90 people
- Telephone intervention for screening first timers and long-term "DNAs" (Breast Screening & Diabetic Eye Screening)
- Cervical Screening intervention and promotion with Fife GP Practices - sample takers contacting first-time attendees and long-term defaulters by telephone to improve uptake.

7.5 Working with partners to maintain the progress achieved by the National Mission on Drugs

ADP Objective: focus on the development of specific MAT standards pathways tailored for individuals with mental health challenges, experiences in the criminal justice system, women, young people, and veterans.

Assurance Level	**Moderate**
Progress Status	**On track**

MAT Standards Performance Report monitored by the ADP indicates that MAT 1, 5, 7, 8 and 9 numerical measures have been maintained for the full year ensured by quarterly monitoring and oversight by ADP Committee. MAT 6 and 10 were slightly behind of the 75% training target but a recovery plan but in place at the end of Q3 has ensured that this target has been achieved for the 2025/26.

MAT 9 integration of mental health and addictions care - ASSIST Lite (substance use assessment) tool has launched within CMHT in Glenrothes and will be rolled out. Referral pathways promoted and discussion to add into ADP referral system to support pathways to 3rd sector support and care. Refresh of existing MDT protocol and referral pathway between addictions and mental health services commenced.

Service consolidation and recommissioning to refresh referral and ease of access entry points - in community, justice and hospital settings - into the system of care and strengthen alignment to Tier 3 treatment and support service has completed, and notification will be published in Q4.

Process and experiential measures have been completed and will be submitted in Apr-26 for final assessment.

Waiting times target is over 90% for the year as it has for the previous year.

Suspected drug related deaths (SDRDs) are recorded on a monthly basis and the year-to-date total for 2025 is significantly fewer deaths than 2024 and are not following recent increasing trends seen nationally. The confirmed number of deaths will be published by NRS in Jul-26. Residential

rehabilitation review is complete and action plan in development to improve pathways for priority groups identified in ADP planning priority. Ketamine plan developed and pathway to treatment and MDT nearly complete. Co-production of cocaine/crack cocaine one stop shop with living experience group at final phase. Workshops commenced to develop new delivery plan for 2026/27 with increased focus on alcohol, women, young people and other priority groups.

7.6 Sexual Health and Blood Borne Virus (BBV) action plan

Assurance Level	**Moderate**
Progress Status	**On track**

An SBAR seeking approval for Pipeland Model to become Business as Usual is being developed for SLT approval.

7.7 Actions to support improvements to access to long-acting reversible contraception (LARC)

Assurance Level	**Moderate**
Progress Status	**On track**

The St Andrews LARC hub pilot has been successfully completed. Proposals are currently under development to transition the pilot into business-as-usual arrangements. Clinical leads are progressing discussions on potential roll-out of the model to other areas. In parallel, work is underway to develop terms of reference for a LARC forum / working group to support improvement across primary care sexual health, post-partum and post-abortion provision.

7.8 Improved population health: smoking cessation and weight management.

Smoking Cessation

ADP Objective: improve delivery of smoking cessation initiatives to achieve standards for successful quits.

Assurance Level	**Moderate**
Progress Status	**On track**

The latest available Public Health Scotland data from the Stop Smoking Services Dashboard for Quarter 2 of 2025/26 shows Fife achieving 66.8%, compared with 73.2% nationally.

In response to feedback over NHS Fife Speak Out week, the service has increased visibility at the 2 main Acute hospital sites and maintained outreach work by the Health Promotion Specialist Service, including use of the mobile unit. Appointments attended reached 5,013 by end of Feb-26 — approximately 35% above target.

Specialist provision to end of Feb-26 includes 48 clinics per week. The service continues to offer blended support based on individual need and ability, providing an equitable service across the four Scottish Government priority groups.

Collaboration with Fife Maternity Services has significantly increased referrals for pregnant smokers and 82% of those referred to the service up to the end of Nov-25 have achieved a successful quit.

Weight Management

ADP Objective: ensure weight management services are developed and delivered effectively during the transition to recurring baseline funding including exploring the role of GLP-1 receptor agonist medicines within weight management pathways, aligned with national consensus statements and NICE guidelines, to assess implications for patients, services, and resources.

Assurance Level	**Moderate**
Progress Status	**On track**

SBAR being discussed to Executive Leadership Team this month, further planning and expansion of cohorts able to access GLP-1 to be considered in planning for implementation

7.9 Tackling local health inequalities and reflecting population needs and local joint Strategic Needs Assessment (JSNA)

Assurance Level	**Moderate**
Progress Status	**On track**

Healthcare related inequalities are identified as a Corporate Risk with agreed management actions. Preventative spend pilot is ongoing and Public Health have provided input for this.

Inclusion health network now in place and testing out this mechanism to strengthen healthcare response to population groups most impacted by disadvantage and inequalities of access.

7.10 Racialised inequalities and anti-racism plan

ADP Objective: implement the agreed actions to foster equity and inclusivity in line with the Racialised Inequalities and Anti-Racism Plan.

Assurance Level	**Moderate**
Progress Status	**On track**

This work has been progressed in tandem with the wider NHS Fife Learning Review. Key deliverables set out in the plan will be monitored through the Equalities and Human Rights Steering Group.

The Diverse Ethnicity Staff Network had their first meeting in Q4 2025/26.

7.11 Redirecting wealth back into their local community through the Anchor Strategic Plan

Assurance Level	**Moderate**
Progress Status	**On track**

Progress continues across employability, priority group pathways and community wealth building. Local bids will be reviewed and highlighted to suppliers to maximise local delivery, while procurement activity be reviewed for opportunities to support local and supported businesses. Workstreams are advancing to improve payment performance and support local business cashflow.

7.12 Integration of transport into wider health planning and reform

ADP Objective: collaborate with partners, including Fife Council, to enhance local transport arrangements focused on improvements in patient access.

Assurance Level	**Moderate**
Progress Status	**On track**

Work is progressing as planned.

7.13 How NHS Fife will embed the GIRFE toolkit

Assurance Level	**Moderate**
Progress Status	**On track**

An oversight group for young people transitioning with additional support needs has embedded the GIRFE principles into its engagement and planning.

8 Finance, Infrastructure and Value Based Health and Care

8.1 Finance

Corporate Objective:	
By March 2026, deliver financial sustainability in line with NHS Fife's Medium-Term Financial Plan, ensuring in-year financial balance through cost containment, efficiency improvements of at least 3%, and value-based healthcare approaches, while progressing long-term financial recovery and sustainability measures.	
Assurance Level	**Moderate**
Progress Status	**On track**

On receipt of deficit funding support from Scottish Government of £8.890m we will achieve a financial breakeven position for 2025/26 subject to scrutiny by external audit.

We have also achieved both the Cash requirement and Capital Resource Limit financial targets.

We have delivered £22.858 savings in year against a planned 3% target of £28.573m of which £14.746m is on a recurring basis.

The overspend against the Health Board's total budget at the end of March of £8.980m, includes an overspend on health delegated services of £2.183m and risk transfer from Fife Council of £3.824m, total overspend of £6.007m reflected in the financial position of the board.

The overspend reported for Health Board retained budgets totals £2.973m a significant improvement on the residual gap anticipated in the 2025/26 financial plan.

8.2 Infrastructure

Corporate Objective:	
By March 2026, deliver Phase 1 of the risk-based essential infrastructure investment plan (capital depending), prioritising mental health estate refurbishment and critical safety upgrades at Victoria Hospital, ensuring improved patient safety and service resilience.	
Assurance Level	**Significant**
Progress Status	**Complete**
Mental health projects progressed in line with plans. VHK, Phase 2 cladding repairs and windows progressed in line with plans. Fire door rectification works progressed in line with plans.	

8.3 Value Based Health and Care (VBHC)

ADP Objective: By March 2026, we will implement a range of actions to embed and advance the Realistic Medicine Programme within NHS Fife, ensuring a patient-centred approach that enhances healthcare quality, efficiency, and patient outcomes.

Assurance Level	**Moderate**
Progress Status	**On track**

ScotGEM Year 2 Student QI Project – focussing on Realistic Diagnostics and defensive medicine. At present, it is unclear whether the project will progress, as alignment with the medical education programme and securing engagement from proposed service remains uncertain. Discussions continue.

Staff survey – ran throughout Feb-26. 76 responses received which are now informing an updated Comms plan.

Direct Patient Communication post-OPD – engagement with Breast team who are keen to explore further.

Realistic Prescribing – components of realistic prescribing will be taken forward under the Transformation portfolio and will be led by Director of Pharmacy. KPIs have been agreed including reducing waste and reducing medicines of LCV.

Demand Optimisation – currently paused whilst awaiting direction from national team/deputy Medical Director, HSCP replacement.

Board papers audit – suggestions to improve VBH&C alignment being considered by Board secretary.

Realistic Medicine Casebook (national) – engagement with pre-assessment to develop a case book submission on Blood Pressure Cuff project.

TURAS modules - Completion rates continue to show a gradual increase, with a total of 187 modules completed to date. The modules will be positioned as recommended preparatory learning ahead of workforce engagement sessions in 2026/27.

BRAN/QTM website – there have been 730 website hits and 21 hits to the PDF web address contained in patient letters. The team is currently exploring strategies to improve patient engagement and increase uptake.

9 Workforce

Corporate Objective:	
By March 2026, implement enhanced workforce planning measures to optimise recruitment, retention, and skill mix, ensuring a sustainable and adaptable workforce that meets future service demands. This will include rationalising WTE in central function job families in line with NHS Scotland guidance, incorporating effective vacancy panels, skills mix assessments, grade profile reviews, automation opportunities, and shared service models between Boards, while ensuring alignment with national employment terms and conditions.	
Assurance Level	**Moderate**
Progress Status	**On track**
Vacancy control panels continue to review all Vacancy approval requests, aiding achievement of wider corporate objectives. Continued monitoring demonstrates reduction in WTE engaged in central function job families, and reduction in those engaged in AfC Band 8A.	

9.1 Achieve further reductions in agency staffing use and to optimise staff bank arrangements.

ADP Objective: deliver savings by reducing supplementary staffing through effective management of sickness absence and AHP supplementary staffing.

Assurance Level	**Limited**
Progress Status	**At risk**

Reduction in bank and agency usage following newly qualified practitioner recruitment, with appointment of circa 165 registrants in late 2025. Continued recruitment challenges in some specialties, particularly Mental Health and Learning Disabilities, coupled with final phase of Reduction in Working Week, likely to continue pressure on supplementary staffing into 2026/27.

9.2 Achieve reductions in medical locum spend

ADP Objective: achieve and maintain 90% compliance with the Direct Engagement model.

Assurance Level	**Moderate**
Progress Status	**On track**

Direct Engagement Compliance maintained at average of 90% throughout 2025/26, reducing overall costs associated with medical locums. Overall reduction in locum supply, as % of total workforce provision, following appointment of substantive consultants in later part of 2025, although individual costs associated with locum bookings remains a concern.

9.3 Increasing efficiencies across administration and support sectors

Assurance Level	**Significant**
Progress Status	**Complete**

The VMF process is being prepared for Job Train, alongside a digital dictation support review, with the Dragon Speech Recognition pilot now complete.

Shared Service Centre has moved to ServiceNow, with Hybrid and Bulk Mail Services now live, and a process automation business case currently in draft.

9.4 Encourage attendance and support employees

Attendance Management

ADP Objective: implement an attendance management recovery plan, achieving an improvement in the sickness absence rate.

Assurance Level	**Limited**
Progress Status	**At risk**

Capacity of operational staff to attend meetings as site pressures become increasingly evident. Short term improvements are not being sustained. High absence rates continue to impact service continuity and workforce resilience.

Despite the improvement in long-term absence, sickness absence levels continue to place pressure on rota planning, supplementary staffing and patient care delivery. This has a direct effect on operational efficiency and the ability to maintain safe staffing levels across priority areas.

PDPR (Personal Development Performance Reviews)

ADP Objective: support employees through the Personal Development and Performance Review (PDPR) process, aiming for an improved position by March 2026.

Assurance Level	**Limited**
Progress Status	**Unlikely to complete on time**

Despite delivery of a blend of organisation-wide initiatives and more focused actions, as outlined in the recovery plan, overall engagement in PDPR conversations has not increased at the level required to meet the 65% completion level required. Real progress is highly dependent on local actions within individual teams and services. Using PDPR completion as an assurance measure in the provision of Protected Learning Time will also offer further opportunities to strengthen participation in PDPR discussions.

9.5 An implementation plan for eRostering in 2025/26 with a view to implementing across all services and professions by March 2026.

ADP Objective: roll out eRostering to all priority areas to improve scheduling and resource management.

Assurance Level	**Moderate**
Progress Status	**At risk**

A refreshed planning and implementation approach is ongoing, with RWW (Reduction of Working Week) activities still needing to be completed. A revised resource model required.

9.6 Working with Further and Higher Education

Assurance Level	Significant
Progress Status	On track

Regular MA intakes continue across Nursing, Pharmacy and Labs, with wider promoted opportunities seeing limited uptake. A small cohort of GAs is progressing with the University of Dundee in Business Management (E&F) and IT Management for Business (Administration/Orthopaedics). Recruitment events have been attended at university open days (Nursing), Fife College and the Care Academy. One PREPARE Trainee Podiatrist post is currently being recruited in partnership with Glasgow Caledonian University, adding to two trainees appointed in 2024. Twelve EMERGE pupils have completed three experiential sessions at VHK and Cameron Hospital and remain on track to finish in May. Early discussions are underway with Fife College, NHS Fife and the HSCP to develop in-house Health & Social Care career events for school pupils, potentially hosted at Dunfermline Learning Campus. Fife College will also deliver two information and experiential sessions as part of the parental employability initiative induction with Fife Gingerbread/Nursing.

9.7 FFP 3 respirator provision

ADP Objective: ensure all relevant staff are face fit tested to meet national standards.

Assurance Level	Moderate
Progress Status	Complete

Audit of respirator face fitting carried out. Report shared with H&S Sub Committee and Staff Governance Committee. Staff training and communication ongoing.

Anticipate that this item can become business as usual and can be omitted from 2026/27 ADP.

9.8 Our NHS Fife Leadership Framework

ADP Objective: progress the development of Our Leadership Way into its next phase by aligning and embedding our key people-related activities to help embed and sustain our ongoing commitment as an organisation to healthy workplace cultures and enhance the impact of leadership at every level.

Assurance Level	**Significant**
Progress Status	**On track**

Our Leadership Way is approaching its one-year anniversary, which we have marked by producing an End of Year Report to be published in April.

Our range of initiatives continues to grow. Alongside our monthly Exploring My Leadership Style with Our Leadership Way sessions, delivered both online and in person, we have mobilised two rounds of Coffee Connections within the People & Culture directorate. These have enabled colleagues to connect, meet, and collaborate in an inclusive and meaningful way.

We have also designed a selection tool to assess the behaviours outlined in Our Leadership Way. This is currently being trialled with hiring managers and will be included in recruitment packs for managerial roles later this spring.

The People & Culture directorate has participated in an engagement series using Our Leadership Way as its foundation, supporting the development of leadership behaviours that have a positive impact on people practices.

Estates, Facilities & Capital Planning has concluded a series of three cornerstone workshops and a masterclass. Through these sessions, the directorate's System Leadership Group — comprising around 40 leaders — came together to focus on leadership behaviours, key people measures, and development practices that support confidence, consistency, and everyday leadership across the directorate. Learning from this programme has been embedded into daily leadership practice, contributing to a strong workplace culture and significant improvements in people metrics.

The Corporate Nursing Directorate recently delivered a staff development session that brought together colleagues from Spiritual Care, Practice and Professional Development, the Patient Experience Team, Resuscitation, and Infection Prevention & Control. The session involved a collaborative exploration of eight anonymised real patient journeys. Teams were intentionally mixed to ensure representation from each service, creating a genuinely integrated view of how work connects across the patient pathway. Over 60 colleagues attended, and feedback described the session as tangible, engaging, and impactful, reinforcing the strength and cohesion of the wider team.

Practice and Professional Development has also used Our Leadership Way to create a bespoke training programme for Bands 4–6. This organic application of the framework is increasingly evident through shared stories across the organisation.

10 Digital and Innovation

Corporate Objective:	
By March 2026, we will enable our workforce to work more efficiently using digital tools by designing and delivering a training and education programme which will demonstrate an increase in digital adoption within functions and service areas by a minimum of 10%, enhancing both capacity and efficiency. This will include the expansion of technology-enabled care solutions to improve patient access, service efficiency, and remote care delivery.	
Assurance Level	**Significant**
Progress Status	**Complete**

The Digital ADP has completed its planned activities with the exception of OpenEyes, which is ready for go live in May-26.

In addition, the original ADP, a range of additional activities have been undertaken and completed including, MyCare readiness, ANIA Innovation activities and technology assessments including automation, Copilot introduction and Speech Recognition.

In 2026/27, there will be continued development of training and education activities in support of building capacity for service led digital adoption and digital skills development within the workforce

10.1 Adoption and implementation of the national digital programmes

ADP Objective: implement Open Eyes EPR, Infix for theatre scheduling, Digital Dermatology, HEPMA and other prioritised systems as per business needs.

Assurance Level	**Significant**
Progress Status	**Complete**

Digital Dermatology Complete

OpenEyes - UAT completed and go live awaits service readiness being achieved.

Infix - System has gone live

EPR programme continues to progress

HEPMA live in NTC and ready to commence deployment in Apr-26

MyCare Readiness for Whole Population Adoption achieved

10.2 Improving cyber resilience and compliance

Assurance Level	**Significant**
Progress Status	**Complete**

A range of resilience activities have completed including: -

- Executive Tabletop Planning Exercise for Cyber Event
- Operational tabletop planning exercise for Cyber Event
- Penetration Test with specialist provided
- Continued enhancement to Action Plan and resilience activities

10.3 Executive support and commitment to optimising use of digital & data technologies

Executive Support & Commitment and Digital Skills

Assurance Level	**Significant**
Progress Status	**Complete**

Digital Framework Delivery Plan developed through engagement with SLTs and professional leadership.

Professional areas incorporating Digital Capabilities Framework into professional education with a revised Digital Medical Leadership model being recruited to.

10.4 Working collaboratively with other organisations to scale and adopt innovation

ADP Objective: continue to support growth in clinical research and innovation in partnership with regional colleagues.

Assurance Level	**Moderate**
Progress Status	**On track**

Joint Innovation working with the University of St Andrews has continued to grow. The kick off of the ArcLight Dermatoscope project with the School of Medicine and the kick off of the SUMIT (Substance Use and Mental Health Interventions using digital Technologies) project, led by Queen's University Belfast, with partners Trinity college Dublin. Scottish partners in the project include University of St Andrews, Digital Health and Social care Innovation (DHI) and Scottish Council for Voluntary Organisations (SCVO). NHS Fife will help deliver both projects and have input into the set up and delivery, including development of ethics submission documentation.

Reducing Drug Deaths programme of work funded by Chief Scientist Office (Scotland) and Office for Life Sciences (UK) has completed with final reports and impact assessment received.

Funding call for Decarbonising Health and Social Care has one submission from NHS Fife.

Health Innovation South East Scotland (HISES), Innovation Hub that NHS Fife is a member Board, completed their annual report for the Chief Scientist Office, that was well received.

ANIA projects are moving towards implementation. 2 pharmacogenetic tests – Neonatal Gentamycin and CYP2C19 for Stroke are looking to implement in May-26 and are currently working through appropriate governance routes before commencing in Fife.

NHS Fife Board Development Session on Research, Innovation and partnership working with the University of St Andrews (24 Feb-26).

Revised and resubmitted the VPAG application in line with Panel feedback. Awaiting outcome.

Business case in development for expansion of CRF in Kirkcaldy

Review of RIK Finance and Research Income Distribution SOP.

Research Approval/Governance Improvement work underway.

10.5 Digital Maturity Assessment

Assurance Level	**No assurance**
Progress Status	**Suspended / Cancelled**

No action

10.6 Local D&I programmes

ADP Objective: increase the availability of technology enabled care solutions to demonstrate improve patient access, service efficiency, and remote care delivery.

Electronic Health Record project

Assurance Level	**Significant**
Progress Status	**Complete**

Continued adoption of Digital Hub capabilities continues as planned

Enhancements to Morse real-time complete

Enhancement to develop Pre/Post Assessment functions on track.

Wider E.H.R. Plan aligned to service areas requirements.

Upgrades and Lifecyle Plans

Assurance Level	**Significant**
Progress Status	**Complete**

Upgrade Plan completed, includes: -

- TrakCare Upgrade
- Transfer of services from Tiara to Morse
- Upgrade of several service systems

Digital sustainability support	
Assurance Level	**Moderate**
Progress Status	**Unlikely to complete on time**

Digital requirements for remote monitoring have been completed.

Service decision made to engage with suppliers able to provide supportive clinical services, resulting in initial engagement with new suppliers.

Sustainability support achieved through system decommissioning, digital dictation review and shared service centre activities.

11 Climate

Corporate Objective:	
By March 2026, we will establish an evidence-based trajectory towards achieving NHS Scotland's 2030 carbon reduction targets by implementing sustainable estate management practices, reducing energy consumption, and embedding the Environmental Management System across NHS Fife facilities.	
Assurance Level	**Moderate**
Progress Status	**Complete**
Great progress has been made in reducing energy consumption and implementing sustainable estate management practices. Most SG funding provided for submetering, solar, BEMS outstation work, and LED lighting has been spent, with the remainder on track to be spent by the end of the financial year. We have also submitted plans to SG detailing the renewable projects we are aiming to deliver with costs and benefits. There were 2 scenarios for 2026/27 (£470k and £940k), as well as a plan for major projects.	

11.1 Greenhouse gas emissions reductions in line with national targets

ADP Objective: achieve full fleet electrification for small and light commercial vehicles, aligning with 2030 target

Assurance Level	**Significant**
Progress Status	**Complete**

2025 obligation for fleet has been met.

11.2 Adapting to the impacts of climate change

Assurance Level	**Significant**
Progress Status	**Complete**

NHS Assure flood risk assessment work is still underway, and we are awaiting a report with the outputs from JBA consultants. This will provide us with more targeted actions to tackle future flooding issues at VHK.

Overheating in wards report has been completed. It is currently in the review stage and once signed off, will be shared more widely with SG and NHS Scotland.

11.3 The achievement of national waste targets, and local targets for clinical waste

ADP Objective: ensure that 70% of all domestic waste is recycled or composted

Assurance Level	**Limited**
Progress Status	**At risk**

In relation to the 70% domestic waste target, we are currently sitting at 52%, so we still need to make up 18% to reach the target. This is a 3% improvement on our last update, so it is moving in the right direction, but we won't fulfil the 70% target.

SG funding has been secured to purchase 60 recycling bins for VHK. This will complete the site's full rollout of new bins and support higher recycling rates.

11.4 Sustainable travel approach

ADP objective: establish an electric vehicle salary sacrifice scheme.

Assurance Level	**Significant**

Progress Status	Complete

Target met, initial aim for EV scheme was for 100 low/zero emission vehicles to be procured within 12 months; target was met after only 6 months.

11.5 Environmental management, including increasing biodiversity and improving greenspace

Assurance Level	Significant
Progress Status	Complete

The report for the UKhab surveys should be with us by the end of Apr-26.

SG funding received for gardening tools, outdoor recycling bins, benches, and seeds. This has allowed us to create 2 new outdoor seating areas at both Lynebank and Victoria Hospital, and the tools will be used to support a range of gardening projects.

We have developed draft NHS actions to be included in the Local Biodiversity Action Plan. These are currently undergoing review and wider consultation and will be published alongside the wider LBAP in the next few months. These actions will inform a biodiversity action plan for NHS Fife.

11.6 Producing the environmental impact of healthcare through adopting the National Green Theatre Programme actions

ADP objective: implement all bundles provided by the National Green Theatre Programme from CfSD.

National Green Theatre Programme

Assurance Level	Moderate
Progress Status	On track

Ongoing audit of theatre items opened when not required.

Review of single use items, conversion to multi use e.g. blood pressure cuffs, torniquets, coolsticks, sharps bins (trial ongoing in Lothian), diathermy return electrodes.

Lean tray initiative – new national project officer in place with work shifting to a more strategic national approach. SG funding should soon be available to support.

The national group for Green Endoscopy continues to meet. Currently awaiting national implementation recommendation for waste and sterile implementation.

ADP objective: adhere to the National Quality Prescribing Guide for respiratory medicines by reducing the use of Salbutamol inhalers.	
Quality Prescribing guides and sustainability in quality improvement approach	
Assurance Level	**Significant**
Progress Status	**On track**

The team are actively reducing environmentally harmful inhaler use by switching to DPIs, targeting SABA overuse, educating staff and patients, embedding sustainability into formulary decisions, promoting recycling, and tracking emissions at Board level — with coordinated leadership through the Respiratory MCN.

Fife is represented on national groups, including on the medicines waste eco-system, developing strategy and policy. This will lead to plans for sustainable prescribing starting at national level, which will influence local decision making.

NHS Fife

Meeting:	**Fife NHS Board**
Meeting date:	**26 May 2026**
Title:	**Maternity Inspection Report**
Responsible Executive:	**Gillian McAuley Executive Nurse Director**
Report Author:	**Gillian McAuley**

Executive Summary:

- NHS Fife Maternity Services underwent national inspection in December 2025, receiving a highly positive assessment recognising compassionate, person-centred care, strong leadership, and effective multidisciplinary working.
- Feedback from women and families was consistently positive, highlighting quality of care and staff professionalism.
- The inspection confirmed robust governance, patient safety systems and a strong culture of continuous improvement.
- A small number of targeted recommendations were made to further strengthen established processes, including triage, training compliance, incident review timeliness, workforce escalation, and leadership support.
- All actions are being progressed through existing governance and improvement structures, with early actions already completed.
- The improvement plan will enhance consistency, safety, responsiveness and organisational learning, supporting delivery of high-quality maternity care.
- Overall, the findings provide confidence in the quality, safety and effectiveness of maternity services in NHS Fife.
- Level of Assurance: Moderate

1 Purpose

This report is presented for:

- Assurance – Moderate assurance that there is a robust action plan to support the improvement actions set out in the Safe Delivery of Care Inspection Report for Maternity Services in NHS Fife.

This report relates to:

- Annual Delivery Plan
- Government policy / directive

- Legal requirement
- Local policy
- National Health & Wellbeing Outcomes / Care & Wellbeing Portfolio

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

In December 2025, NHS Fife Maternity Services underwent external inspection and assurance activity. The inspection report provided a positive assessment of the service, recognising the commitment, professionalism and compassionate care delivered by maternity teams across NHS Fife.

The purpose of this paper is to provide the Board with an overview of the inspection findings, key strengths identified and the ongoing actions to sustain and further enhance quality and safety within maternity services.

2.2 Background

The inspection formed part of the national quality assurance and improvement arrangements for maternity services within Scotland. The review considered a range of areas including:

- Patient safety and governance
- Quality of care and clinical standards
- Person-centred care and experience
- Workforce culture and leadership
- Learning, improvement and multidisciplinary working

The inspection included engagement with women and families, staff interviews, review of documentation and observation of clinical practice.

2.3 Assessment

The inspection report was highly positive and recognised a number of significant strengths within NHS Fife Maternity Services. Areas highlighted included:

- A strong culture of compassionate, person-centred care
- Professionalism, dedication and teamwork demonstrated by staff
- Positive feedback from women and families regarding their care experience
- Visible and supportive leadership across maternity services
- Effective multidisciplinary collaboration
- A commitment to continuous improvement, learning and reflective practice

- Robust governance and patient safety processes

The report acknowledged the significant efforts of teams working within a challenging national healthcare environment and recognised the commitment across services to maintaining high standards of care and safety.

As with all inspection activity, a small number of recommendations and opportunities for further enhancement were identified, which are largely focused on strengthening and further embedding already established systems and processes, supporting NHS Fife's commitment to continuous improvement and sustained high-quality maternity care. These include;

- Further strengthening maternity triage arrangements in enhance patient flow and responsive oversight.
- Improving consistency in mandatory training including trauma informed practice and neonatal resuscitation training.
- Enhance the timeliness of incident review processes and feedback mechanisms to support organisational learning and continuous improvement.
- Further development of workforce risk assessment and staffing escalation processes to support safe staffing oversight in real time.
- Increasing protected leadership time and support following adverse events or complex clinical situations.

All actions are being progressed through existing governance and improvement structures and will support continued service development. March actions are all complete.

Overall, the findings provide assurance regarding the quality, safety and effectiveness of maternity care within NHS Fife.

This report provides the following Level of Assurance:

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

2.3.1 Quality, Patient and Value-Based Health & Care

The inspection findings provide strong assurance regarding the quality, safety and person-centred maternity care within NHS Fife. The recommended improvement actions will further enhance consistency, responsiveness and learning across the service.

These requirements align with the principles of Realistic Medicine by promoting shared decision-making, reducing unwarranted variation, and ensuring care is tailored to individual needs. By strengthening governance, learning systems and multidisciplinary working, the proposal supports delivery of value-based health and care, ensuring outcomes that matter most to women, babies and families are consistently achieved**.**

2.3.2 Workforce

The findings highlight a committed, professional and compassionate workforce, with strong multidisciplinary collaboration and visible leadership. Requirements will have a positive impact on workforce.

There is a recognised impact in terms of time and resource required to deliver training improvements and enhanced governance processes. However, these are being managed within existing workforce planning and governance structures. Overall, the actions support staff wellbeing, psychological safety and retention by ensuring staff feel supported, valued and equipped to deliver high-quality care.

2.3.3 Financial

The financial impact associated with the proposed improvements is expected to be minimal and largely managed within existing resources and budgets. The requirements supports best use of resources by improving efficiency, reducing variation, preventing avoidable harm, and strengthening early intervention processes. This ensures optimal use of staff time and organisational capability, aligning with value-based care principles. A review of the changes recommended for triage is currently being undertaken.

2.3.4 Risk Assessment / Management

The inspection findings indicate that current governance, patient safety and risk management arrangements are robust, with effective controls in place. The identified improvement actions relate primarily to further strengthening existing systems rather than addressing fundamental gaps.

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

The inspection findings and associated improvement actions support the Board's duties under the Public Sector Equality Duty and Fairer Scotland Duty. Enhancing trauma-informed practice and person-centred care strengthens the delivery of equitable and inclusive services, particularly for women and families who may experience vulnerability, disadvantage or health inequalities.

2.3.6 Climate Emergency & Sustainability Impact

The proposed actions have no significant direct impact on carbon emissions, water consumption or waste. Overall, the requirements aligns with the Board's sustainability aims by utilising existing resources efficiently and embedding improvements within current systems.

2.3.7 Communication, involvement, engagement and consultation

Engagement has been a key component of the inspection process and subsequent improvement actions.

Learning and actions have been shared through existing governance structures, including:

- Maternity and Acute Services Governance
- Clinical Governance Committee

2.3.8 Route to the Meeting

- Clinical Governance Committee 1st of May 2026.

2.4 Recommendation

This paper is provided to members for:

Assurance – This report provides a Moderate Level of Assurance.

The Board is asked to note the positive findings of the inspection and receive assurance that appropriate actions are in place to sustain and further enhance the quality and safety of maternity services within NHS Fife.

3 List of appendices

The following appendices are included with this report:

- Appendix No. 1, Maternity Inspection Report
- Appendix No. 2, Signed Action Plan

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Healthcare Improvement Scotland | Inspections and reviews
To drive improvement

Unannounced Inspection Report

Maternity Services Safe Delivery of Care Inspection

Victoria Hospital

NHS Fife

02 – 03 December 2025

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About our inspection

Background

In November 2021 the Cabinet Secretary for Health and Social Care approved Healthcare Improvement Scotland inspections of acute hospitals across NHS Scotland to focus on the safe delivery of care. Taking account of the changing risk considerations and sustained service pressures the methodology was adapted to minimise the impact of our inspections on staff delivering care to women, birthing people and families. Our inspection teams are carrying out as much of their inspection activities as possible through observation of care and virtual discussion sessions with senior hospital managers. We will keep discussion with clinical staff to a minimum and reduce the time spent looking at care records.

From April 2023 our inspection methodology and reporting structure were updated to fully align to the Healthcare Improvement Scotland Quality Assurance Framework. Further information about the methodology for acute hospital safe delivery of care inspections can be found on our website.

Our Focus

Our inspections consider the factors that contribute to the safe delivery of care. In order to achieve this, we:

- observe the delivery of care within the clinical areas in line with current standards and best practice
- attend hospital safety huddles
- engage with staff where possible, being mindful not to impact on the delivery of care
- engage with management to understand current pressures and assess the compliance with the NHS board policies and procedures, best practice statements or national standards, and
- report on the standards achieved during our inspection and ensure the NHS board produces an action plan to address the areas for improvement identified.

Whilst this report uses the term ‘women’, the inspection team acknowledge the importance of including all people who give birth.

About the hospital we inspected

Victoria Hospital in Kirkcaldy is the main acute hospital within NHS Fife. The hospital has 534 staffed beds. The hospital provides a range of outpatient, inpatient and day services such as emergency care, renal services, critical care, haematology and women

and children's services. The maternity services provided support for approximately 2700 births in 2024/25.

About this inspection

We carried out an unannounced inspection to Victoria Hospital, NHS Fife on Tuesday 2 December and Wednesday 3 December 2025 using our safe delivery of care inspection methodology. We inspected the following areas:

- Consultant led delivery unit
- Maternity triage, and
- Maternity ward – combined antenatal and postnatal.

During our inspection, we:

- inspected the ward and hospital environment
- observed staff practice and interactions with women and birthing people, such as during mealtimes
- spoke with women, birthing people, visitors and ward staff, and
- accessed women and birthing people's health records, monitoring reports, policies and procedures.

As part of our inspection, we also asked NHS Fife to provide evidence of its policies and procedures relevant to this inspection. The purpose of this is to limit the time the inspection team is onsite, reduce the burden on ward staff and to inform the virtual discussion session.

On Monday 26 January 2026, we held a virtual discussion session with key members of NHS Fife staff to discuss the evidence provided and the findings of the inspection.

The findings detailed within this report relate to our observations within the areas of the hospital we inspected at the time of this inspection.

We would like to thank NHS Fife, and in particular all staff at the Victoria Hospital for their assistance during our inspection.

A summary of our findings

Our summary findings from the inspection, areas of good practice and any recommendations and requirements identified are highlighted as follows. Detailed findings from the inspection are included in the section 'What we found during this inspection.'

We observed staff providing compassionate and responsive care to women and their families. Women and families whom we spoke with were complimentary of the care

they received and would recommend NHS Fife maternity services to family and friends.

Senior obstetricians and senior midwifery managers were visible and clinically active, working with the multidisciplinary team to provide person-centred care to women and their families. Good teamwork between obstetricians, midwives and the health care support team was evident throughout the inspection. Visible senior obstetrics and midwifery leadership with respectful and supportive interactions between the teams were observed.

Staff, newly qualified practitioners, and students described respectful working relationships with senior managers and the multidisciplinary team, feeling well supported and able to raise concerns.

During inspection we identified some areas for improvement. These include improvement to the maternity triage department to support the continued improvement of patient safety and communication as well as a dedicated midwife for telephone triage. We also identified maternity and site wide huddles require improved oversight of how maternity services safe staffing oversight is achieved and how these feed into the wider site huddle.

Staff were actively engaged with their own learning and development. However, staff require time to complete their mandatory training, and clinical leaders require protected time to lead to fulfil their leadership roles.

Further improvements are required to ensure timescales of incident reviews and significant adverse event reviews are achieved. This includes feedback to staff and completion of action plans to support and improve the safe delivery of care.

Other areas for improvement include assurance of fire safety requirements.

What action we expect the NHS board to take after our inspection

This inspection resulted in ten areas of good practice, two recommendations and 13 requirements.

A requirement in the inspection report means the hospital or service has not met the required standards and the inspection team are concerned about the impact this has on women and families using the hospital or service. We expect all requirements to be addressed and the necessary improvements implemented.

A recommendation relates to best practice which Healthcare Improvement Scotland believe the NHS board should follow to improve standards of care.

We expect NHS Fife to address the requirements. The NHS board must prioritise the requirements to meet national standards. An improvement action plan has been developed by the NHS board and is available on the Healthcare Improvement Scotland website: http://www.healthcareimprovementscotland.org

Areas of good practice

The unannounced inspection to Victoria Hospital resulted in ten areas of good practice.

Domain 1	
1	NHS Fife has implemented a dedicated 'red phone' system within maternity triage to strengthen direct communication pathways between the Scottish Ambulance Service and hospital staff (see page 15).
2	We observed a family-centred approach recognising the importance of, and encouraging, fathers, co-parents, partners and family members to be partners in care (see page 15).
3	Staff were observed providing responsive, person-centred care (see page 15).

Domain 2	
4	Student midwives reported positive practice and learning environments and support from the multidisciplinary team within clinical areas (see page 19).
5	We observed an open and transparent culture with respectful, multidisciplinary team communication (see page 19).

Domain 4.1	
6	We observed implementation of system to raise awareness of newborn babies who require increased observations (see page 23).

Domain 4.3	
7	Staff reported the leadership team are supportive and responsive when staff required to raise concerns (see page 26).

Domain 6	
8	In all areas inspected, we observed staff working hard to provide compassionate, responsive and person-centred care (see page 29).
9	Women, families and visitors that we spoke with were highly complementary of the multidisciplinary team and the care provided (see page 29).
10	Women and families were supported by staff to build confidence in their infant feeding choice (see page 29).

Recommendations

The unannounced inspection to Victoria Hospital resulted in two recommendations.

Domain 1	
1	NHS Fife should consider improving bereavement training compliance rates for all staff providing bereavement care to families (see page 15).

Domain 6	
2	NHS Fife should consider improving trauma informed training compliance rates for all staff (see page 29).

Requirements

The unannounced inspection to Vicotria Hospital resulted in 13 requirements.

Domain 1	
1	NHS Fife must ensure the ongoing oversight and governance in maternity triage to support the safe delivery of care (see page 15). This will support compliance with: Healthcare Improvement Scotland Quality Framework (2018) and Quality Assurance Framework (2022) criteria 2.5 and 2.6.

Domain 2	
2	NHS Fife must ensure timescales of incident reviews and significant adverse event reviews are achieved. This includes feedback to staff and action plans to support and improve the quality and safety of care. This should be aligned with the timeframes in Healthcare Improvement Scotland's National Framework (see page 19). This will support compliance with: Healthcare Improvement Scotland A national framework for reviewing and learning from adverse events in NHS Scotland and Healthcare Improvement Scotland Quality Framework (2018) criteria 2.5 and 2.6.
3	NHS Fife must ensure they facilitate a consistent supporting structure for staff following adverse events (see page 19). This will support compliance with: Healthcare Improvement Scotland A national framework for reviewing and learning from adverse events in NHS Scotland and Healthcare Improvement Scotland Quality Framework (2018) criteria 2.5.

4	NHS Fife must ensure ongoing oversight of care assurance data; this includes but is not limited to: (i) Apgar specific data (see page 19). This will support compliance with: Healthcare Improvement Scotland A national framework for reviewing and learning from adverse events in NHS Scotland and Healthcare Improvement Scotland Quality Framework (2018) criteria 2.5 and 2.6.
5	NHS Fife must ensure that improvement points from patient feedback are utilised to guide structured learning and improvements (see page 19). This will support compliance with: Healthcare Improvement Scotland A national framework for reviewing and learning from adverse events in NHS Scotland and Healthcare Improvement Scotland Quality Framework (2018) criteria 2.5.

Domain 4.1	
6	NHS Fife must ensure that employees receive time and resources to undertake training which is essential to their role (see page 23). This will support compliance with: Health and Care (Staffing) (Scotland) Act 2019.
7	NHS Fife must ensure staff carry out mandatory fire safety training and that all fire exits are free of obstructions (see page 23). This will support compliance with: NHS Scotland 'Firecode' Scottish Health Technical Memorandum SHTM 83 (2017) Part 2; The Fire (Scotland) Act (2005) Part 3, and Fire Safety (Scotland) Regulations (2006).
8	NHS Fife must ensure that equipment used is safe and suitable for its purpose, including when placing baby mats and scales on appropriate equipment to ensure patient safety (see page 23). This will support compliance with: Health and Social Care Standards 2018.
9	NHS Fife must ensure that all staff comply with hand hygiene in line with the National Infection and Prevention control manual (see page 24). This will support compliance with: National Infection and Prevention Manual.
10	NHS Fife must ensure all hazardous cleaning products are securely stored (see page 24). This will support compliance with: Control of Substances Hazardous to Health (COSHH) Regulations 2002.

Domain 4.3	
11	NHS Fife must ensure that clear and robust systems and processes are in place to allow consistent assessment and capture of real-time staffing risk across all clinical professional groups within maternity services. This is to support consistent management of any identified staffing risks and must include: • recording any escalation, mitigation and or inability to mitigate, and communication of outcomes to all relevant teams • a record of any disagreements with decisions made (see page 27). This will support compliance with: Health and Care (Staffing) (Scotland) Act 2019.
12	NHS Fife must ensure that there are processes in place to support the consistent application of the common staffing method. This should include but not limited to: • the correct application of running the mandated staffing level and professional judgement tools • a reporting template demonstrating triangulation of quality, safety and workforce data to inform staffing requirements and, where appropriate, service improvement (see page 27). This will support compliance with: Health and Care (Staffing) (Scotland) Act 2019.
13	NHS Fife must ensure that there are systems and processes in place to support clinical leaders within maternity services being able to access appropriate protected leadership time to fulfil their leadership and management responsibilities. This will include consistent monitoring and recording of when and why this is sacrificed as part of mitigation for staffing shortfalls (see page 27). This will support compliance with: Health and Care (Staffing) (Scotland) Act 2019.

What we found during this inspection

Domain 1 – Clear vision and purpose

Quality indicator 1.5 – Key performance indicators

We observed good multidisciplinary team working to deliver person-centred care. However, improvement in oversight and governance of maternity triage is required.

Maternity triage within Victoria Hospital is located on the first floor and was well signposted from the maternity entrance to direct the public. Triage is a specialised assessment area which provides 24 hours a day, seven days a week unscheduled (emergency) care to women during pregnancy and within the postnatal period. The department provides care to pregnant women from 14 weeks of pregnancy until birth and from birth to six weeks postnatal. The service has access to one assessment room; one four bedded bay and three single rooms, which are available for review of any attendees. There is currently no national standardisation of maternity triage system available. However, the Royal College of Obstetricians and Gynaecologists good practice paper and the National institute for Health and Care guidance recommend each board develops their own guidance based on an evaluated system. Further information can be found here.

The service is accessed following a telephone assessment carried out by midwives, allowing maternity staff oversight of women attending. However, the dedicated service is only available between the hours of 07:00 – 01:00. Outwith this time calls are transferred to the midwifery led labour ward where calls are answered by a midwife. The Royal College of Obstetricians and Gynaecologists recommends that telephone triage is undertaken by a midwife dedicated to and experienced in triaging calls. During onsite inspection staff advised us that the lack of a dedicated midwife to carry out the telephone assessment at times of high acuity and outwith the dedicated opening times can lead to missed calls or an engaged tone, requiring women to call back. In an aim to understand the impact this has on women accessing the service, senior managers have undertaken an audit of missed calls. As a result of the audit findings, work is ongoing towards improving the phone service. This will ensure women who contact maternity triage and previously have received an engaged tone, will hear an options message, for example to press 1 for the maternity led unit and to press 2 for the consultant led unit. The need for a dedicated maternity triage system 24 hours a day, seven days a week has been acknowledged by the senior management team who are currently scoping the implementation of an evaluated triage system within NHS Fife. A requirement has been given to support improvement in this area.

The service utilises a standard maternity electronic patient record communication log to record telephone conversations. The senior charge midwife undertakes several audits, such as telephone advice audits, to monitor the quality and accuracy of advice provided. In evidence submitted, audit results demonstrate the advice provided by midwives complies with the board's policies, guidelines and that staff have an average

documentation compliance rate of 90% in the six months prior to the inspection. Where any learning needs are identified through audit these are actioned by the senior midwife supporting continuous learning and development.

Obstetric emergencies and concerns over the wellbeing of the unborn baby are time sensitive, requiring a systematic approach which identifies women of the highest clinical priority to improve outcomes. On admission to maternity triage, best practice guidance from the Royal College of Obstetricians and Gynaecologists and the National Institute for Health and Care Excellence (NICE) recommends a prompt and brief assessment is carried out on arrival to assess the clinical urgency by which women should be reviewed. Within NHS Fife the service aims for women to be seen within 20 minutes of arrival by a midwife. This triaging process is often supported by a healthcare support worker who completes vital observations on admission. Through review of evidence submitted by the board, audit results from June to November 2025 demonstrate that more than 80% of women are seen within this time. We observed this audit data was also displayed within the patient waiting area to allow patients and staff oversight of the aims and outcomes of their care.

Inspectors observed staff utilising a white board in the staff duty room which captured expected attendees as well as women attending the department. The board is intended to provide situational awareness for midwifery, obstetric and clinical support staff of the women expected to attend the department whilst also allowing welfare checks to be undertaken where necessary. However, although there was a system in place to identify women requiring medical review, there was no consistent approach to prioritisation of clinical urgency assigned to each woman. At the time of inspection we did not observe delays to medical reviews. Evidence provided by NHS Fife demonstrated the regular use of quality assurance audits to assess delays women may face within the department. The audits have identified instances of delays of medical review during June to November 2025. However, the lack of consistent approach to prioritisation of clinical urgency means potential medical delays cannot be effectively and consistently identified within the audit process and therefore audit outputs can provide only limited assurance.

A quality-of-care review was undertaken by NHS Fife in September 2025. This outlined required improvements to maternity triage to ensure effective oversight and governance within the area. As part of this, NHS Fife has taken steps to introduce The Birmingham Symptom Specific Obstetric Triage System. This is an evaluated system that assesses and prioritises pregnant and recently postnatal women with unexpected problems or concerns. The aim of this standardised system is to improve safety, efficiency and communication.

Best practice described by the Royal College of Obstetricians and Gynaecologists recommends only women requiring unscheduled care are seen within maternity triage to prevent competing priorities and to allow for the provision of focused unscheduled emergency care. However, NHS Fife triage department covers out of hours scheduled day appointments during the weekends. During discussions with the senior managers

they were aware that at times of high acuity this contributed to competing demands on staff. However, they were unable to provide assurance around the impact on care. A requirement has been given to support governance and oversight in this area.

NHS Fife has implemented a dedicated 'red phone' system within maternity triage in an aim to strengthen direct communication pathways between the Scottish Ambulance Service and hospital staff. The availability of a 'red phone' was raised as a recommendation following a recent Fatal Accident Inquiry within another NHS board. This system facilitates timely, clear and prioritised communication during critical information sharing, supporting safer and more effective coordination of patient care. A further national consideration from the fatal accident enquiry recommended health boards consider recording triage calls to support quality improvement and learning from adverse events. Following work undertaken through their quality-of-care review, NHS Fife has secured funding to introduce call recording within maternity triage which will be implemented in January 2026.

The consultant led delivery unit within Victoria Hospital is situated on the first floor and is well signposted from the maternity entrance. Each of the seven ensuite birth rooms has space to enhance mobility and movement around the room and make access easy in emergency situations. Within the birthing rooms resuscitaires are in place. This family integrated approach reduces unnecessary separation of mother and baby whilst ensuring any immediate resuscitation and stabilisation needs for the baby are initiated promptly when required.

Obstetric emergencies are time sensitive, and the appropriate equipment to manage these situations should be readily available. Within the maternity unit, emergency trolleys were placed appropriately within the ward and accessible to all staff for prompt use. An emergency trolley provides immediate access to critical equipment and medications during an obstetric emergency. Essential medications which would be used during obstetric emergencies were stored safely and appropriately.

The induction of labour suite is located alongside the consultant led unit. It comprises of four single rooms with ensuite facilities including baths and had multiple aids for mobilising during the induction process. Induction of labour is a practice that is undertaken to artificially induce labour; this can be in response to concerns with the mother or unborn baby's health. NHS Fife offer an induction of labour leaflet which informs women that delays to the procedure may occur and the process for women to follow if they have any concerns.

At the time of inspection there was no delays to the induction of labour process. Within evidence, NHS Fife provided guidance which supports the escalation of staffing risk concerns to support the safe delivery of patient care. Staff we spoke with were aware of the escalation process in the event of delays to induction. Senior managers advised us data relating to any delays to care, including if medical staff were unavailable to attend a patient, would be captured through the incident reporting system. We asked NHS Fife to provide any incident reports submitted by staff for the

six months prior to our inspection in relation to patient safety. From review of submitted reports we observed 2.2% of all reported incidents related to delays to induction of labour process however the impact was unclear. The service has over several years aimed to improve their induction of labour process and to reduce delays by, but not limited to, introducing a dedicated team who cares for women admitted for induction of labour, implementing a more effective appointment system and welcoming partners to stay overnight.

The observation bay is located within the consultant led delivery unit. The four bedded bay is well organised; all bed spaces had working call bells and bathroom facilities. The area is staffed by the midwifery observation team in collaboration with the multidisciplinary team. The observation bay supports mothers and babies being kept together. Maternity staff working in the area had previously been on courses to upskill in critical care. However, staff advised us that due to the limited frequency of women being admitted with higher dependency levels, retaining skills and upkeeping competence might at times be challenging for midwives. We observed a system of close working with the multidisciplinary team which staff spoke highly of.

The classification of urgency for caesarean birth in the UK is based on the potential risk to mother or baby. Planned caesarean births are scheduled at a time to suit the woman or healthcare provider. Within NHS Fife women are admitted for planned caesarean births every weekday with dedicated midwifery staffing to provide care of women admitted to the service. However, there is only dedicated obstetric, anaesthetic, theatre staff and theatre availability on a Wednesday. Obstetricians, anaesthetists and senior midwives shared their concerns about the lack of dedicated workforce resources and theatre allocation to consistently support planned caesarean births through the week. Staff told us that the lack of a dedicated team and theatre directly affects the service due to competing demands and the need to prioritise the provision of emergencies and scheduled work. This results in planned caesarean births often being postponed or rescheduled to another day. When this occurs, mitigations are in place to assess the safety of maternal and fetal wellbeing through antenatal assessment, fetal monitoring and review of current clinical priority by the obstetric team. In 2024, 16% of all births in NHS Fife were planned caesarean births with 11 women cancelled on the day and allocated a new date as soon as clinically possible. In review of incident reports submitted, no incident reports were related to delays or cancellations of planned caesarean births. Senior managers are currently progressing the issue through governance meetings for board oversight and requesting a current resource review.

The vision for maternity services across Scotland is set within The Best Start: A five-year forward plan for maternity and neonatal care in Scotland, recommending parents and babies are offered truly family-centred and compassionate care. We observed no restrictions to visiting and there were options within the service encouraging a family-centred approach, recognising the importance of, and encouraging fathers, co-parents, partners and family members to be partners in care.

The maternity ward is a combined antenatal and postnatal ward with 13 beds. It is located on the second floor with clear signage from the main maternity entrance. During inspection, the ward was at capacity but was calm with maternity staff and clinical leadership visible and engaged within the ward. Staff were observed to provide responsive, person-centred care. Discharges were managed in a timely manner with women and families commending their care.

Transitional care is provided in the maternity ward with between three and seven babies admitted per month. Transitional care is available for babies requiring extra care but not admission to the neonatal unit. This supports mothers and babies to remain together whilst receiving the necessary care.

The National Bereavement Care Pathway Scotland is a project funded and developed by Scottish Government in partnership with Sands, the stillbirth and neonatal death charity, with the aim of standardising and improving the quality of bereavement care for the families of Scotland. Further information can be found here. Within the Women's and Children's health directorate a dedicated bereavement lead is in place who provides direct support to bereaved families. The lead has undertaken several self-assessments to benchmark NHS Fife against the nine overarching bereavement care standards set out within the national bereavement care pathway. The audit provision against these standards supports improvement in the bereavement care offered where gaps are identified. An annual bereavement learning day as well as bimonthly update sessions are offered. This is in line with Key Action 32 which highlights that all staff who come into contact with bereaved families should be supported to access this. NHS Fife has reported that attendance fluctuates as the learning day is not mandatory and releasing staff is not always possible with many staff instead attending learning in their own time. In 2025, 49% of midwives and 10% of obstetric consultants attended the bereavement update session. We raised this with the senior leadership team who acknowledged the challenges the service face with releasing staff for learning and development. We were told staff can choose to be paid for attending outwith their shifts however the leadership team did recognise this is not a suitable solution for all. A recommendation has been given to support improvement in this area.

Held in our Hearts is a Scottish charity providing baby loss counselling and peer support to families. NHS Fife is one of four boards in Scotland who, in partnership with Held in our Hearts, has secured funding for and is offering a Hospital to Home service. It aims to support the transition from hospital to home, ensuring that all families have the right bereavement support in the early days and weeks following their loss.

The Cherry Blossom bereavement suite benefits from its own entrance and provides a private area to discuss care options, birth and spend family time following the death of a baby. Staff spoke passionately about supporting women and families experiencing the death of a baby and described opportunities for families to make memories, including taking photographs and using memory making boxes. The area has an interactive memorial mural where families are invited to add their fingerprint blossom

to the branches of the tree before leaving the unit. The mural symbolises a collective expression of love, remembrance, support and community of care for bereaved families and their babies.

Areas of good practice

Domain 1	
1	NHS Fife has implemented a dedicated 'red phone' system within maternity triage to strengthen direct communication pathways between the Scottish Ambulance Service and hospital staff.
2	We observed a family-centred approach recognising the importance of, and encouraging fathers, co-parents, partners and family members to be partners in care.
3	Staff were observed providing responsive, person-centred care.

Recommendations

Domain 1	
1	NHS Fife should consider improving bereavement training compliance rates for all staff providing bereavement care to families.

Requirements

Domain 1	
1	NHS Fife must ensure the ongoing oversight and governance in maternity triage to support the safe delivery of care.

Domain 2 – Leadership and culture

Quality indicator 2.1 – Shared values

We observed an open and transparent culture where maternity and obstetric senior managers were visible, aiding support and care provision throughout our visit. We observed areas for improvement in the timely review of incident reports and a consistent process for staff support following adverse events.

A positive working culture and psychological safety is essential to the safe delivery of care and has been evidenced within the reviews into maternity services by Kirkup (2015) and Ockenden (2022). Psychological safety is the ability of all staff groups to feel free to speak up, ask questions, report errors, raise concerns and ask for feedback without fear of consequences or being judged. During inspection staff described a positive and supportive workplace and described NHS Fife as a good place to work. Staff told inspectors that they felt well supported when they escalate issues such as understaffing and increased acuity. Within evidence received, NHS Fife were able to provide the escalation policy which supports staff in and out of hours to escalate any staffing concerns to senior managers.

Inspectors observed respectful, multidisciplinary team communication during inspection. The Nursing and Midwifery Council and General Medical Council emphasise the importance of effective team working and communication to provide good and safe patient care within their 'Good teamwork means better maternity care' document. Further information can be found here. Communication and effective multidisciplinary working are key in all clinical areas where there may be multiple issues which require prioritisation and planning. Throughout the inspection, midwives and obstetricians were noted to be working well together. They shared good oversight of how and when they would contact other teams including anaesthetists, theatre teams and senior managers if the need should arise during an emergency.

We spoke with student midwives during the inspection who spoke very positively of their learning placement and support from the multidisciplinary team within clinical areas, some having requested to come to NHS Fife. Newly qualified midwives also reported feeling well supported during their employment and being able to raise any concerns and questions. The senior leadership team recently undertook a survey to explore newly qualified midwives' views and experiences of their rotation at NHS Fife to inform future rotations and support colleagues effectively.

Most staff described a supportive working culture where staff wellbeing was promoted through a range of initiatives. Greatix is a reporting mechanism designed to capture positive feedback within healthcare settings, aimed at encouraging peer-to-peer recognition among staff. Staff are actively encouraged to use Greatix to share positive feedback and a positivity box to write a positive note or thank you to any staff member who they feel has worked well or supported them. Through evidence submitted, we observed evidence of culture work sessions undertaken by the extended leadership team demonstrating an investment to understand and enhance their workplace culture. These sessions covered a wide range of topics and activities assessing what is working well, what could be better and any actions to enhance culture. A 'Civility Saves Lives' day has been planned for their next session which also includes the senior charge midwives. Civility Saves Lives is a clinician led initiative that raises awareness of the impact that behaviour, including incivility, has on staff and patients and how respectful, compassionate communication and leadership improves workplace culture, improve individual and team performance and in doing so, improves patient care.

The learning from adverse events national framework indicates that all adverse incidents should be reviewed. The level of the review will be determined by the category of the event and is based on the impact of harm, with the most serious requiring a significant adverse events review. Further information on the adverse event framework can be found here.

A significant adverse event is an event which caused or could have caused significant harm. Significant adverse event reviews are essential to ensure key learning and reduce the risk of future harm. The most serious events are categorised as level one, requiring a significant adverse event review which should be completed within 140

working days. In evidence provided, we observed that there were delays for some significant adverse event reviews action plans to be completed, in one instance by over two years due to constraints within the neonatal service. A requirement has been given to support improvement in this area.

We spoke with staff who discussed feeling able to submit incident reports without concern and would receive constructive feedback on these once they had been reviewed by the senior charge midwife or risk manager. Within evidence, we observed monthly senior managers oversight of the volume of submitted incident reports and discussion of these were evident in minutes of clinical governance meetings. However, in review of evidence, we observed that NHS Fife has a delay of up to four months in reviewing level two incidents which should have a review completed within 30 working days and level three incidents which should have reviews completed within 10 working days. This delay limits timely improvement, feedback and learning. In discussion with senior managers, they described oversight of all submitted incident forms which allows for immediate patient safety concerns to be addressed. However, the delay to complete the review of these incidents remains. A requirement has been given to support improvement in this area.

The obstetric and midwifery teams spoke highly of their immediate peers for support following adverse events. Senior midwives discussed the use of wellbeing “check-ins” and reaching out to staff involved in adverse events to ensure staff wellbeing. However, most staff reported mixed feedback of formal support received following adverse events. Within evidence reviewed, an Acute site wide staff survey from August 2025 explored staffs' experiences of support following an adverse event. The outcome of the survey demonstrated that some staff felt an inconsistent level of support was provided, some had to ask for support and many would welcome a more consistent and timely support structure. Learning and development sessions for senior midwifery staff to enhance their competencies to support staff after adverse events have been arranged. A requirement has been given to support improvement in this area.

The national perinatal mortality review tool is a national tool designed to standardise review and learning following the death of a baby. NHS Fife submits all data in relation to perinatal deaths and uses the perinatal mortality review tool to support adverse events reviews. In discussion with senior managers, they advised us that they have recently commenced a meeting to review audits, electronic fetal monitoring reviews and any issues to enhance knowledge and learning between the teams. The maternity services arrange weekly clinical risk multidisciplinary meetings to discuss cases as well as monthly Maternal Morbidity and Mortality Review Group meetings. The clinical risk team reviews and analyses trends, themes and produce learning summaries which are shared with all staff through clinical governance meetings, newsletters and study days. The service also arranges a monthly medical and midwifery meeting where cases and learning are shared with all staff to promote a culture of safe delivery of care.

An environment of learning and openness was discussed and all staff we spoke with demonstrated an awareness of the importance of this and recognised how it supports

improvements of patient care and safety. Skills and drills sessions are undertaken weekly by the senior charge midwife with the team on duty to help support interim learning and awareness of any emergency situations that could arise. As part of the inspection, we have observed the written feedback from attendees, which demonstrates that staff find the sessions supportive and that they improve clinical skills and confidence.

Public Health Scotland published data (September 2025) highlights that maternity services at NHS Fife have a higher than Scottish average percentage of babies with an Apgar score below seven at five minutes. An Apgar score is an assessment tool to evaluate a newborn's condition immediately after birth. It assesses five criteria: appearance, pulse, grimace, activity and respiration resulting in a score between zero and 10. A score at five minutes after birth of seven and above is considered normal, whilst a score below seven is considered low and may indicate a need for support and observations of the newborn in the postnatal period. In the Public Health Scotland data, we observed that since the reporting period April to June 2024, NHS Fife has had a higher incidence of babies with an Apgar score below seven at five minutes compared to the Scottish average. The latest reporting period April to June 2025 prior to the inspection demonstrated that 4.1% of babies in NHS Fife had an Apgar score below seven at five minutes, compared to a Scotland average of 2.2%. We raised this with the management team who were aware of this trend in data. As a result, senior managers have undertaken quality assurance audits to assess any immediate action required. However, initial analysis of the data has not identified a root cause. In response, the service has recently updated their incident reporting trigger list to support continued oversight in this area. A requirement has been given to support continued improvement in this area.

Listening to service users is a key component in a quality management system and in improving the quality of services. As part of the inspection, we noted the compliments and complaints NHS Fife received in feedback from women and families. These are summarised and displayed on posters to staff every month. Within evidence we observed the last three posters displayed prior to the inspection. Whilst there were many service users highlighting positive examples of commendable care by staff, there were consistent themes emerging of incidents of poor communication or conflicting advice being raised as areas for improvement. In the evidence received from NHS Fife, there is acknowledgement of patient feedback in the clinical governance papers, however actions on improvements to address these were not clear. A requirement has been given to support improvement in this area.

Areas of good practice

Domain 2	
4	Student midwives reported positive practice and learning environments and support from the multidisciplinary team within clinical areas.
5	We observed an open and transparent culture with respectful, multidisciplinary team communication.

Requirements

Domain 2	
2	NHS Fife must ensure timescales of incident reviews and significant adverse event reviews are achieved. This includes feedback to staff and action plans to support and improve the quality and safety of care. This should be aligned with the timeframes in Healthcare Improvement Scotland's National Framework.
3	NHS Fife must ensure they facilitate a consistent supporting structure for staff following adverse events.
4	NHS Fife must ensure ongoing oversight of care assurance data; this includes but is not limited to: (i) Apgar specific data.
5	NHS Fife must ensure that improvement points from patient feedback are utilised to guide structured learning and improvements.

Domain 4.1 – Pathways, procedures and policies

Quality 4.1 – Pathways, procedures and policies

We observed staff working hard to support and improve the safe delivery of care. Improvements with regard to adherence to fire safety regulations and risk assessments including an increase in fire safety training are required.

Evidence-based clinical guidelines, policies and procedures are used to assist clinicians in decision making regarding treatment and care in specific circumstances. Guidelines are a resource within clinical practice to improve communication between patients and health professionals and help patients make informed decisions. Ensuring clinical guidelines are consistent with evidenced based practice requires oversight and a system of review to ensure they remain relevant. Through evidence received, we observed the maternity services at NHS Fife have up to date policies and guidelines in place. Staff knew how to access these and how to raise concerns.

Mother and babies: reducing risk through audits and confidential enquiries across the UK (MBRRACE-UK) aim to improve outcomes for women and babies through learning from national audit. The 2024 report demonstrated the leading cause for maternal death in the UK being attributed to venous thromboembolism. Learning from the

report highlighted a need for continuous evidence-based risk assessment throughout pregnancy and following birth. Through the review of evidence provided, we observed above 95% compliance with venous thromboembolism assessments. The patient safety incident reports submitted did not highlight any submissions or concerns relating to thromboprophylaxis being omitted.

The Scottish Patient Safety Programme is a national quality improvement programme which aims to improve the safety and reliability of care and reduce harm. Through its perinatal programme they, amongst other measures, request data for all postpartum haemorrhages which occur from 1500ml and above in an aim to reduce morbidity and mortality related to maternal haemorrhage following childbirth. Improving quality requires a robust and methodical approach. Following review of NHS Fife's incident reports, we observed the service has oversight of postpartum haemorrhages from 1000mls. Postpartum haemorrhages above 1000ml relates to 64.7% of all submitted incidents with incidents of postpartum haemorrhages above 1500ml constituting 20.4% of reported incidents during the six months prior to our inspection. NHS Fife reports data of all blood loss above 1500ml to the Scottish Patient Safety Programme. In review of evidence submitted, we observed the service demonstrating an ongoing commitment on reducing postpartum haemorrhage rates by implementing a postpartum haemorrhage bundle and ensuring all patients have completed risk assessments, staff drill and skills learning opportunities, monitoring data as well as reviewing incident reports to facilitate ongoing learning and improvement.

The Scottish Maternity Early Warning Score is a bedside screening tool which supports observation of physiological parameters such as blood pressure and heart rate. The aim of this is to improve the recognition of pregnant and postnatal women at risk of clinical deterioration, facilitating early intervention to improve outcomes. The Scottish Maternity Early Warning Score is recorded on the electronic patient record and will highlight any further action which is required. In evidence submitted, we observed good compliance with the correct completion and escalation of Scottish Maternity Early Warning Score charts. In maternity triage, monthly audits of compliance with appropriate escalation demonstrate progress from 57.1% in September to 96.4% in November with the service working towards demonstrating a sustained improvement over time.

As part of the inspection, we observed innovation to support quality improvement. An example of this included the implementation of a system to raise awareness of newborn babies who require increased observations. This was represented by either a green, amber or red coloured teddy bear attached to the relevant bed space. Staff highlighted that using the bear was a helpful visual aid to raise awareness of care required as well as providing a visual ward oversight for the multidisciplinary team, enhancing care and collaboration.

Obstetric anal sphincter injury can significantly impact a woman's physical and emotional wellbeing and can lead to long term complications such as faecal incontinence, pain and psychological distress. In April 2025 NHS Fife introduced an

obstetric anal sphincter injury learning package in an aim to improve knowledge and outcomes related to obstetric anal sphincter injuries. Subsequent monthly data indicates a downward trend in obstetric anal sphincter injuries rates, decreasing from 4.9% in March 2025 to 1.7% by August 2025. We observed the service has recently updated their incident reporting trigger list to ensure obstetric anal sphincter injuries are now a reportable incident.

SBAR (Situation, Background, Assessment and Recommendation) is a structured communication method used in maternity services to ensure effective handovers between healthcare professionals. Within maternity services at NHS Fife, SBAR communication was noted to be used at each handover of care. This was verified by the receiving and discharging midwife. Inspectors observed that staff had awareness of the need to check any specialist review notes prior to discharge to ensure any plans which have not been added into the SBAR have been considered.

Staff we spoke with told us they are encouraged to undertake regular training including mandatory training, however there are times when it is not possible to release staff from their clinical work. Core mandatory training requirements for midwives and obstetricians in Scotland were published by Scottish Government in 2018. This required each NHS board to establish training around fetal (unborn baby) heart monitoring, obstetric emergencies and neonatal resuscitation. Wider national reports on the provision of safe maternity care over the last decade such as Ockenden (2022), Each baby counts (RCOG 2019) and Kirkup (2015) have highlighted the essential safety feature of teams working and training together to improve outcomes for families. Evidence received from NHS Fife demonstrated varying rates of compliance within the maternity services. 80% of the midwifery and 72% of the obstetric team had undertaken the practical Scottish core obstetric teaching and training in emergencies (SCOTTIE) course. This course is designed to train the multidisciplinary team in the management of obstetric emergencies. Cardiotocography and intermittent auscultation are used to record and interpret the fetal heart rate in the antenatal and labour period. It is an important tool used in conjunction with clinical assessment to be able to determine fetal wellbeing. NHS Fife provided evidence that 64% of midwives had completed the yearly fetal heart monitoring training and 67% the two-yearly requirement. 100% of obstetric staff had undertaken the fetal monitoring training. Neonatal resuscitation compliance rates for midwives were 69% within the yearly requirement and 75% compliance rate for the four yearly neonatal resuscitation requirements. The Code: Professional Standards of Practice and Behaviour for Nurses and Midwives emphasises the importance of maintaining knowledge and skills by taking part in the appropriate learning and professional development activities. A requirement has been given to support improvement in this area.

NHS Scotland Fire code SHTM 86: ‘Fire Risk Assessment’ states that hospitals and other healthcare premises with sleeping accommodation should have a yearly fire safety review. From evidence we observed the last fire risk assessment was

undertaken in July 2025. During inspection we observed that due to the layout of the maternity ward, no storerooms for larger pieces of equipment are available, which has resulted in equipment being accommodated in the ward corridor. Within the main corridor, there were items awaiting uplift from the estates department. In discussion with the senior charge midwife this has been raised to estates on several occasions. We note this was also detailed as an area for action within July's fire risk assessments. We raised this in discussion with senior managers who acknowledged the need for further focus to ensure adherence to legislative requirements. A requirement has been given to support improvement in this area.

All staff should be aware of fire evacuation processes and maintain up to date fire safety training modules. Staff e-learning training compliance for fire safety varied between 53% to 83% in the clinical areas inspected. The fire risk assessment from July 2025 highlighted the need to facilitate staff fire drills in discussion with senior managers who acknowledged the need for further focus to ensure adherence to legislative requirements. A requirement has been given to support improvement in this area.

During onsite inspection, medicines were observed to be stored in locked cupboards inside an appropriately locked preparation room which was pass controlled. Medicines for each patient are stored in locked bedside cabinets and dispensed from there. Medicines required to treat obstetric emergencies were appropriately stored in the preparation room and were able to be accessed if needed.

Mealtimes were well organised. Staff highlighted that it was easy to obtain specialist meals for women with differing dietary requirements. Women were able to have snacks such as tea, toast and sandwiches as they wished.

Care equipment can be easily contaminated and a source of transferring infection if equipment has not been effectively cleaned. During inspection, patient care equipment was clean and ready for use. However, it was observed that baby scales and baby changing mats were placed on trolleys which had no brakes. This was discussed with staff and the senior charge midwife as a concern that the trolleys cannot be secured during use and could result in injury. The senior charge midwife advised inspectors that they would action this. A requirement has been given to support improvement in this area.

Storage issues within clinical areas resulted in equipment being stored in corridors within wards, however this did not appear to cause any obstruction or impact on the safe delivery of care.

Hand hygiene is an important part of standard infection control precautions to reduce the risk of infection as outlined in the National Infection and Control Manual. In evidence submitted, the service demonstrates a 100% compliance with hand hygiene procedures between May and October 2025. However, inspectors observed there were some missed opportunities to perform hand hygiene at important moments before and after patient care. This was fed back to the senior charge midwife at the

maternity ward as an area of monitoring. A requirement has been given to support ongoing improvement in this area.

Personal protective equipment such as gloves and aprons was readily available at the point of care. Inspectors observed the appropriate use of personal protective equipment.

The Control of Substances Hazardous to Health (COSHH) Regulations 2002 stipulate that chlorine-based cleaning products must be stored securely and kept in a secure area such as a locked cupboard. Where chlorine releasing agents are not stored securely this may result in a risk that it may be accessed by patients or members of the public. We observed chlorine-based cleaning products stored in an unrestricted access sluice but in a lockable cupboard, however the cupboard was unlocked and the key accessible. A requirement has been given to support improvement in this area.

Inspectors observed safe sharps management compliance with sharps boxes labelled as per guidelines and having temporary closures in use. The use of the temporary closure prevents needles or other sharp objects protruding from the boxes or falling out of the container if they are dropped. Inspectors also observed sharps boxes stored appropriately when not in use.

Linen trolleys were placed and stored appropriately with the correct covering. This is in line with the national infection prevention control manual. Used linen, which was potentially contaminated with blood or suspected to be infectious, was also noted to be handled and disposed of correctly.

NHS boards are required to have water safety systems in place for the control and management of risks posed by waterborne organisms that may cause disease. Evidence submitted by NHS Fife demonstrate compliance with water flushing regimes in the areas inspected.

Areas of good practice

Domain 4.1	
6	We observed Implementation of system to raise awareness of newborn babies who require increased observations.

Requirements

Domain 4.1	
6	NHS Fife must ensure that employees receive time and resources to undertake training which is essential to their role.
7	NHS Fife must ensure staff carry out mandatory fire safety training and that all fire exits are free of obstructions.
8	NHS Fife must ensure that equipment used is safe and suitable for its purpose, including when placing baby mats and scales on appropriate equipment to ensure patient safety.

9	NHS Fife must ensure that all staff comply with hand hygiene in line with the National Infection and Prevention control manual.
10	NHS Fife must ensure all hazardous cleaning products are securely stored.

Domain 4.3 – Workforce planning

Quality 4.3 – Workforce planning

Staff we spoke with described supportive and responsive leadership at all levels when staff required to raise concerns. However, we observed senior charge midwives did not always have protected time to lead.

Workforce pressures including recruitment and retention of staff continue to be experienced throughout NHS Scotland. Senior managers were able to discuss the ongoing challenge of recruitment within midwifery and obstetrics in NHS Fife. Workforce data reviewed demonstrates a 9.8% shortfall in the Band 6 midwifery staffing establishment and 5.1% for Band 7 midwives. We consider a rate of over 10% high. The obstetric team openly discussed the challenges to recruit to obstetric vacancies which had been initially difficult to fill and had resulted in gaps in the obstetric rota. This had required the increased use of locum obstetric registrar and consultant staff which had resulted in staff raising concerns around patient safety. Senior staff spoke candidly of the challenges faced by the service during this period and the mitigations put in place to support staff escalation of concern and maintain safety. Midwifery and obstetric staff informed inspectors they felt listened to by senior managers and the executive team during this phase. At the time of inspection, the recruitment to the obstetric posts was now complete. Inspectors had the opportunity to speak with some new obstetricians joining the team who described being made to feel very welcome, and in a short period of time felt settled and part of the team.

Health and Care (Staffing) (Scotland) Act 2019 requires all NHS Boards ensure they have a real-time staffing assessment in place in order to capture risk caused by staffing levels to the health and safety of patients. As part of our inspection, we were able to attend the different safety huddles within NHS Fife which support the safe delivery of care and occurred at different points throughout the day. The purpose of a safety huddle is to provide situational awareness, understand patient flow and raise issues such as patient safety concerns, review staffing and identify wards or areas at risk due to reduced staffing levels. Senior midwifery and senior obstetric staff were visible and engaged with the whole maternity team during times of staff handover and within safety huddles. However, oversight of maternity community services did not appear to be included. This may impact on the awareness and oversight across the system as inpatient and community services can have a direct impact on each other, such as the transfer of women between both services, particularly in emergency situations.

We were able to observe how maternity services fed into the site safety and capacity huddle during which staffing was discussed. NHS Fife utilises the Operations Pressure Escalation Level framework however this is not applied to maternity services. This

system has been well established within the acute nursing team in NHS Fife and we were told it is currently being developed to include a maternity metric. During onsite inspection it was observed that whilst there was input from maternity services into the site huddles, the process for real-time staffing risk assessment and management within maternity services was not clear. The evidence provided by NHS Fife did not indicate how decisions about staffing are captured, where this is recorded and where staff can record within the system their feedback on decisions made. It is also unclear how this data is captured over time to feed into service improvement. In discussion with senior managers, they acknowledged this as an area for improvement and informed us of the intention to implement safe care by summer 2026. A requirement has been given to support improvement in this area.

The Health and Care (Staffing) (Scotland) Act 2019 commenced on 1 April 2024 and requires all NHS Boards ensure appropriate staffing for the provision of safe and high-quality care. NHS Boards have a duty to apply the Common Staffing Method (CSM). The common staffing method triangulates and analyses all relevant service specific data, evidence and intelligence to support clinical leaders understand staffing requirements for a given area. As part of common staffing methodology it is mandated that the given areas undertake a staffing level tool and professional judgement tool run concurrently over a 2-week period once a year.

In the review of evidence, we observed that whilst staffing level tool runs were undertaken in October 2024 and October 2025, missing data from the professional judgement tool rendered the outputs from the run incomplete. Common staffing methodology requires triangulation of all service specific data however evidence was not seen to demonstrate this was being undertaken. In discussions with senior managers they recognised consistent application of the common staffing method as an area of improvement and were collating risk data over time to support this work. A requirement has been given to support improvement in this area.

A plan to develop a robust system of workforce support, nurturing leadership to prepare staff to take on senior leadership roles including a focus on succession planning is outlined within the National Workforce Strategy for Health and Social Care in Scotland. More information can be found here. Staff at agenda for change bands 6 and 7 highlighted good opportunities for professional development. The role of the unit coordinator is currently a vacant position within the maternity service. It is currently covered by the senior charge midwife cohort who are taking on the role in rotation. The senior charge midwives described this as a good opportunity to understand the wider system across the unit and to further their professional development. The multidisciplinary team highlighted that the unit coordinator role was a positive support for the senior charge midwife, as well as staff who were able to escalate any concerns due to patient acuity, staffing or flow to them, to support the safe delivery of care by prioritising review or transfer to the appropriate care area. Staff reported that the unit coordinator was visible and that they felt able to escalate any concerns to them.

Senior charge midwives reported feeling well supported by the senior leadership team, however highlighted that due to clinical demands their time to lead can be compromised. Time to lead is a legislative requirement under the Health and Care (Staffing) (Scotland) Act (2019) to ensure clinical leaders have protected time and adequate resource to facilitate appropriate staffing alongside other professional duties to lead the delivery of safe, high-quality and person-centred healthcare. This was reflected in evidence received, where only 47% of midwives and maternity care assistants had received an appraisal by their line manager in the last 12 months. Staff appraisals are essential to support and enable staff to feel valued and support their individual development. We observed that 100% of obstetricians had appraisals undertaken within the same timeframe. In discussion with senior managers, they acknowledged the importance of protected time to lead and are currently scoping systems to ensure its consistent application. A requirement has been given to support improvement in this area.

Through evidence, NHS Fife provided information describing wellbeing initiatives, highlighting access to staff support via their occupational health service and the availability of spiritual care. National Education for Scotland (NES) created the national clinical supervision nursing and midwifery frameworks which supports a 'Once for Scotland' approach to implementation, practice and governance of clinical supervision. Clinical supervision is a proactive process to support staff's development and professional growth by offering dedicated time, feedback and guidance in a psychologically safe space to critically reflect practice. The aim is to enable and empower staff to provide high-quality, safe, person-centred care. Through evidence, we observed NHS Fife provide regular opportunities for staff to attend clinical supervision with consistent attendance rates.

Areas of good practice

Domain 4.3	
7	Staff reported the leadership team are supportive and responsive when staff required to raise concerns.

Requirements

Domain 4.3	
11	NHS Fife must ensure that clear and robust systems and processes are in place to allow consistent assessment and capture of real-time staffing risk across all clinical professional groups within maternity services. This is to support consistent management of any identified staffing risks and must include: • recording any escalation, mitigation and or inability to mitigate and communication of outcomes to all relevant teams • a record of any disagreements with decisions made. This will support compliance with: Health and Care (Staffing) (Scotland) Act 2019.
12	NHS Fife must ensure that there are processes in place to support the consistent application of the common staffing method. This should include but not limited to: • the correct application of running the mandated staffing level and professional judgement tools • a reporting template demonstrating triangulation of quality, safety and workforce data to inform staffing requirements and, where appropriate, service improvement. This will support compliance with: Health and Care (Staffing) (Scotland) Act 2019.
13	NHS Fife must ensure that there are systems and processes in place to support clinical leaders within maternity services being able to access appropriate protected leadership time to fulfil their leadership and management responsibilities. This will include consistent monitoring and recording of when and why this is sacrificed as part of mitigation for staffing shortfalls. This will support compliance with: Health and Care (Staffing) (Scotland) Act 2019.

Domain 6 – Dignity and respect

Quality 6.2 – Dignity and respect

We observed women and their families being treated with dignity, kindness and compassion. Women were supported with their infant feeding choice and supported to develop close and loving parent-infant relationships.

We observed staff providing compassionate, responsive and person-centred care. Women, families and visitors that we spoke with were highly complementary of the

multidisciplinary team and the care provided. Many families would recommend other family members and friends to use the maternity services at NHS Fife.

Inspectors observed staff taking time to answer questions and allowing the women and families time to seek clarifications and to ask further questions. All interactions observed during inspection between staff and women, babies and families were positive and respectful. Women described staff as being responsive to their needs and spoke highly of the staff and the care provided, including receiving assistance and receiving analgesia when needed.

UNICEF Baby Friendly Initiative supports families with evidence-based advice relating to infant feeding and developing close and loving parent-infant relationships. NHS Fife is UNICEF Baby Friendly Initiative Gold accredited and has demonstrated commitment to continuous learning and improvements in the four pillars around leadership, culture, monitoring and progression. The most recent UNICEF annual board response letter to NHS Fife maternity services highlights the quality of work that is being implemented by the service and the positive outcomes being achieved as a result, such as a guideline for staff caring for mothers attending hospital in non-obstetric areas and antenatal conversations with pregnant women living with diabetes. The infant feeding advisor is based on the maternity ward and information was displayed for families within the ward. In a recent audit by the infant feeding team submitted to UNICEF, 94.4% of women audited reported being very happy with their care and 97.2% thought staff were always kind and considerate. During inspection, women told us staff were compassionate and responsive providing person-centred care as well as supporting building confidence in their infant feeding choice.

The impact of inequalities within maternity services has been highlighted through national reports such as saving mother's lives, improving care (MBRRACE-UK 2024). All women and their families deserve safe, kind and accessible care throughout their pregnancy journey. NHS Fife support equity, diversion and inclusion in their learning and development aiming to improve the multiprofessional care, experience and outcomes for women and their babies. Discussions on ethnic diversity are included in both community and hospital Practical Obstetric Multiprofessional Training (PROMPT) days for awareness of maternal ethnicity outcomes and to support focused learning. In evidence received by NHS Fife, we observed that the service undertook a staff survey to ascertain the confidence levels in their current practice for assessing neonates from diverse ethnic backgrounds. The survey highlighted that further training for maternity staff would be beneficial. As a result, NHS Fife introduced a training package called 'Bridging the Gap' to raise awareness of neonatal assessments within diverse ethnic populations to enhance the safe delivery of care. A new education package focusing on raising awareness of women within deprived communities is proposed to be commenced within 2026.

Ethnicity data is vital information in pregnancy as it helps to identify and address inequalities in maternal and perinatal adverse outcomes. Ethnicity data reviewed through NHS Fifes latest perinatal mortality review report demonstrated 100%

compliance of data completeness in relation to maternal ethnicity with the national average for completeness at 97%.

The maternity service is in the process of introducing a multiple language welcome signage in the main foyer of the hospital. The aim is to have this in place in early 2026 to improve access for women and their families.

Trauma informed training enables the maternity staff to be a responsive workforce and service that recognise where people are affected by trauma and adversity and that can respond in ways that prevent further harm, support recovery, address inequalities and improve life chances. In evidence submitted, NHS Fife has demonstrated being committed to this by delivering trauma informed training on a dedicated study day occurring monthly and is mandatory for all staff. However, in 2024/2025, 49% of midwives attended the trauma informed training. Through specialist teams, NHS Fife also provide direct trauma informed care to vulnerable women and their families such as enhanced birth plans. The aim is to improve inpatient care and experiences, especially where this is related to past birth trauma. A recommendation has been given to support ongoing training compliance rates for all staff.

Areas of good practice

Domain 6	
8	In all areas inspected, we observed staff working hard to provide compassionate, responsive and person-centred care.
9	Women, families and visitors that we spoke with were highly complementary of the multidisciplinary team and the care provided.
10	Women and families were supported by staff to build confidence in their infant feeding choice.

Recommendations

Domain 6	
2	NHS Fife should consider improving trauma informed training compliance rates for all staff.

Appendix 1 - List of national guidance

The following national standards, guidance and best practice were current at the time of publication. This list is not exhaustive.

- Allied Health Professions (AHP) Standards (Health and Care Professionals Council Standards of Conduct, Performance and Ethics, September 2024)
- Antenatal care (NICE, August 2021)
- CMO(2018)18 - Core mandatory update training for midwives and obstetricians (Scottish Government, December 2018)
- Delivering Together for a Stronger Nursing & Midwifery Workforce (Scottish Government, March 2025)
- Fire (Scotland) Act 2005 (Fire Scotland Act, Acts of the Scottish Parliament, 2005)
- Food Fluid and Nutritional Care Standards (Healthcare Improvement Scotland, November 2014)
- Generic Medical Records Keeping Standards (Royal College of Physicians, October 2015)
- Guidance — NHS Scotland Staff Governance (NHS Scotland, June 2024)
- Health and Care (Staffing) (Scotland) Act (Acts of the Scottish Parliament, 2019)
- Health and Social Care Standards (Scottish Government, June 2017)
- Infection prevention and control standards (Healthcare Improvement Scotland, 2022)
- Intrapartum care (NICE guideline, November 2025)
- Maternity Triage (RCOG Maternity Triage good practice paper, December 2023)
- MBRRACE-UK (Maternal, Newborn and Infant Clinical Outcome Review Programme, 2024)
- National Infection Prevention and Control Manual (NHS National Services Scotland, June 2023)
- NMC Record keeping: Guidance for nurses and midwives (NMC, August 2012)
- Operating Framework: Healthcare Improvement Scotland and Scottish Government: (Healthcare Improvement Scotland, November 2022)
- Person-centred care - NMC (The Nursing and Midwifery Council, December 2020)
- Prevention and management of pressure ulcers standards (Healthcare Improvement Scotland, October 2020)
- Professional Guidance on the Administration of Medicines in Healthcare Settings (Royal Pharmaceutical Society and Royal College of Nursing, January 2019)
- Professional Guidance on the Administration of Medicines in Healthcare Settings (Royal Pharmaceutical Society and Royal College of Nursing, January 2024)
- Recommendations | Postnatal care | Guidance | NICE (NICE, April 2021)

- Scottish Patient Safety Programme (SPSP) (Healthcare Improvement Scotland)
- The best start: five-year plan for maternity and neonatal care - gov.scot (Scottish Government, January 2017)
- The Code: Professional Standards of Practice and Behaviour for Nurses and Midwives (Nursing & Midwifery Council, October 2018)
- The UNCRC Act - UNCRC (Incorporation) (Scotland) Act 2024 (Scottish Government, September 2024)
- The Quality Assurance System (healthcareimprovementscotland.org) (Healthcare Improvement Scotland, September 2022)

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Please contact our Equality and Diversity Advisor on 0141 225 6999
or email contactpublicinvolvement.his@nhs.scot

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Improvement Action Plan

Healthcare Improvement Scotland:

Unannounced Maternity Services safe delivery of care inspection

Victoria Hospital, NHS Fife

02 – 03 December 2025

Improvement Action Plan Declaration

It is the responsibility of the NHS board Chief Executive and NHS board Chair to ensure the improvement action plan is accurate and complete and that the actions are measurable, timely and will deliver sustained improvement. Actions should be implemented across the NHS board, and not just at the hospital inspected. By signing this document, the NHS board Chief Executive and NHS board Chair are agreeing to the points above. A representative from Patient/Public Involvement within the NHS should be involved in developing the improvement action plan.

NHS board Chair

Signature: _____

Full Name: Patricia Kilpatrick

Date: 09.03.26

NHS board Chief Executive

Signature: _____

Full Name: Carol Potter

Date: 09.03.26

Ref:	Recommendations	Action Planned	Timescale to meet action	Responsibility for taking action	Progress	Date Completed
1.	NHS Fife should consider improving bereavement training compliance rates for all staff providing bereavement care to families.	• Increase bereavement training compliance to 80% of all staff providing bereavement care to families. • Implementation of awaited national guidance on level of training required for all grades of staff. • Share training resources with all staff. • Monitor training compliance with support of Bereavement nurse and the Senior Charge Midwives (SCMs).	7th December 2026 tbc By 31st March 2026. By 30th April 2026.	Director of Midwifery Associate Medical Director	• Promote available training NES eLearning: Bereavement following Pregnancy Loss and the Death of a Baby and/or Held in our Hearts Compassionate Care Training. • Monthly training figures audit to be captured by SCMs. • Utilise protected learning time to ensure staff can undertake bereavement training.	
2.	NHS Fife should consider improving trauma informed training compliance rates for all staff	• Increase trauma informed training compliance to 80% for all staff. • Share training resources available to all staff.	7th December 2026 By 31st March 2026.	Director of Midwifery Associate Medical Director	• Promote the TURAS module National Trauma Transformation programme. • Monthly training figures audit to be captured by	

					SCMs.	
Ref:	**Requirements**	**Action Planned**	**Timescale to meet action**	**Responsibility for taking action**	**Progress**	**Date Completed**
1.	NHS Fife must ensure the ongoing oversight and governance in maternity triage to support the safe delivery of care.	• Implementation of the Birmingham symptom-specific obstetric triage system (BSOTS) at the current hours of operation. • Safe staffing models aligned with BSOTS. • Undertake an options appraisal for a dedicated maternity triage system 24 hours a day, seven days a week. • Audit triage to assessment time in line with BSOTS. • Incident themes reviewed monthly. • Share feedback and learning from complaints and care opinion with staff.	2nd November 2026	Director of Midwifery Associate Medical Director	• Scope funding for additional staffing following the BSOTS model would require 4.2WTE midwives. Partial uplift requested, business case required. • Plan to run the new maternity workload tool once BSOTS in use. • Monthly audits to capture activity of calls and triage time. • Monthly review of datix for BSOTS compliance. • Infographic currently shared with staff. Identify other methods of sharing the learning from complaints and care opinion.	
2.	NHS Fife must ensure timescales of incident reviews and significant	• Aim to achieve 80% completion of SAER reviews within the	7th December 2026	Director of Midwifery	• Additional Obstetric lead reviewers allocated. • Increase in appointment	

	adverse event reviews are achieved. This includes feedback to staff and action plans to support and improve the quality and safety of care.	recommended timeframe (Maternity and Neonatal Adverse review process for Scotland, September 2021). • Aim to achieve 80% of closure of Level 2 and Level 3 incidents within the recommended timeframe recommended timeframe (NHS Fife Resource Pack , January 2026) • Adapt NHS Fife Adverse Events Dashboard for Maternity Services to monitor oversight with all adverse event reviews. • Provide feedback to reporters of incidents on final approval via Datix email. • Provide feedback to staff involved in a SAER on final approval. • Establish monthly Action/Improvement Plan meeting to ensure oversight and completion		Associate Medical Director	of Band 7 Clinical Risk Midwife from 0.4 to 0.69WTE. • Adverse events team to support with development of Maternity Adverse Events Dashboard. • Systems currently in place to enable feedback to staff once review completed. • Monthly Improvement plan/actions, meeting dates in place.	

		of action plans from SAERs.				
3	NHS Fife must ensure they facilitate a consistent supporting structure for staff following adverse events.	• Ensure immediate and ongoing support • Peer support champions • Follow up pathway • Promote the use of the NHS Fife Adverse Events Support Pathways for all staff involved in an adverse event.	1st June 2026	Director of Midwifery Associate Medical Director	• Current system in place for immediate and ongoing support. • The Staff Support Pathway provides guidance for managers on how to support staff in the period immediately following an adverse event and in the following weeks, as well as on the type of additional support available.	
4	NHS Fife must ensure ongoing oversight of care assurance data; this includes but is not limited to: (i) Apgar specific data.	• The Women & Children's Clinical Governance Group will have oversight of national reports and audits, Perinatal and Maternal surveillance (PHI data, SPSP Perinatal Collaborative, NMAP, NNAP, MBRRACE-UK Perinatal and Maternal reports) • A short life working group	31st March 2026	Director of Midwifery Associate Medical Director	• Monitor key safety indicators • Deep Dives are undertaken where appropriate	

		to be established to review the Apgar data				
5	NHS Fife must ensure that improvement points from patient feedback are utilised to guide structured learning and improvements.	• Review feedback and identify themes from Care Opinion and Patient Experience (complaints). • Skills and drills for each area tailored to SAER/Complaint and Clinical risk feedback	1st November 2026	Director of Midwifery Associate Medical Director	• Development of Maternity Voices Partnership to be involved in improvements and guidelines. • Prompt Scenarios used in direct correlation to SAER/CCR review findings.	
6	NHS Fife must ensure that employees receive time and resources to undertake training which is essential to their role.	• Full implementation of eRostering. • All areas will record and audit protected learning time via the eRoster system. • Audit compliance	7th December 2026. By 5th October 2026.	Director of Midwifery	• Ensure staff are provided time to undertake training essential to their role. This will be factored into the use of eRostering. • Will utilise SafeCare to monitor challenges.	
7	NHS Fife must ensure staff carry out mandatory fire safety training and that all fire exits are free of obstructions.	• Aim to have 100% of staff completed fire safety training. • Meeting with Fife fire lead to identify fire wardens to be trained. • Review monthly fire actions	29th March 2027 31st August 2026 30th April 2026	Director of Midwifery Associate Medical Director	• All staff to be trained either face to face or online in fire safety. Senior Charge Midwives to review monthly • Fire wardens to be trained in each area, this will enable facilitation of	

					fire drills on site. • All escalations are sent through Fire Safety Officer as a central point of contact with ongoing challenges with Estates timely removal of goods/cages.	
8	NHS Fife must ensure that equipment used is safe and suitable for its purpose, including when placing baby mats and scales on appropriate equipment to ensure patient safety.	• Weekly equipment audit undertaken. • Follow up actions for equipment repairs and replacements.	30th March 2026	Director of Midwifery Associate Medical Director	• Senior Charge Midwives to review monthly the completion of audits and any outstanding actions required. • Trolley with breaks ordered.	
9	NHS Fife must ensure that all staff comply with hand hygiene in line with the National Infection and Prevention control manual.	Monthly audits undertaken	30th March 2026	Interim Director of Midwifery Associate Medical Director	Senior Charge Midwives to review monthly the completion of audits with actions undertaken.	
10	NHS Fife must ensure all hazardous cleaning products are securely stored.	Staff Daily checking of Hazardous substance storage added to staff daily safety checklist.	30th March 2026	Interim Director of Midwifery	Senior Charge Midwives to review monthly the completion of audits.	
11	NHS Fife must ensure that clear and robust systems and processes are in place to allow	Implementation of eRostering and SafeCare	28th September 2026	Interim Director of Midwifery	• Maternity services are using the TURAS Real Time Staffing (RTS)	

	consistent assessment and capture of real-time staffing risk across all clinical professional groups within maternity services.				platform until SafeCare is introduced. Maternity Coordinator has been advised to complete RTS at each shift handover as a minimum requirement. • Plan to implement Safecare as a real-time staffing resource. This will assist in monitoring staffing levels and identifying any risks.	
12	NHS Fife must ensure that there are processes in place to support the consistent application of the common staffing method.	• Follow Safe staffing legislation. • Undertake maternity workload tool run followed by triangulation of workforce, quality, safety and professional judgment data. • Present written report to Executive Nurse Director.	31st October 2026	Interim Director of Midwifery	• Plan dates for workload tool run. • Preparation time • Run Maternity workload tool and Professional judgement • Triangulate data • SBAR report	
13	NHS Fife must ensure that there are systems and processes in place to support clinical leaders within maternity services being able to access	• Maternity workload tool to identify safe staffing numbers to include protected time to lead. • Use of eRostering to	1st December 2026	Interim Director of Midwifery	• Ensure leadership time will be factored into the use of eRostering. • Will utilise SafeCare to monitor challenges.	

	appropriate protected leadership time to fulfil their leadership and management responsibilities.	support with allocated time.	By 5th October 2025			

NHS Fife

Meeting:	**Fife NHS Board**
Meeting date:	**26 May 2026**
Title:	**Annual Review of Code of Corporate Governance**
Responsible Executive:	**Susan Fraser, Interim Director of Planning & Transformation**
Report Author:	**Gillian MacIntosh, Board Secretary**

Executive Summary:

- The Board considers annually any changes to the Code of Corporate Governance, to ensure this key document remains current, following endorsement from the Audit & Risk Committee's initial review.

- Changes are clearly tracked for visibility within the document linked below. These are largely within the Committee remit sections (with corresponding changes in the Scheme of Delegation as appropriate), as discussed at the May cycle of committee meetings, and the removal of a section in the Standing Financial Instructions to bring this into line with recent content changes to the subsidiary Financial Operating Procedures.

- The Board is invited to approve the changes made and also take assurance from the review exercise successfully completed for 2026/27.

1. Purpose

This is presented for:

- Endorsement / approval

This report relates to a:

- Local policy

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

- Effective

2. Report Summary

2.1 Situation

The Fife NHS Board Code of Corporate Governance is an all-encompassing suite of documents setting out the Board's Standing Orders, Committee Terms of Reference, Scheme of Delegation, Standing Financial Instructions, Code of Conduct for Board Members and Standards of Business Conduct for Staff. It is therefore important that it remains current and correct.

2.2 Background

An annual review of the Code of Corporate Governance is normally undertaken each spring, to coincide with the new financial year, with this completed as scheduled previously in 2025. This paper completes the exercise for the current year.

2.3 Assessment

The updated version of the Code of Corporate Governance has been made available to members online for review (https://www.nhsfife.org/media/2gvjtrkv/code-of-corporate-governance-master-may-26-board.pdf), to help manage the amount of pages with the meeting paper pack. The version accessible at the above link reflects the following substantive updates clearly tracked within, namely:

- tracked changes to each Standing Committee's remit, as discussed and agreed by each Committee following their individual Terms of Reference review at their May cycle of meetings; (pp.17-45);
- related amendments to the Committees' delegated responsibilities in the similar section within the Board's Scheme of Delegation (pp.78-95); and
- a further amendment to the Standing Financial Instructions, removing Section 3.3.(pp.102-14) to bring this document into line with the Financial Operating Procedures, where this information is duplicated.

Minor changes to reflect post title changes are also tracked within the document.

For clarity, there have been no changes made to the Board's Standing Orders, Code of Conduct for Board Members and Standards of Business Conduct for Staff. Both the Standing Orders and Code of Conduct for Board Members follow a national template, where the content of each is prescribed.

This report provides the following Level of Assurance:

	Significant	Moderate	Limited	None
Level	X			
Descriptor	There is robust assurance that the	There is sufficient assurance that	There is some assurance from the	No assurance can be taken from the

	system of control achieves, or will achieve, the purpose that it is designed to deliver. There may be an insignificant amount of residual risk or none at all.	controls upon which the organisation relies to manage the risk(s) are suitably designed and effectively applied. There remains a moderate amount of residual risk.	systems of control in place to manage the risk(s), but there remains a significant amount of residual risk, which requires further action to be taken.	information that has been provided. There remains a significant amount of residual risk

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

2.3.1 Quality/ Patient Care

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

2.3.2 Workforce

N/A.

2.3.3 Financial

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

2.3.4 Risk Assessment/Management

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

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

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

2.3.6 Climate Emergency & Sustainability Impact

No direct impact via this annual updating exercise.

2.3.7 Communication, involvement, engagement and consultation

N/A.

2.3.8 Route to the Meeting

This paper reflects comments received from colleagues within the Finance Directorate and the Executive Leadership team.

Each of the Committees' Terms of Reference have been reviewed at their meetings held in May 2026. The Audit & Risk Committee has considered a version of this paper at their meeting on 14 May and have endorsed the changes for formal Board approval.

2.4 Recommendation

The paper is provided for:

- **approval by the Board** of the updated Code of Corporate Governance.

3 List of appendices

- Appendix 1 – Revised Code of Corporate Governance

Report Contact
Dr Gillian MacIntosh
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NHS Fife

Meeting:	**Fife NHS Board**
Meeting Date:	**26 May 2026**
Title:	**HCSA Quarter 4 Update Report 2025/2026**
Responsible Executive:	**David Miller, Director of Workforce**
Report Author:	**Brian McKenna, Workforce Planning Lead**

Executive Summary

- This report provides an update on Quarter 4 2025/2026 HCSA activity and takes account of the progress previously outlined in the quarterly reports submitted to the Fife NHS Board.
- A **Moderate** Level of Assurance is suggested, reflecting the contributions of the various services to our supporting evidence in respect of implementation of the Act.

1. Purpose

This report is presented for:
- Discussion
- Assurance

This report relates to:
- Government policy / directive
- Legal requirement

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

This report aligns to the following strand/s of the NHS Scotland Staff Governance Standard:
- Well informed
- Appropriately trained & developed
- Involved in decisions
- Provided with a continuously improving & safe working environment, promoting the health& wellbeing of staff, patients and the wider community

2. Report Summary

2.1 Situation

Fife NHS Board members are asked to note the Quarter 4 updates, which are described in more detail below.

2.2 Background

There are a series of reporting requirements contained within the Health and Care (Staffing) (Scotland) Act 2019 (HCSA). These range from submitting an Annual Report to Scottish Ministers (submitted in April 2026); submitting quarterly reports to the Scottish Government on high-cost agency use; through to the provision of quarterly reports to the organisations board detailing compliance with the Act's duties, including staffing arrangements, risk management, and clinical advice.

2.3 Assessment

Developments associated with, or impacting, compliance with the various the HCSA Duties during the previous quarter are summarised below.

Self-Assessment Template

Services continue to complete a quarterly self-assessment template, detailing their RAYG assessment on each duty detailed within the legislation. A total of 35 responses were provided, representing a cross section from the organisational hierarchy and in-scope disciplines.

The summary of the responses is provided in the table below:

	RAG Status (Green, Yellow, Amber, Red)			
Health & Care (Staffing) (Scotland) Act - Duties	Green	Yellow	Amber	Red
12IA - Duty to Ensure Appropriate Staffing	68.57%	17.14%	11.43%	2.86%
12IC - Duty to have Real Time Staffing Assessment in Place	60.00%	25.71%	11.43%	2.86%
12ID - Duty to have risk escalation process in place	65.71%	14.29%	17.14%	2.86%
12IE - Duty to have arrangements to address severe and recurrent	74.29%	20.00%	2.86%	2.86%
12IF - Duty to seek clinical advice on staffing	68.57%	22.86%	5.71%	2.86%
12IH - Duty to ensure adequate time given to clinical leaders	57.14%	22.86%	20.00%	0.00%
12II - Duty to ensure appropriate staffing: training of staff	68.57%	25.71%	5.71%	0.00%
12IJ - Duty to follow the common staffing method	81.82%	9.09%	9.09%	0.00%
12IL - Training and consultation of staff	90.91%	0.00%	9.09%	0.00%

There were minimal changes to the summary above, with only Psychology Services strengthening arrangements relating to 12ID and 12IF, whilst identifying challenges with 12IH due to staffing levels.

The Committee has been informed of the enhanced role of Health Improvement Scotland (HIS) in monitoring compliance with the HCSA in future reporting periods. It is envisaged this will result in enhanced scrutiny on the RAYG levels being identified within the reports, and the evidence to support the level identified by services.

Annual Report 2025/2026

The Annual Report for 2025/2026, previously circulated to the Committee as part of the report's development, was published ahead of the 30 April deadline. The report can be accessed via the following link (https://www.nhsfife.org/about-us/annual-reporting-and-strategic-planning/hcsa-annual-report-2025-26/). The report offered a "Reasonable Assurance" level based on the agreed definitions, with this assurance level reflecting the

robust arrangements within Nursing and Midwifery, in addition to the steps being followed in other job families, to meet the duties contained within the HCSA.

Reduction in Working Week

The final phase of the Reduction in Working Week, introduced in April 2026, reduced the available contractual hours to be rostered for all staff engaged on the Agenda for Change Terms and Conditions of Service. The implications for this on our ability to maintain appropriate staffing levels within front line services, if introduced without mitigation, was significant, leading to a whistleblowing concern being recorded within Quarter 4.

In preparation for the Reduced Working Week, services confirmed a range of mitigation aimed at offsetting the reduction in available hours whilst maintaining clinical services. This mitigation was aligned to the funding allocation previously agreed across the health board (c220 WTE). Progress on the principal forms of mitigation is detailed below:

- Vacancies totalling 180 WTE have been advertised, with 75% (c135 WTE) positions having progressed to, or beyond, the interview stage of the recruitment process.
- 850 transactions were processed through the eESS > ePayroll interface, reverting part time staff back to their previous contractual hours. This increased our available WTE by 23 WTE.
- The Staff Bank continue to support services with the allocation of supplementary staffing, for example, c13 WTE bank workers were allocated during the week commencing 20 April 2026.
- eRostering and SSTS teams continue to work with Services in the preparation and implementation of revised rosters aligned to the 36 hours working week.

This mitigation aligns with the service plans collated in advance of the introduction of the RWW, with plans to continue this monitoring into 2026/2027 Quarter 1. An explanation of this mitigation was sufficient to respond to the whistleblowing concern without further action.

eRostering / SafeCare

The arrangements to comply with the HCSA, outlined in greater detail within the Annual Report, are largely manual. Consequently, progressing along the 'Path to Green' in terms of the HCSA assurance levels is intrinsically linked to the successful roll-out of eRostering and SafeCare. These systems will provide an automated approach and offer a demonstrable basis for monitoring real time staffing and the associated management of workforce and staffing risks across in-scope disciplines.

Delays in the roll-out of eRostering have been identified. Challenges in team resources, and the roll-out phase of the program continuing for longer than initially envisaged, has been identified by the Programme Board. Failure to accelerate this program will limit attempts to strengthen the current HCSA RAYG assurance levels and ultimately apply pressure on delivering the wider business systems transformation progressing nationally.

Additional resource and skills have been identified to support the acceleration of the plan and in attempt to strengthen the support offered to eRostering, closer linkage is being established between the programme and the local business systems transformation programme.

HIS Inspection

HIS carried out an unannounced visit across mental health services from 27–29 January 2026 to assess the safe delivery of care. Verbal feedback provided at the conclusion of the inspection was positive, highlighting that patient care was safe, compassionate, and delivered to a high standard, with inspectors expressing particular confidence in observed care practices.

However, concerns were raised regarding staff health and wellbeing, with Inspectors noting increasing patient numbers and high acuity, and evidence that staff were experiencing significant pressure, requiring further attention and support.

Following the visit, Inspectors requested evidence of immediate actions taken to address staff health and well-being concerns, this was provided along with a significant amount of evidence to substantiate the safe delivery of care. Evidence included policies and procedures, audit and incident reports, governance and performance meeting records, staffing data, and quality assurance information. In addition, further evidence was also requested to demonstrate improvements made since the previous unannounced inspection at Queen Margaret Hospital on 18 February 2025.

Healthcare Improvement Scotland continues to review and analyse all submitted evidence. The draft inspection report for factual accuracy review and the subsequent action plan remain outstanding. No timeframe for this has yet been provided by HIS.

Common Staffing Method / Workforce Tool Runs

In addition to supporting the information gathering linked with their unannounced visit, the Mental Health and Learning Disabilities services are collaborating with HIS on running the Workforce Tools. With these services now live on the eRostering and SafeCare platforms, and with the national Speciality Tools for these specialisms transferring across to SafeCare platform at the end of 2025, HIS supported a pilot of the Tool in March 2026. The full tool run is scheduled for April 2026.

This collaboration has proven valuable, with valuable feedback regarding the need to strengthen data quality, quality improvement approaches, and the triangulation of information, as well as addressing challenges with systems such as SafeCare and eRostering to improve staff confidence and utilisation. These insights are being actively used to shape the improvement plan. This improvement plan will be used as a blueprint for all services required to run the Common Staffing Method Speciality Specific Workforce Tools in 2026/2027.

The above assessment outlines a series of challenges relating to the HCSA, although based on the Annual Report, the report provides the following Level of Assurance:

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

2.3.1 Quality, Patient and Value-Based Health & Care

The primary focus of year two has been in progressing the necessary systems and processes of each duty; this has limited the ability to consider outcome measures and triangulation of existing Safety, Quality and Workforce frameworks. This will be explored further in subsequent years where it is envisaged the eRostering and SafeCare platforms will aid the triangulation of these frameworks.

2.3.2 Workforce

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

2.3.3 Financial

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

All High Cost Agency Quarterly reports have been submitted to Scottish Government as required. These reports have shown that the number of individual shifts worked by 'high cost' agency workers (i.e. exceeding 150% of the costs of a substantive staff member) continue to be a factor for the Board. Transition to more sustainable models of care are built into medium and long term planning, often due to a shortage of registrants in the labour market and associated pipelines. There continues to be enhanced scrutiny over locum usage.

2.3.4 Risk Assessment / Management

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

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

The HCSA applies to all staff and supports the principle of good work. An EQIA impact has been completed in 2024/2025.

2.3.6 Climate Emergency & Sustainability Impact

No known impact at this time.

2.3.7 Communication, Involvement, Engagement and Consultation

The Annual Report has been prepared using information gathered from a range of sources during 2025/2026, including:

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

There is a requirement for the Annual Report to be published and accessible on the NHS Fife website, arrangements are in hand for this to be undertaken.

2.3.8 Route to the Meeting

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

- HCSA Steering Group
- Directors of Nursing / Midwifery
- Deputy Medical Directors
- Staff Governance Committee
- Area Partnership Forum

2.4 Recommendation

This paper is provided to Fife NHS Board members for:

- **Assurance** – This report provides a **Moderate** Level of Assurance.

3. List of Appendices

N/A

Report Contacts:

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NHS Fife

Meeting:	**Fife NHS Board**
Meeting Date:	**26 May 2026**
Title:	**Whistleblowing Annual Performance Report 2025/26, incorporating Whistleblowing Quarter 4 2025/26 Report**
Responsible Executive:	**Susan Fraser, Interim Director of Planning & Transformation**
Report Author:	**Dr Gillian MacIntosh, Associate Director of Corporate Governance & Board Secretary** **Debbie McGirr, Speak Up / Whistleblowing Coordinator**

Executive Summary:

- This paper contains the Annual Whistleblowing Report for 2025/26, as part of the Board's overall year-end assurance processes. Due to the date of submission, and overlap of time period, the regular quarterly report on performance has been included within this paper as a separate appendix.

- The Annual Report reflects the Independent National Whistleblowing Officer's published guidance informing the format and content of annual reports.

- The paper details the number of Whistleblowing concerns raised within 2025/26, the number concluded in-year, and thematic themes from cases submitted under the Whistleblowing Standards. Further narrative aims to enhance assurance about the regular work underway to promote speaking up within NHS Fife, in support of a culture of psychological safety for staff to raise concerns without fear of detriment. Detail is provided on the work of the Whistleblowing Oversight Group, the activities of the Board's dedicated Speak Up / Whistleblowing Coordinator and the Non-Executive Whistleblowing Champion appointed in-year.

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

1. Purpose

This report is presented for:
- Assurance

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

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

2. Report Summary

2.1 Situation

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

2.2 Background

The Whistleblowing Annual Performance Report details Whistleblowing concerns received from 1 April 2025 to 31 March 2026, as required by the National Whistleblowing Standards.

This report also provides an update on Whistleblowing concerns, anonymous / unnamed concerns, local press articles related to Whistleblowing and data on staff uptake of training modules undertaken from 1 April 2025 to 31 March 2026.

2.3 Assessment

As part of their ongoing engagement with NHS Boards, the Independent National Whistleblowing Officer (INWO) continues to review and evolve best practice in the reporting of concerns. This Annual Performance Report for 2025/26 reflects the INWO's published 'Good Practice Guide for Annual Whistleblowing Reporting' guidance.

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

Attached as Appendix 1 is the Whistleblowing Annual Performance Report for 2025/26, which details the concerns raised between 1 April 2025 and 31 March 2026. Appendix 2 provides the Whistleblowing Quarter 4 data for the period 1 January to 31 March 2026 in the usual quarterly reporting format.

This report provides the following Level of Assurance:

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

A moderate level of assurance is suggested, reflecting the fact that we continue to undertake design and further development of the Board's Whistleblowing administrative and outreach processes, seeking to increase staff confidence in speaking up to raise concerns.

2.3.1 Quality, Patient and Value-Based Health & Care

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

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

2.3.2 Workforce

The monitoring of Whistleblowing or anonymous concerns ensures colleagues are afforded the highest standards of governance as set out in the NHS Scotland Staff Governance Handbook. Supporting the appropriate raising and handling of concerns demonstrates NHS Fife's commitment to making a positive contribution to organisational change. It sets a tone and culture in our organisation that values the contribution of all staff, including those who identify the need for changes through speaking up.

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

2.3.3 Financial

There is no direct financial impact related to the contents of this report. In order to promote Speak Up Week in 2025/26, the team were successful in an application to Fife Health Charity for a small grant to fund 'Your Voice Matters' promotional material (leaflets, lanyards, pull-up banner etc.), to facilitate the outreach work undertaken during the week and thereafter.

2.3.4 Risk Assessment / Management

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

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

In respect of the implementation of the Standards, there is a risk that if the Standards are not widely promoted across the organisation, then staff will be unaware of how to raise a concern and consequently the organisation may lose the opportunity for improvement and learning. To mitigate this risk, the Corporate Governance function has taken on administration of cases, to distance these from workforce-related processes. A dedicated Speak Up / Whistleblowing Coordinator was appointed in September 2024 with responsibility for central coordination of all Whistleblowing handling activity, promotion of organisation-wide communications and engagement, and update training for Confidential Contacts who have a vital role in supporting the Whistleblowing process. This role has proven to be highly effective in raising awareness of the Standards, resulting in a rise in concerns reported as detailed in the report.

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

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

The Speak Up / Whistleblowing Coordinator has also undertaken a range of outreach activities to staff across NHS Fife to promote the role and the ethos of Speaking Up to raise concerns more widely across the organisation. Engagement visits have taken place in-person across multiple sites, both clinical and non-clinical, and via a number of departmental Teams meetings. Representation at regular

corporate induction events and work with Fife College to speak to healthcare students in training has also been delivered. Further visits and meetings are planned as part of the 2026/27 annual workplan.

2.3.6 Climate Emergency & Sustainability Impact

There is no direct impact in relation to this paper.

2.3.7 Communication, Involvement, Engagement and Consultation

Over the course of 2025/26 quarterly reports on Whistleblowing performance have been submitted for consideration to the Whistleblowing Oversight Group, Executive Leadership Team, Area Partnership Forum, Staff Governance Committee and NHS Fife Board. There is no requirement for formal engagement with external stakeholders in relation to the formulation of these reports.

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

2.3.8 Route to the Meeting

En-route to the Board, this paper has been scrutinised by the Whistleblowing Oversight Group, Executive Leadership Team, Staff Governance Committee and the Area Partnership Forum. Their feedback has informed the development of the content presented in this report, for formal Board approval at the May 2026 meeting.

2.4 Recommendation

The Whistleblowing Annual Performance Report 2025/26, incorporating the Whistleblowing Quarter 4 2025/26 report, is presented for **moderate assurance**, noting the work continuing at pace to enhance NHS Fife's Whistleblowing processes and encourage the raising of concerns for learning purposes.

3. List of Appendices

The following appendices are included with this report:

Appendix 1 – Whistleblowing Annual Performance Report 2025/26
Appendix 2 – Whistleblowing Quarter 4 Report 2025/26

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2025–2026

Whistleblowing Annual Performance Report

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Table of Contents

1. Introduction…….. 9
2. Implementation during 2025/26……... 9
3. Key Performance Indicators (KPIs)……. 11
   - 3.1 KPI 1: learning, changes or improvements to services or procedures….. 11
   - 3.2 KPI 2: experiences of people involved in the Whistleblowing procedure 13
   - 3.3 KPI 3: levels of staff perceptions, awareness and training……. 15
   - 3.4 KPI 4: total number of concerns received……. 17
   - 3.5 KPI 5: concerns closed at stage 1 & stage 2…….. 19
   - 3.6 KPI 6: concerns upheld, partially upheld, and not upheld……. 19
   - 3.7 KPI 7: the average time in working days for a full response…… 20
   - 3.8 KPI 8: the number & percentage of concerns closed in full at stage 1 & 2 21
   - 3.9 KPI 9: number of concerns at stage 1 with an authorised extension….. 21
   - 3.10 KPI 10: number of concerns at stage 2 with an authorised extension… 22
4. Referrals to INWO during 2025/26…… 22
5. Future planning for 2026/27……... 22
6. Whistleblowing Champion Update…… 23
7. Whistleblowing At A Glance…….. 25

1. Introduction

1.1 The National Whistleblowing Standards for the NHS in Scotland were introduced in 2021, requiring all NHS Boards to publish an annual report setting out their performance in handling whistleblowing concerns. The Standards apply to all services that are delivered on behalf of the NHS and are designed to:

- support an open and learning culture;
- ensure all people providing services for or on behalf of NHS Scotland have recourse to a structured process for raising concerns; and
- provide access to an independent review by the Independent National Whistleblowing Officer (INWO) where the local process has not been effective.

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

1.3 Following the initial introduction of the Whistleblowing Standards, work has continued within NHS Fife and Fife Health & Social Care Partnership, including Primary Care, to embed the Standards and promote the culture of raising concerns via the creation of a dedicated Speak Up / Whistleblowing service. Plans for 2026/27 will focus on achieving key deliverables as identified in the newly developed Whistleblowing annual workplan, continuing to raise the profile of 'Speaking Up / Listening' through site / departmental visits to meet and speak directly to staff, promoting the role of the Non-Executive Whistleblowing Champion and Confidential Contacts, and continuing to report into the Whistleblowing Oversight Group, to enhance triangulation of learning from upheld / partially upheld concerns as part of organisational improvement activities.

2. Implementation during 2025/26

2.1 NHS Fife welcomed the appointment of Joni O'Sullivan, Non-Executive Whistleblowing Champion, in September 2025, after a period of vacancy in this position. Having this Champion role in place offers greater opportunities to scrutinise, monitor and support effective delivery of our Whistleblowing processes, thereby providing independent assurance to the Board of NHS Fife's compliance with the National Standards.

2.2 Regular updates on Speaking Up and raising awareness of the Whistleblowing Standards have been provided via our Chief Executive's monthly newsletter and the weekly staff newsfeed. During the year, the dedicated Whistleblowing information in our employee app has been refreshed, revised and relocated into one specific area for ease of access.

2.3 In collaboration with our Corporate Communications & Engagement team, the NHS Fife internal "Know Who to Talk To" publicity campaign was refocused and rebranded as "Your Voice Matters". This revision aims to encourage and improve staff confidence about raising concerns, reinforcing the understanding that voices will be heard and concerns acted upon, which reflects the Board's commitment to foster a culture of active listening.

2.4 The format of quarterly Whistleblowing reporting has been reviewed to focus on the subject, themes and action plan updates of recent Whistleblowing cases, to provide enhanced assurance around consistent implementation of processes and to highlight areas for learning and improvement.

2.5 A learning action plan template has been devised to share with departments / services where whistleblowing concerns have been concluded. The initial action plan response is expected to be shared with the Speak Up / Whistleblowing Coordinator within four weeks of receipt and additional updates are requested by the Coordinator on a quarterly basis. These activities are in place to: assist feedback processes; improve consistency in reporting and sharing learning; and provide assurance of progress against specific learning improvement actions.

2.6 Quarterly reporting includes additional information on the overall number of concerns raised with the generic Speak Up service (Whistleblowing and non-Whistleblowing, such as those that fall under HR procedures), along with associated actions to promote appropriate resolution. It also includes reporting on social media posts that may highlight external Whistleblowing concerns not raised directly with the organisation.

2.7 A Whistleblowing Champion Feedback letter is sent to all people whose concerns have been investigated and closed under Stage 2 of the Standards. Whistleblowing investigation feedback continues to be sought from staff raising concerns using a variety of options, including completion of an anonymous digital online form or via confidential email / verbal feedback to the Speak Up / Whistleblowing Coordinator. Additional feedback is also sought from the Lead Investigator and Commissioning Manager for every Stage 2 investigation. All information is used to improve people's experience of the Whistleblowing process, supporting further development of NHS Fife's open and learning culture. Although not a formal requirement of the Whistleblowing process, anyone who raises concerns, whether under the Standards or via business-as-usual processes, is encouraged to provide feedback, to support enhancement of our Speak Up culture.

2.8 As part of the strategic work being undertaken by the Whistleblowing Oversight Group, the Group's Terms of Reference have been revised, and the Whistleblowing Action Plan continues to be updated and progressed through quarterly reporting as part of the Board's formal governance structure. The Whistleblowing Oversight Group Action Plan includes detail around specific target dates and responsible persons.

2.9 Our Confidential Contacts continue to provide a crucial role in listening to staff and signposting them to the most appropriate avenue for raising their concerns. This role continues to be highlighted through newsfeed items to staff and there has been a visible increase during the reporting year in the use of Confidential Contacts from staff seeking support to raise concerns. Annual refresher training has now been established and delivered using Action Learning methodology for the first time in Quarter 4 in collaboration with the Board's Learning & Development team, to facilitate a deeper level of discussion and learning.

2.10 A regular series of Confidential Contact Network Meetings takes place three times per year, with one meeting being in-person to facilitate more direct peer support and offer opportunity for more in-depth anonymous case reflections.

2.11 A guidance document for Commissioning Managers and Lead Investigators has been created and approved by the Whistleblowing Oversight Group, to provide a consistent approach to the confidential management of all Whistleblowing investigations.

2.12 Collaborative development work with Senior Managers in Fife Health & Social Care Partnership continues to ensure regular reporting of concerns and share information around the relevance and application of the National Standards for all Contractors and Primary Care employees.

2.13 Regular meetings have been established with Whistleblowing leads in Fife Council to share relevant information about practice and processes, thereby assisting with a joint approach to the management of complex cases, where concerns involving services cross-cutting both organisations may arise.

2.14 A request for bespoke annual Speak Up / Whistleblowing awareness training has been received by Fife College for their HNC Healthcare and Paramedic Students as part of their Professional Standards and Development module. This is delivered by the Speak Up / Whistleblowing Coordinator in collaboration with Course Lecturers and Academic Programme Leaders.

2.15 A bespoke programme of activity to support National Speak Up Week 2025 was created and delivered across Acute and Community sites in conjunction with our Corporate Communications & Engagement team. This activity included videos from the Non-Executive Whistleblowing Champion, Lead Executive for Whistleblowing, Speak Up / Whistleblowing Coordinator and three of our Confidential Contacts. Further promotions were undertaken through site walkarounds and pop-up stand / drop-in information sessions at our Acute and Community sites.

2.16 A planned programme of wider engagement activity to enhance staff support and communication has commenced through facilitation of meetings between our Non-Executive Whistleblowing Champion and staff within NHS Fife Acute Services and Fife Health & Social Care Partnership.

2.17 Strategic liaison has been established at a national level by our Non-Executive Whistleblowing Champion and Speak Up / Whistleblowing Coordinator attending national meetings to share best practice.

3. Key Performance Indicators

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

During 2025/26 NHS Fife has undertaken a number of actions to implement improvements to our Whistleblowing procedures and our approach to capturing learning. We have:

- improved our annual refresher training for our Confidential Contacts through the development of local Action Learning Sets in collaboration with our Learning & Development team. This offers opportunities for our Confidential Contacts to deepen their learning and understanding as a result of exploring and examining the management of closed cases in strict confidence;
- continued to offer regular Confidential Contact support meetings, which provide opportunities for updates, peer reflection and group discussion;

- refocused and rebranded our internal Speaking Up initiative to reflect a new approach of ‘Your Voice Matters’, which aims to promote confidence in raising concerns and understanding that issues will be heard and actions taken. The Speak Up / Whistleblowing documentation has also been refreshed and refined to provide quick and easy access to key documentation for staff;
- created a Whistleblowing learning action plan template for all closed cases that enables service managers to ensure actions are captured and implemented alongside clearly defined timescales and by relevant responsible persons; and
- created additional feedback forms for Confidential Contacts, Lead Investigators, Commissioning Managers and Senior Managers receiving the outcome of Whistleblowing investigations, to help us understand what we can do better through continuous improvement.

Learning from individual concerns concluded in 2025/26:

As a result of concerns received this year, we have identified a number of opportunities for learning across the organisation. All named concerns were investigated through the Whistleblowing Standards, whilst any anonymous / unnamed concerns that raised issues of a Whistleblowing nature were investigated as fully as possible by the responsible service, as part of good governance processes. The concerns raised during 2025/26 related to the following themes:

- Patient safety (nursing and medical staffing levels);
- Patient quality of care (due to poor team communication and staff management);
- Workplace culture (poor leadership and management attitudes and behaviours leading to harmful working conditions, ineffective communication preventing learning opportunities, fear of detriment against raising concerns, feelings of intimidation and harassment);
- Alleged fraud;
- Unsuitable working conditions (issues relating to management of health and safety, displacement of staff as a result of raising concerns, feeling ‘not listened to’);
- Detriment; and
- Professional misconduct.

In response to concerns raised, we have undertaken the following actions:

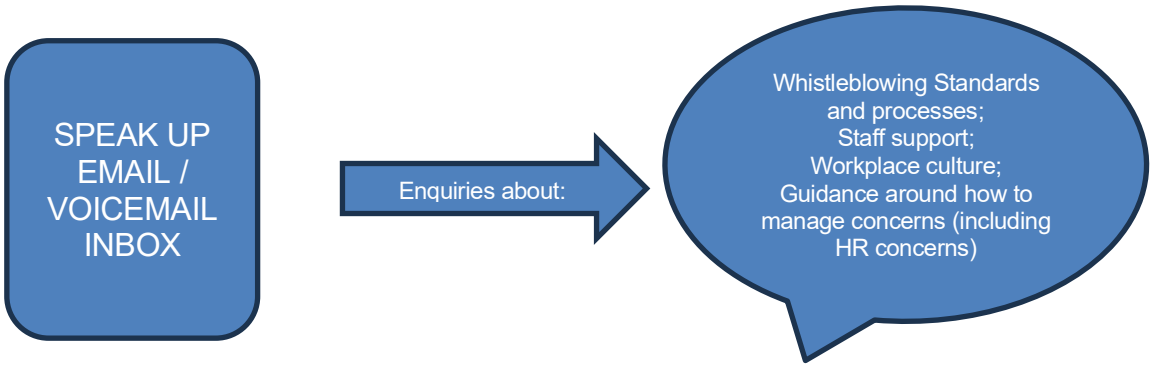
- Formally acknowledged each concern in a timely manner and in compliance with the National Whistleblowing Standards for receipt of all concerns;
- Undertaken timely, local investigations and instructed other relevant reviews in collaboration with specialist services as part of Whistleblowing investigation processes;
- Implemented external service reviews to explore behaviours and re-invigorate a more balanced approach to establishing respectful culture and team ownership;
- Reviewed team approaches to inclusive communication and more timely management of specific concerns in relation to health and safety; and
- Consistently highlighted the benefits of submitting ‘named’ concerns over ‘anonymous / unnamed’ concerns, to enable a thorough investigation, protection from detriment under the Standards and to share outcomes, findings and recommendations with the person raising concerns.

All upheld / partially upheld Whistleblowing concerns have recommendations identified by the Lead Investigator and agreed by the Commissioning Manager. A clearly

documented action plan is created and overseen by the responsible Director / Head of Service to address any shortcomings and apply the identified learning acknowledged during the investigation. We continue to ensure that Quarterly updates are shared between the responsible Director / Head of Service and Speak Up / Whistleblowing Coordinator to assess the status of actions plans, gain assurance of progress and enable reporting into the Whistleblowing Oversight Group for the purposes of organisational learning. In Quarter 4 of 2025/26 we have engaged with the Organisational Development team to start exploring ways of extrapolating more detail around workplace culture, so that information can be gathered and share more widely across the organisation.

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

NHS Fife recognises the importance of confidentially receiving feedback from staff who have used the Standards to raise concerns to help us improve as a learning organisation. We have seen a significant increase in the number of staff using our easily accessible single point of contact Speak Up email / voicemail service in 2025/26, receiving a total of 28 enquiries, five of which were unnamed / anonymous and referred to the relevant service manager for investigation, thirteen were signposted to relevant avenues of support (line manager, human resources or other relevant service) and the remaining ten were processed under the National Whistleblowing Standards. Overall feedback indicates an appreciation of the rapid response to initial enquiries, provision of a safe space to confidentially share concerns, and benefits in access to a range of Confidential Contacts for signposting and further ongoing guidance. The graphics below provide more detailed activity and feedback:



Staff feedback:

- ‘Clear communication and adherence to timeframes, with regular feedback’
- ‘I felt supported and updated throughout’
- ‘Being listened to by the Confidential Contact was very helpful and made me understand my next steps to move towards having my concerns dealt with’
- ‘Very happy with support and processes, feeling listened to and confident that actions are being taken as a result of me raising my concerns’
- ‘Did not feel that anything of substance has come from the investigation and felt the Confidential Contact was questioning raising of my concerns’
- ‘Appreciated being able to seek out the support of a Confidential Contact to speak freely about my concerns in full confidence’
- ‘Although happy with the process, I would have liked to see the outcome of referral to the professional regulatory body’
- ‘Staff demonstrated a high level of professionalism, care, and impartiality. They listened attentively, responded with empathy, and ensured that I felt heard and respected throughout the process. Their approach was not only thorough but also reassuring, which made a difficult situation much easier to navigate’

In the reporting year, we have created additional feedback forms for Confidential Contacts, Lead Investigators, Commissioning Managers and Senior Managers receiving the outcome of Whistleblowing investigations to gather a wide range of feedback, which will help us continuously develop all aspects of the Whistleblowing service and associated processes.

Confidential Contact feedback:

- 'Refresher training was effective – action learning excellent to review closed cases and gain peer support during confidential discussions'
- 'Feel updated about the role and processes through regular meetings'
- 'Online resources are useful to review when contacted by a member of staff'
- 'Proactive support / guidance from the dedicated Speak Up / Whistleblowing Coordinator'

Commissioning Manager feedback:

- 'Regular updates from Speak Up / Whistleblowing Coordinator were advantageous'
- 'Would have benefited from discussing the experience with other Commissioning Managers for additional support'

Lead Investigator feedback:

- 'Well supported by Speak Up / Whistleblowing Coordinator'
- 'Improved templates and training for senior managers would be beneficial'
- 'Realistic timescales required for larger team investigations' (*relates to 20-working day advisory timescale for Stage 2 investigations*)

Service Director and Senior Manager feedback on suggested improvements following receipt of investigation report:

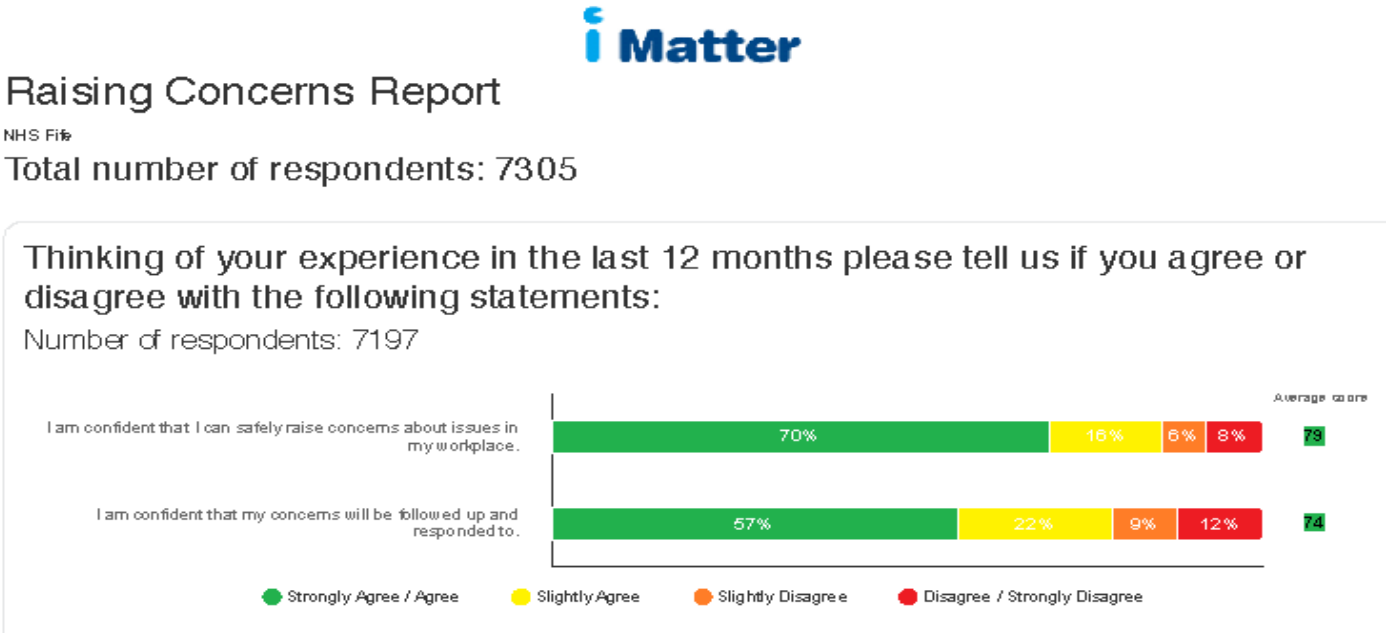
- 'Further clarity required on local processes and expectations'
- 'Clear guidance regarding depth and scope of response required of the report'
- 'Provision of action plan reporting template' (*this has been implemented since the feedback was received*)
- 'Aware that regular reporting updates would be requested on a quarterly basis'
- 'Would appreciate further local training for managers in addition to the existing TURAS modules, including how to respond to Whistleblowing concerns'
- 'Improved guidance around how to deal with emerging HR issues as a result of Whistleblowing investigations'

In accordance with the National Whistleblowing Standards, at the conclusion of any Stage 2 Whistleblowing Concern, staff are informed in the final investigation outcome letter that they can provide feedback by confidentially speaking to the Board's Non-Executive Whistleblowing Champion, who was appointed in September 2025. Since that appointment, we have had one closed Whistleblowing case that resulted in the member of staff contacting and providing feedback to our Whistleblowing Champion about their experience in raising concerns. All feedback provides us with rich

information that helps inform us about the support processes we have in place for staff raising concerns, our Confidential Contacts who respond to staff and the investigation team who are at the forefront of formally exploring concerns raised. This evidence offers us opportunities to celebrate successes and identify areas for continual improvement.

As part of the annual NHS Scotland iMatter Survey, staff have been asked if they were confident that they could safely raise concerns about issues within their workplace and if they were confident that these would be followed up and responded to. An overview of the NHS Fife and Fife Health & Social Care Partnership 2025/26 iMatter responses for this section of the survey is provided below:

Raising Concerns Report, NHS Fife



3.3 KPI 3 – staff perceptions, awareness and training

National Training guidance materials from the INWO are promoted Board-wide, such as general information on the Whistleblowing Standards, Confidential Contact training, webinars and annual Speak Up Week activity. In the reporting year, refresher update training, using newly devised Action Learning Sets to review anonymised case studies, has been delivered to 82% of our Confidential Contacts, with the remainder undertaking the same training in Quarter 1 of 2026/27.

During Speak Up Week in September / October 2025, a range of staff activities were delivered, highlighting the importance of speaking up to raise a concern and the different types of support available to staff. In conjunction with our Corporate Communications & Engagement team, NHS Fife and Fife Health & Social Care Partnership created a bespoke programme of activity across Acute and Community sites to address the themes of the INWO 2025/26 campaign: *Listen, Act and Build Trust*.

In preparation for Speak Up Week, communications activities took place on the internal staff communication platform, followed by daily activity during the week relating to each of the campaign themes. Activities were also highlighted in the all-staff

Weekly Update newsletter and the monthly Chief Executive newsletter. A summary is given below:



Data analytics provided by our Corporate Communications & Engagement team indicated good engagement from staff in the bespoke material produced, particularly in relation to the range of videos produced, with over 3,000 staff views across the week. There were also four new enquires to the Speak Up service as a direct result of Speak Up week activity / promotion. This response reinforced the commitment to ensure consistent promotion of the importance of Speaking Up throughout the year. A rolling programme of monthly visits to a wide range of departments, services and wards with the Non-Executive Whistleblowing Champion, Speak Up / Whistleblowing Coordinator and Executive / Non-Executive Directors commenced in March 2026, facilitated and encouraged by Service Directors and Senior Managers.

Whistleblowing TURAS learning modules form part of the staff corporate induction programme and continue to be publicised on our internal digital platform and within the mandatory training section of the TURAS Learn platform. All members of staff are required to complete the Whistleblowing Overview module on TURAS learning, with Managers and Senior Managers expected to undertake the additional modules relevant to their role. We continue to monitor uptake, effectiveness and appropriateness of training available through our core training compliance reports which are considered bi-monthly by the Staff Governance Committee, with escalation if required to the Board. We review and refine training and courses as appropriate and continue to raise awareness of Whistleblowing training during organisational learning events and through local team manager meetings. During 2025/26, the revised in-person core staff induction programme offers a supporting ‘Marketplace’ activity,

where key services attend to promote their services. The Speak Up / Whistleblowing Coordinator attends these weekly sessions to support the information provided by the Chief Executive and Directors around the importance that NHS Fife places on supporting staff to Speak Up and raise concerns to improve our overall service delivery.

The training undertaken per quarter between 1 April 2025 and 31 March 2026 is summarised below:

Whistleblowing Training Undertaken During 2025/26

Whistleblowing modules	Q1	Q2	Q3	Q4	Total
eLearning – Whistleblowing: an overview	151	152	257	164	**724**
eLearning – Whistleblowing for Line Managers/Senior Managers	18	38	49	33	**138**

Total Board Completion Rates since Launch of the Standards in 2021

Turas Module	Total Staff completion
Whistleblowing Overview	7683
Whistleblowing for line managers	615
Whistleblowing for senior managers	636

It is an expectation that all NHS Scotland employees complete the Whistleblowing learning according to the requirements of their specific role. However, without role-specific information linked to numbers completing training, it is difficult to determine the uptake of learning applicable to the managerial responsibilities of staff. The new 2026/27 Whistleblowing workplan will consider how to meaningfully evaluate training data in collaboration with our Learning & Development team.

3.4 KPI 4 – number of concerns received

Whistleblowing Concerns Received by Quarter During 2025/26

	Quarter 1	*Quarter 2*	*Quarter 3*	*Quarter 4*	*Total*
Whistleblowing Concerns Received	**4**	**2**	**2**	**3**	**11**
Reviewed at Stage 1 (5 days)	1	0	1	1	3
Reviewed at Stage 2 (20 days)	3	2	1	2	8

NHS Fife received a total of eleven Whistleblowing concerns during 2025/26 from across Acute Services, Primary Care providers and services delegated to the Fife Health & Social Care Partnership. The reported themes of concern related to quality of patient care / patient safety / unsuitable workplace conditions / workplace culture and alleged fraud. Comparison of our data from the last three years shows a general

increase in the number of Whistleblowing concerns being raised, with a spike of activity in Quarter 1 and Quarter 4 of 2025/26, the latter may be attributable to the activities of Speak Up week.

Anonymous / Unnamed Concerns Received by Quarter During 2025/26

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

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

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

NHS Fife received six anonymous concerns during 2025/2026 from across Acute Services, Corporate Services and Fife Health & Social Care Partnership. This is an increase of one concern in comparison with last year's data. One of these concerns was raised by an ex-employee who had recently left the organisation, and another was found to be of a vexatious nature when investigated by the Service Manager / Director. The reported themes of concern related to: staff conduct; alleged fraud; and patient safety / quality of patient care / workplace culture leading to unsuitable working conditions. The concern relating to potential patient safety was immediately referred to the relevant Service Director and investigated as a matter of urgency with the responsible Senior Manager, as expected under the National Whistleblowing Standards.

Where appropriate and applicable, the outcomes from investigations into anonymous or unnamed concerns are shared with the Speak Up / Whistleblowing Coordinator and form part of the reporting to the Executive Leadership Team, Area Partnership Forum, Staff Governance Committee and the Board, to share lessons learned and provide assurance on actions.

Primary Care and Independent Contractors Concerns Received by Quarter During 2025/26

	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total
Primary Care and Independent Contractors Concerns Received	2	0	0	3	**5**

Primary Care and Independent Contractors (GP practices, dental practices, optometry practices and community pharmacies) who deliver services on behalf of the NHS are also covered by the Standards. Although Whistleblowing concerns have previously been raised within Primary Care, there had been minimal understanding from Independent Contractors of the need to report such activity and therefore formal reporting to the central Speak Up / Whistleblowing service commenced in Quarter 4, noting the number and stage of investigation / outcome for any whistleblowing concerns. There were three concerns received in the quarter, two from General Practice and one from Dentistry services. These concerns relating to poor practice and fair warning (inappropriate accessing of personal records) and were resolved at Stage 1 under local resolution processes. Of the overall number of anonymous / unnamed concerns received in 2025/26, two were raised within Primary Care services.

Quarterly update meetings between the Primary Care Manager and Speak Up / Whistleblowing Coordinator assist in the timely reporting of any Whistleblowing concerns within Primary Care services, including Independent Contractors / Practices. The addition of a refresher update about the National Standards as part of GP protected learning time has been well-received in 2025/26. The Primary Care Manager continues to remind all independent practices and community pharmacies that they are required to have their own comparative procedures in place to meet the requirements of the National Whistleblowing Standards.

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

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

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

Outcome of concerns closed at Stage 1 and Stage 2

Stage 1		Stage 2	
No.	**%**	**No.**	**%**
3	27%	8	73%

A total of 11 concerns were closed during 2025/26, three of which had initially been raised in the previous reporting year. Three of the concerns reported in the current year were closed at Stage 1, with the remaining eight being closed at Stage 2. Two of the eight concerns originated as a Stage 1 investigation, progressing to Stage 2 as permitted under the Standards, to enable more thorough discussions to take place in relation to the concerns raised.

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

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

	Upheld		Partially Upheld		Not Upheld		Total
	No.	%	No.	%	No.	%	
Stage 1	2	67%	0	0	1	33%	**3**
Stage 2	1	13%	7	87%	0	0%	**8**

The outcomes of the Stage 1 Whistleblowing concerns noted above indicate that two concerns were upheld and one was not upheld. The first concern that was upheld related to an allegation of fraud, which was referred to and dealt with by the Board's Fraud Liaison Officer, with external guidance from NSS Counter Fraud Services. The second concern related to issues around patient safety and quality of care delivery as a result of insufficient nurse staffing. This was immediately received and acknowledged by senior Nursing Management, with plans to develop local escalation tools and review capacity and flow within the clinical area. The Stage 1 concern that was not upheld related to an allegation of fraud, which was unable to be substantiated following referral to the Fraud Liaison Office and Counter Fraud Services. All outcomes were clearly communicated to the members of staff raising the concerns to facilitate discussion and clear understanding of rationale around decision-making. Information about NHS Fife Staff Support services were also provided to enable ongoing support as needed.

The outcomes of the various Stage 2 investigations noted above resulted in one concern being fully upheld and eight being partially upheld. The concern that was fully upheld related to a range of issues including patient safety and care delivery and poor leadership and management resulting in poor working conditions. These findings have been accepted by the receiving service with significant improvement plans in place, which are being supported and monitored on an ongoing basis by senior Directors, through regular reporting into Fife Board Clinical Governance reporting structures.

The Stage 2 concerns that were partially upheld were complex in nature and included a range of concerns that were addressed individually as required by the specific case. The key outcomes noted across most of these concerns related to requirements for improved leadership and management skills from senior staff, more open and effective communication to build staff confidence, improvements in workplace culture to prevent feelings of intimidation, bullying and harassment, and reducing the fear of detriment in relation to raising concerns. All cases have associated action plans in place that have either been completed or are still ongoing at the time of reporting.

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

Stage 1		Stage 2	
Average working days	**27**	Average working days	**126**

The advisory response time for Stage 1 investigations under the National Standards is five working days with the aim of achieving early resolution under business-as-usual processes. Our overall response time of 27 working days for Stage 1 investigations was influenced by two of the investigations requiring referral onto specialist fraud services for further review, thus requiring approved timeline extensions as permitted under the National Standards.

All concerns investigated under Stage 2 during 2024-25 were complex in nature and required timeline extension approvals from the Commissioning Manager in agreement with the members of staff raising the concern. It is noted that the average timescale of 126 days for completion of Stage 2 investigations considerably exceeds the advisory target of 20 working days as identified in the Standards, however this is due to a range of variables that are captured within the central confidential records for individual cases. The non-achievement of the advisory timescale for these complex Stage 2 investigations is an issue mirrored across other NHS Scotland Boards, being reported by Whistleblowing Coordinators and Whistleblowing Champions to the Independent National Whistleblowing Officer (INWO). As part of our data analysis for 2026/27, we intend to undertake individual reviews of all closed cases to understand when, where and why the key delays were experienced, to help us create actions to improve the overall responses for 2026/27. In all cases, every member of staff raising a concern was fully informed and involved with each timeline extension request and approval in writing as expected by the Standards. For those cases that exceed the timeline considerably, an offer of an in-person meeting is made by the Speak Up / Whistleblowing Coordinator to ensure they feel fully supported during this challenging process.

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

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

Stage 1 (5 days)		
	Number of concerns closed in full within 5 working days	**1 (33%)**
Stage 2 (20 days)		
	Number of concerns closed in full within 20 working days	**1 (13%)**

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

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

The person raising the concern must be:

- advised that additional time is required and;
- informed when they can expect a response

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

Concern	Numbers received	Extension authorised	As 100% of all concerns
Stage 1	**3**	**2**	**67%**

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

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

The person raising the concern must be:

- advised that additional time is required;
- informed when they can expect a response, and;
- provided with a written update on the progress every 20 days.

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

Concern	Numbers received	Extension authorised	As 100% of all concerns
Stage 2	**8**	**7**	**88%**

4. Independent National Whistleblowing Officer Referrals and Investigations

There were no referrals escalated to or investigations instigated by the INWO during 2025/26.

5. Future Planning for 2026/27

NHS Fife is committed to ongoing learning and improvement, and we plan to continue to enhance our Whistleblowing arrangements in the year ahead with the following workstreams:

- further improving visibility of Confidential Contact information by introducing staff photos and biographies, explaining more about the role and why those holding the position have come forward voluntarily to support staff;
- achieving key deliverables as set out in the newly developed Annual Whistleblowing Workplan;
- developing a local guide for Managers receiving Whistleblowing concerns and reviewing associated training;

- collaborating with Organisational Development colleagues to create action learning plan templates and identifying key areas for wider organisational learning;
- exploring how to develop best practice in confidentially sharing outcomes and improvements across the organisation as a result of closed Whistleblowing cases;
- exploring ways of sharing learning from all Whistleblowing concerns more widely across the organisation through close working with our Whistleblowing Oversight Group and Organisational Development;
- continuing to undertake regular site and department visits with the Non-Executive Whistleblowing Champion, supported by other Executive and Non-Executive Directors, to promote the culture of Speaking Up as part of everyday working practices;
- continually liaising with Workforce colleagues to ensure accurate data reporting around any Whistleblowing concerns that are raised in relation to 'safe staffing';
- exploring the use of digital technology to capture themes of learning and the experience of those involved in a concern, using common reporting processes between departments;
- monitoring and reviewing Speaking Up Guidance and informational materials, to ensure clarity and accessibility;
- undertaking collaborative activity with other NHS Boards to share and develop best practice;
- continuing to participate in National Whistleblowing practitioner and professional meetings and associated conferences to receive relevant updates and share common learning;
- continuing close working with our Corporate Communication & Engagement team through quarterly meetings to promote Speaking Up and Whistleblowing; and
- developing clear actions to share detailed learning from closed cases with the Whistleblowing Oversight Group.

6. Whistleblowing Champion Statement

Joni O'Sullivan is NHS Fife's Non-Executive Whistleblowing Champion. She writes:

I was delighted to join NHS Fife in September 2025 as the Whistleblowing Champion and I am pleased to report that the Board continues to make progress in improving its Whistleblowing process. NHS Fife strives to be a learning organisation, with speaking up a crucial part of that. Leaders promote an open culture and take feedback seriously, with a genuine appetite to listen, learn and improve.

The number of concerns raised within NHS Fife is higher than in previous years. I view this as a positive, suggesting the recent work undertaken to increase awareness of Whistleblowing and confidence in the process has had an impact. NHS Fife continues to work hard on supporting staff involved in Whistleblowing. Of particular note this year has been improved training for our Confidential Contacts and new guidance for Commissioning Managers and Lead Investigators. Feedback is actively sought from those involved and improvements made where possible. Whilst there is a desire to improve our timescales on Whistleblowing investigations at both Stage 1 and Stage 2, I also recognise that the investigations are often complex and require a robust investigation making the targets of 5 and 20 days ambitious.

For the year ahead, a detailed workplan is in place to help guide our priorities. This will also help me to provide the scrutiny and assurance necessary for the Board in relation to our compliance with the Whistleblowing Standards. For 2026/27, further work is needed on improving our triangulation with quality and patient safety data. As the number of cases grow, we want to improve how we identity themes and share that learning effectively across the whole organisation. Additionally, we want to improve quality and consistency of action plans, particularly around workplace culture, continue with our communication efforts and dial-up our support for line managers. Since joining NHS Fife, I have made it a priority to meet as many staff as possible, out and about on wards and our sites, and that will remain a focus area for me personally over the year ahead.

I am very grateful for the hard work of our Speak Up / Whistleblowing Coordinator, our Confidential Contacts and our Whistleblowing Oversight Group and I am assured that NHS Fife takes its responsibilities under the Whistleblowing Standards seriously.

7. Whistleblowing At A Glance 2025/26

Whistleblowing 2025–2026
At a glance

> "Staff listened attentively, responded with empathy, and ensured that I felt heard and respected throughout the process"
>
> – staff member

> "I appreciated being able to seek out the support of a confidential contact to speak freely about my concerns in full confidence"
>
> – staff member

> "Action learning is excellent to review closed cases and gain peer support during confidential discussions"
>
> – confidential contact

724 Staff completed Whistleblowing training in 2025-26

138 managers and senior managers completed Whistleblowing training in 2025-26

79% of staff said they were confident they could safely raise concerns about issues in their workplace



Whistleblowing concerns received: 11

3 closed at Stage 1 (27%)
8 closed at Stage 2 (73%)

	Stage 1	Stage 2
Upheld	2	1
Partially upheld	0	7
Not upheld	1	0



Average timescales (working days)
Stage 1 – **27 days**
Stage 2 – **126 days**

67% of Stage 1 cases granted an extension

88% of Stage 2 cases granted an extension



16 trained confidential contacts

13 confidential contacts undertook refresher training

Appendix 2 - Whistleblowing Report Quarter 4, January to March 2026

1. Introduction

This report provides details of Whistleblowing concerns raised across the organisation by staff and those who provide services on behalf of NHS Fife. The report demonstrates our performance in meeting national key indicators, as required by the Independent National Whistleblowing Officer (INWO). It includes information about all concerns received and closed during Quarter 4, highlighting outcomes and providing more detail on emerging Whistleblowing themes to create learning and improvement opportunities. It also includes updates about any ongoing concerns from previous quarters.

A total of ten workplace issues were reported to the 'Speak Up / Whistleblowing service in Quarter 4 via a combination of the Speak Up email service and our confidential contacts. Three proceeded to investigation under the Whistleblowing Standards, a further four were signposted to Human Resource / Once for Scotland Workforce policies and the final three were reviewed as anonymous / unnamed concerns. The overall total number of concerns received by the service in 2025-26 was twenty-eight: five of which were unnamed / anonymous; thirteen were subsequently signposted to relevant avenues of support (line manager, human resources or other relevant service); and the remaining ten were processed under the National Whistleblowing Standards.

2. Whistleblowing Concerns Received during Quarter 4

There were three Whistleblowing concerns received by NHS Fife during Quarter 4, one of which was raised and closed within the quarter at Stage 1. The remaining two are due to commence investigation under Stage 2 of the National Standards.

The concern that was investigated and concluded at Stage 1 (within the advisory five working day timeframe) related to issues of patient safety due to unsafe staffing within the specified department. Further detail is provided in Section 4 of this report.

The remaining two concerns that are due to commence investigation at Stage 2 relate to a) allegations of poor management practice leading to unfair working conditions; and b) misapplication of governance policies, causing personal detriment and unfair working conditions. Both concerns were submitted through the Speak Up email inbox and have been subject to initiation delays due to the complexity of concerns being presented. One concern has required the appointment of Lead Investigator from another NHS Scotland Board, in order to ensure appropriate independence, and the other has required extensive discussion and collaboration with Human Resources colleagues to agree which aspects of the concern will be handled under Workforce policies. Both complainants continue to be fully informed about the unexpected delays, as required by the National Whistleblowing Standards.

Further details about these individual concerns are presented below:

Quarter 4 2025/26 1 January to 31 March 2026	Theme	Division	Service
	Unsuitable working conditions due to workplace culture	**Fife HSCP**	**Complex and Critical Care Services**
Current Stage	Detailed investigation (Stage 2)		

First received	13/01/26
Days at Stage One	n/a
Days at Stage Two	61
Closed date	Ongoing
Service Area(s)	Complex and Critical Care Services

Additional Detail:

This whistleblowing concern includes an element of the following
Bullying, Harassment and Grievance
Does this whistleblowing concern relate to any issue of patient safety
No
Has the person raising the concern experienced any detriment?
Yes
How was the whistleblowing concern received?
Via email
Was this escalated from Early Resolution (Stage 1)?
No
Is this whistleblowing concern being raised on behalf of another person?
No

Quarter 4 2025/26 1 January to 31 March 2026	**Theme**	**Division**	**Service**
	Breaking any legal obligation	**Corporate**	**Facilities**
Current Stage	Detailed investigation (Stage 2)		
First received	23/01/26		
Days at Stage One	n/a		
Days at Stage Two	53		
Closed date	Ongoing		
Service Area(s)	Corporate Directorates		

Additional Detail:

This whistleblowing concern includes an element of the following
Grievance
Does this whistleblowing concern relate to any issue of patient safety
No
Has the person raising the concern experienced any detriment?
No
How was the whistleblowing concern received?
Via email
Was this escalated from Early Resolution (Stage 1)?
No
Is this whistleblowing concern being raised on behalf of another person?
No

There was an additional concern of a Whistleblowing nature raised during the quarter by a member of NHS staff working in a Fife Council / Education service area. The concern related to the outcome of a Fife Council investigation, whereby the NHS member of staff was questioning processes and outcomes to seek reassurance of adherence to local and national policy. This

concern has resulted in collaborative communication with Fife Council Whistleblowing colleagues, offering the opportunity of creating workflow processes to manage any future similar queries in a consistent manner.

Within Fife Health and Social Care Partnership's Primary Care Services there were three Stage 1 Whistleblowing concerns received from Independent Contractors: two from Dental Services and one from General Practice. The concerns related to 'poor practice' and 'fair warning' (inappropriate access of personal records) and all were received and closed at Stage 1, with local processes being followed to achieve early resolution and associated improvement.

3. Ongoing Whistleblowing Concerns Received – Reasons for Extension to Investigation

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

One Stage 2 Whistleblowing concern, raised in Quarter 2 of 2025/26, is still under review and approaching completion. The timeline extensions approved by the Commissioning Manager were initially due to the complexity of concerns and the number of interviews required to inform the investigation. However, more recently, additional time extensions have been required due to the impact of organisational service delivery pressures on the senior manager undertaking the investigation. Although the member of staff raising the concerns has been fully informed and understanding of the situation, the allocation of staff to these investigations is an important issue for discussion by the Whistleblowing Oversight Group.

An update on this ongoing concern raised in Quarter 2 of 2025/26 is given below:

Quarter 2 2025/26 1 July to 30 September 2025	**Theme**	**Division**	**Service**
	Workplace Culture, Detriment, Unsuitable / Unsafe working conditions	**Fife Health & Social Care Partnership**	**Complex and Critical Care Services**
Current Stage	Investigation (Stage 2)		
First received	26/08/25		
Days at Stage One	n/a		
Days at Stage Two	154 days as at end of March 2026		
Closed date	Still open		
Service Area(s)	Complex and Critical Care		

4. Whistleblowing Concerns – Closed Cases in Quarter 4: Themes, Actions Taken and Lessons Learned

Three Whistleblowing concerns were closed in Quarter 4 of 2025/26. The first was originally raised in Quarter 1 2025/26 and investigated at Stage 2; the second was raised in Quarter 3 2025/26 and investigated at Stage 2; and the final concern was raised and closed in Quarter 4 2025/26 after being investigated at Stage 1. These cases resulted in the following outcomes:

	Outcome	Emerging Themes	Action Plan	Total working days
Concern from Q1 2025/26: 6 heads of concerns investigated	4 out of 6 concerns upheld	Inadequate staffing levels affecting patient safety Poor management leadership and communication Inadequate policy monitoring Inadequate provision of specialist care	Currently in place and being monitored by Director of Health & Social Care and Medical Director	Stage 2: 204 days**
Concern from Q3 2025/26 3 heads of concerns investigated	1 concern upheld 1 concern partially upheld 1 concern not upheld	Fearful working culture, intimidatory behaviour Non-adherence to working policies and procedures	Immediate response from service recognising issues, some of which are already being addressed. Action plan being created	Stage 2: 81 days
Concern from Q4 2025/26 2 heads of concerns investigated	2 concerns upheld	Unsafe staffing levels affecting safe delivery of patient care	Immediate response creating revised patient dependency criteria and clear workflow escalation processes	Stage 1: 3 days

** The concern from Quarter 1, which took an extended length of time to conclude, originated in Primary Care, in a service delivered by an independent contractor. The extended timeline reflected NHS Fife's commitment to respond to ongoing staff concerns by maintaining active case monitoring through Executive and professional governance structures. Although the National Whistleblowing Standards apply to any member of staff delivering care on behalf of the NHS, including those employed by independent contractors, it is challenging to fully deploy them, support staff and monitor improvement actions in a detailed manner, particularly in service areas being delivered by independent contractors. These challenges have been acknowledged at national level with the Independent National Whistleblowing Officer.

5. Whistleblowing Concerns –Themes, Actions taken and Lessons learned from cases closed in previous Quarters

As part of evidencing ongoing learning from Whistleblowing cases, it is important to continue to provide updates from closed cases that have ongoing action plans in progress. This will permit opportunities for identifying the emergence of common themes across the organisation and assist future development initiatives to improve overall learning. The following table contains updated information about cases that were reported as having concluded in previous quarters of 2025/26:

	Themes	Action Plan	Action Plan – completed ?	Learning Shared?
Concern from Q1 20254/26	Application of transparent recruitment processes	Review essential person specification criteria for leadership posts are relevant,	**All sections of action plan completed.** Culture work completed via provision of externally	Yes – all learning shared within the service with plans for wider dissemination across the Directorate during 2025/26

	Provision of inclusive workplace culture	realistic and meet service aspirations Provide leadership, coaching and cultural team development sessions to support leaders with a view to improving confidence and team morale	facilitated Culture, Leadership & Team development sessions focussed on implementation of NHS Fife Leadership Framework (Our Leadership Way)	
Concern from Q2 2025/26	Poor workplace culture and unsupportive management communication Unsafe service delivery due to untimely responses for health & safety issues	Improve workplace culture via more open discussions and communication between staff and management Increase opportunities for staff training Improve timeliness of management response to health and safety concerns	**Partially Completed.** Improved communication via more regular staff briefing meetings and feedback around concerns raised through the Whistleblowing process. Senior staff regular visits to services, listening to staff and providing regular updates. Equipment review/replaced with staff involvement.	
Concern from Q3 2025/26	Falsification of workplace documents	Led by Fraud Liaison Officer and relevant Service Director	**Completed via referral to HR.**	None specifically in light of this case, however there are plans to discuss joint communication around Fraud & Whistleblowing during 2025/26

6. Anonymous / Unnamed Concerns

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

An anonymous concern is one that has been shared with NHS Fife in a way that means nobody knows who provided the information. Alternatively, someone may raise a concern with NHS Fife

but not be willing to have their name or personal details recorded. This is known as an 'unnamed concern'. As their identity is known to another person, it is not a completely anonymous concern.

There were three concerns submitted within this category in during Quarter 4 2025/26. Two were unnamed and one was anonymous. Further details about these concerns are presented below:

Received by	Concern	Division	Service	Action	Response
Director of People & Culture	Unnamed: Management practices, lack of supervision, adherence to infection and prevention control policy.	Corporate	Support Services	Referred to Head of Service	Awaiting response
Primary and Preventative Care	Unnamed: Patient safety and medicine management concerns	H&SCP	Independent Practice	Referred to Independent Practice Owners and Senior Primary & Preventative Care Managers	Immediate response with assurance of mitigation around patient safety concerns
Speak Up email	Anonymous: Allegations of unprofessional behaviours against individual staff member	Acute Services	Surgical Directorate	Referred to Service Director	Immediate investigation – concerns found to be vexatious in nature

7. Non-Whistleblowing Concerns received through Speak Up processes during Quarter 4

A total of four non-whistleblowing concerns were received by the Speak Up service during Quarter 4 2025/26. Three concerns related to requests for support about how to take forward individual concerns about poor management and leadership practices / victimisation and intimidation / bullying and harassment. All were referred to Confidential Contacts / NHS Fife Staff Support Services fand HR colleagues to facilitate ongoing discussions. A further enquiry related to concerns about inconsistent application of guidance around the reduction in the working week, which was referred to the relevant department managers for further investigation and early resolution.

8. Local Press Coverage During Quarter 4

There were no new Whistleblowing / unnamed staff concerns reported in the local press during Quarter 4 2025/26. There were also no social media posts where commentary or disclosures may reflect whistleblowing-type activity.

9. Supporting Staff

Staff have a range of avenues and opportunities to raise concerns, both anonymously and named, via the Speak Up service and are supported to either resolve the concern or to progress it using formal processes. Staff can obtain direct and timely support in raising concerns by speaking to one of the Confidential Contacts or using the dedicated and confidential Speak Up email and voicemail inbox. These methods of communication provide staff with a central point of contact to raise concerns, share queries or obtain advice about specific workplace issues of concern to them. Initial responses from both the Speak Up / Whistleblowing Coordinator and Confidential Contacts are by email, with the additional offer of meeting in-person, via Teams, or speaking by telephone to provide further guidance, support and direction for staff. The aim of these varied response mechanisms is to ensure staff feel listened to and informed to take appropriate action to resolve their specific concerns. Via these routes, staff are also supported, if they wish, to raise unnamed concerns on their behalf without their own name being associated thereto, to provide extra protection against any detriment. Additional support has been offered during Quarter 4 through regular on-site walkarounds from the Non-Executive Whistleblowing Champion, to meet and listen to staff, encouraging them to raise concerns as early as possible.

10. Experience of Individuals Raising Concerns

We recognise the importance of receiving feedback from individuals who have used the Standards to raise concerns. Once a Whistleblowing case has been closed, the key staff involved in the process – Whistleblower, Confidential Contact, Commissioning Manager and Lead Investigator – are asked to provide feedback on their experience via an anonymous short questionnaire to help inform our learning around whistleblowing processes, procedures and staff support. Whilst there is no formal requirement for staff to do this, we encourage them to participate and will collate all responses to inform the 2025/26 Annual Report.

In accordance with the National Whistleblowing Standards, at the conclusion of any Stage 2 Whistleblowing Concern, staff have the opportunity to provide feedback by speaking directly to the Board's Non-Executive Whistleblowing Champion in confidence. This is indicated to them in the final investigation outcome letter that they receive. We have had such case during this quarter where the member of staff actively sought out the Whistleblowing Champion to share feedback of a positive nature about the process, support and outcome, noting they felt listened to throughout the process.

11. Whistleblowing Training Data

The training undertaken per quarter between 1 April 2025 and 31 March 2026 is summarised below:

Whistleblowing Training Undertaken During 2025/26

Whistleblowing modules	Q1	Q2	Q3	Q4	Total
eLearning – Whistleblowing: an overview	151	152	257	164	**724**
eLearning – Whistleblowing for Line Managers/Senior Managers	18	38	49	33	**138**

12. Whistleblowing Oversight / Governance

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

The Whistleblowing Oversight Group, chaired by the Director of Planning & Transformation as the Executive Lead for Whistleblowing, focuses on the provision of strategic steering advice to develop Whistleblowing activity and ensure a robust level of reporting and associated learning takes place in relation to all Whistleblowing activity. To enhance opportunities for collaborative learning when concerns are raised, the group are considering ways in which common themes and trends can be extrapolated for wider dissemination in conjunction with organisational learning teams. This learning will be identified as a key workstream in the Whistleblowing Annual Workplan, which is currently being developed for 2026/27.

The guidance of the Non-Executive Whistleblowing Champion offers additional opportunities of providing assurance to NHS Fife Board about compliance with the National Standards across key result areas such as investigation response times, staff feedback and training for confidential contacts.

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

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

NHS Fife

Meeting:	**Fife NHS Board**
Meeting date:	**26 May 2026**
Title:	**Delivery Plan and Corporate Objectives 2026/27**
Responsible Executive:	**Susan Fraser, Acting Director of Planning & Transformation**
Report Author:	**Bryan Archibald, Planning & Performance Manager**

Executive Summary

- NHS Board Delivery Plans provide an overarching commitment at a Board-wide level to the key service outcomes that will be delivered, reflecting both national and local priorities
- The plan has been aligned to individual Unscheduled Care, Planned Care and Mental Health plans requested by Scottish Government Policy Departments.
- There are actions described against the 11 Delivery Areas of the annual plan. Ongoing monitoring of the actions will be supported through Fife performance framework in 2026/27.
- The Corporate Objectives for 2026/27 have been incorporated into the Delivery Area sections of the Delivery Plan and supporting objectives have been identified from each section.
- The alignment of the Corporate Objectives and Delivery Plan objectives will enable more effective focus on delivery by the Board and its committees.
- Board is asked to take moderate assurance regarding the development and delivery of the annual plan
- Board is asked to **endorse** the Delivery Plan

1 Purpose

This report is presented for:

- Discussion

This report relates to:

- Delivery Plan

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

- Safe

- Effective
- Person Centred

2 Report summary

2.1 Situation

A core function of an NHS Board is to develop and approve an annual delivery plan that clearly outlines organisational priorities, strategic objectives, performance measures, and actions required to effectively deliver healthcare services aligned to national policy, local population needs, and financial sustainability requirements.

Whilst there was no formal commission from Scottish Government to produce and Delivery Plan for 2026/27, letter dated 24 February 2026 to NHS Board Chief Executives outlined Operational Priorities for 2026/27. These Priorities sit within the strategic direction set by the Service Renewal Framework (SRF) and Population Health Framework (PHF), which support the shift towards prevention and more community-based care, while addressing sustainability and inequalities.

2.2 Background

NHS Scotland's Blueprint for Good Governance outlines the Strategic Planning and Commissioning System as a critical framework for aligning national priorities, Board-level strategic direction, and operational delivery. This system ensures that NHS Boards have a structured approach to decision-making, resource allocation, and performance oversight, enabling efficient, high-quality service provision while maintaining financial sustainability.

For NHS Fife, this means embedding our plans in a clear strategic framework that aligns:

- The **NHS Fife Population Health and Wellbeing Strategy** – our overarching long-term vision for population health, service sustainability, and workforce resilience, which is underpinned by the quadruple aim, ensuring that all actions contribute to better health outcomes, improved patient experience, enhanced workforce wellbeing, and system efficiency.
- Our **Medium-Term Financial Plan** underpins NHS Fife's strategy, ensuring that strategic priorities and transformation efforts are delivered within a sustainable financial framework, balancing efficiency, investment, and long-term service resilience.
- **Corporate Objectives** – defining the headline priorities for the organisation, ensuring Board-level oversight and strategic alignment for the year ahead.
- The **Delivery Plan** – detailing the specific, measurable actions required in 2026/27 to advance strategic objectives and deliver best value in year.
- Our **Transformation Plan** – a key enabler for structural and service change, ensuring long-term sustainability, with transformation increasingly embedded into ongoing delivery.

2.3 Assessment

NHS Board Delivery Plans provide an overarching commitment at a Board-wide level to the key service outcomes that will be delivered, reflecting both national, sub national and local priorities.

For NHS Fife Delivery Plan for 2026/27, Delivery Areas have been reviewed and adapted to reflect local focus and to highlight greater focus on key areas. Within the Delivery Plan, a number of planning priorities are described within each Delivery Area and they are listed in full below:

1. Planned Care
2. Urgent and Unscheduled
3. Cancer Care
4. Mental Health
5. Primary and Community Care
6. Women and Children's Health
7. Health Inequalities, Prevention and Population Health
8. Finance, Infrastructure and Value Based Health and Care
9. Workforce and Partnerships
10. Digital Access, Modernisation and Business Systems
11. Climate
12. Equality and Human Rights

Overarching aims/objectives aligned to Delivery Plan planning priorities have been collated including outcomes and metrics to monitor impact. The Corporate Risk Register has been aligned to each Delivery Areas, and these will describe the strategic risks to delivery of these priorities. Planning priorities that were not completed during 2025/26, will be brought forward accordingly into Delivery Plan for 2026/27.

The Delivery Plan has been aligned to individual Unscheduled Care, Planned Care and Mental Health plans requested by Scottish Government Policy Departments.

Corporate Objectives for 2026/27 and the Delivery Plan are aligned with supporting objectives being identified from each section.

The Performance and Assurance Framework, developed in 2025/26, will support the ongoing monitoring of the Delivery Plan actions, Corporate Objectives and other key performance metrics.

The Delivery Plan for 2026/27 represents a critical step in ensuring that the organisation continues to move towards a more sustainable, high-performing health and care system while delivering immediate improvements for patients and staff.

This report provides the following Level of Assurance:

	Significant	Moderate	Limited	None
Level		X		

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

2.3.1 Quality, Patient and Value-Based Health & Care

The Delivery Plan process ensures the delivery of high-quality, safe, and person-centred care through strategic planning and system-wide collaboration. A value-based healthcare approach is embedded to ensure services are clinically effective, financially sustainable, and aligned with patient needs, while prioritising equity of access, prevention, and early intervention.

Key enablers include workforce development, digital transformation, clinical service redesign, and infrastructure investment. Through continuous improvement, evidence-based decision-making, and governance oversight, the Delivery Plan drives measurable improvements in patient outcomes, operational efficiency, and system resilience, aligning with national quality standards and long-term sustainability goals.

2.3.2 Workforce

The Delivery Plan sets out the approach to workforce planning, ensuring alignment with the Workforce Plan for 2026/27. This includes optimising staffing models, recruitment, retention, and skill mix to build a resilient and adaptable workforce that meets service demands and future challenges.

A focus on sustainable workforce planning will support service transformation, productivity improvements, and financial sustainability, while also addressing national workforce priorities, staff wellbeing, and training needs to ensure a high-performing health and care system.

2.3.3 Financial

The Delivery Plan and Financial Plan for 2026/27 are developed through a joint approach, ensuring financial resources are aligned with strategic priorities and operational requirements. The Financial Plan underpins the delivery of Delivery Plan actions, balancing investment, efficiency savings, and long-term sustainability to maintain financial resilience while supporting service transformation.

2.3.4 Risk Assessment / Management

The Delivery Plan is aligned with the Corporate Risk Register, ensuring that delivery risks are proactively identified, monitored, and managed through the risk management framework. Each delivery area on the annual plan is mapped to the relevant corporate risks.

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

An Equality Impact Assessment (EQIA) is not required for the Delivery Plan itself but remains an integral part of the planning process for associated service changes. The plan explicitly references the UNCRC, reinforcing commitments to children's rights, while also embedding Anchor Institution principles to support inclusive employment, procurement, and community engagement.

Health inequalities are a core delivery area within the annual plan, with actions woven throughout the plan to address equitable access, prevention, and early intervention. Additionally, a dedicated corporate objective ensures a strategic commitment to equality, diversity, and inclusion (EDI), reinforcing alignment with national and local ambitions to create a fairer, more inclusive health system.

2.3.6 Climate Emergency & Sustainability Impact

Climate action is embedded throughout the plan as a key delivery area. The Delivery Plan includes specific commitments to carbon reduction, sustainable estate management, and environmental impact mitigation, aligning with national net-zero targets and NHS Scotland's climate resilience strategy.

2.3.7 Communication, involvement, engagement and consultation

The Delivery Plan has been developed through extensive communication, involvement, and engagement across the organisation, ensuring alignment with strategic priorities, operational planning, and workforce considerations. Key stakeholders, including clinical, managerial, and corporate teams, have contributed throughout the process, with consultation informing priorities and delivery planning to support effective implementation.

2.3.8 Route to the Meeting

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

- Executive Directors Group - 26 February, 26 March and 14 May 2026
- Finance Resources & Performance Committee - 5 May 2026 (10 March in Private)
- NHS Fife Board – 31 March 2026 (in private)

2.4 Recommendation

This paper is provided to members for:

- **Assurance** – the Board is asked to take a moderate level of assurance regarding the development and delivery of the Annual Plan 2026/27.
- **Decision** – the Board are asked to approve Corporate Objectives for 2026/27

3 List of appendices

The following appendices are included with this report:

- Appendix No. 1, Delivery Plan 2026/27 v2.4

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March 2026

Delivery Plan 2026/27

This plan sets out our national and local commitments that translate strategic priorities into specific actions, trajectories and performance expectations for the year.

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Contents

Introduction 2

Planning Context 3

Population Health and Wellbeing Strategy 2023-2028 7

Corporate Objectives 8

Implementation of sub-national planning 11

NHS Scotland Operational Priorities 2026/27 13

Aligning national, subnational and local delivery 15

Financial Planning 16

Delivery Areas 17

- Planned Care 17
- Urgent and Unscheduled Care 19
- Cancer Care 23
- Mental Health, Learning Disability and Neurodiversity 26
- Primary and Community Care 28
- Women, Maternity and Children's Health 31
- Health Inequalities, Prevention and Population Health 35
- Finance, Infrastructure and Value Based Health and Care 39
- Workforce and Partnerships 43
- Digital Access, Modernisation and Business Systems 48
- Equality and Human Rights 52
- Climate 55

Introduction

The NHS Fife Board Delivery Plan sets out the organisation's priorities and commitments for the year ahead and describes how the Board will deliver its strategic objectives in line with national policy and local need. It translates the Board's strategic direction into a clear set of delivery priorities, actions and measures, providing a shared framework for planning, performance management and improvement across the organisation.

The Delivery Plan is a central component of NHS Fife's **strategic planning and commissioning system**. It brings together national expectations set by the Scottish Government, the Board's corporate objectives and long-term strategies, and the operational priorities required to deliver safe, effective and sustainable services for the population of Fife. In doing so, it provides the practical mechanism through which strategic intent is translated into coordinated delivery across services, directorates and partner organisations.

Within this system, the Delivery Plan provides clarity on the outcomes the Board is seeking to achieve, the key programmes and actions required to support delivery, and the measures that will be used to monitor progress. It aligns the work of directorates, clinical services and corporate functions around a common set of priorities, ensuring that organisational effort and resources are focused on the areas of greatest strategic importance.

The Delivery Plan also forms an integral part of the organisation's wider governance and assurance arrangements. Progress against delivery commitments is monitored through the Board's established performance management and governance structures, enabling the Executive Leadership Team, Board Committees and the Board itself to maintain oversight of delivery, identify risks to progress and ensure that corrective action is taken where required.

Through this approach, the Delivery Plan establishes a clear line of sight between:

- national priorities and policy direction
- NHS Fife's corporate objectives and strategic plans
- the delivery priorities and programmes for the year ahead
- the performance and assurance processes through which delivery is monitored.

By setting out these priorities clearly and transparently, the NHS Fife Board Delivery Plan supports organisational focus, strengthens accountability and provides a coherent framework for delivering improvement and sustainable services for the people of Fife.

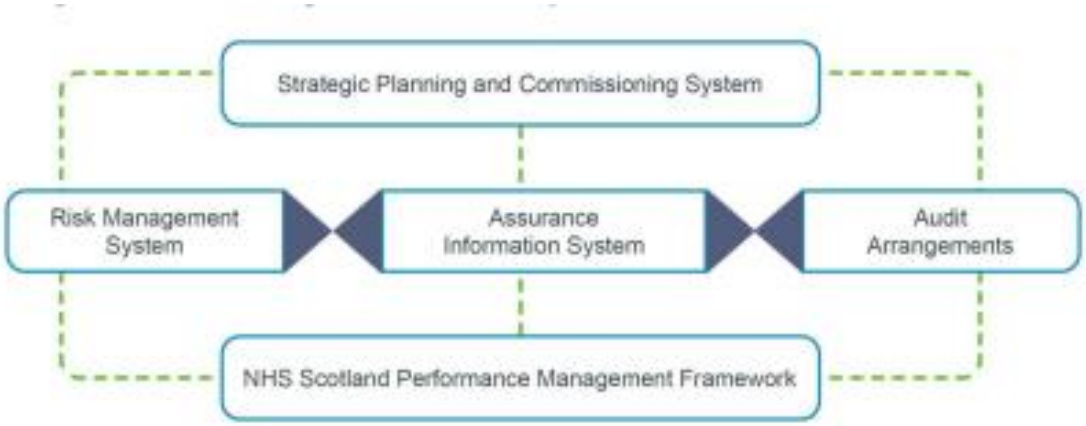


Figure One – the NHS Scotland Integrated Governance System

Planning Context

The context for strategic planning and commissioning within NHS Fife remains central to the organisation's ability to deliver safe, effective and sustainable services for the population of Fife. The Delivery Plan forms a core component of the Board's planning and commissioning system, translating strategic priorities into coordinated operational delivery across services and directorates.

NHS Fife's Delivery Plan for 2026/27 has been developed within a wider national and local policy context. This includes the NHS Fife Population Health and Wellbeing Strategy 2023–28, *Living Well, Working Well, and Flourishing in Fife*, alongside the NHS Scotland Service Renewal Framework and the Population Health Framework. Together these provide the strategic direction for reform of health and social care services in Scotland, with a continued emphasis on prevention, reducing health inequalities and strengthening community-based models of care.

The Delivery Plan also reflects the national operational focus for 2026/27 set out by the NHS Scotland Chief Operating Officer in February 2026. This national direction emphasises the continued importance of maximising system capacity across national, sub-national and local services, while maintaining a strong focus on safe, effective and person-centred care. Rather than establishing a new planning framework, the national priorities provide a clear operational focus for the year ahead, with detailed delivery continuing through existing planning, commissioning and performance management arrangements.

Within this context, NHS Fife's Delivery Plan aligns with national priorities for improving access to care, strengthening system productivity, improving flow across urgent and emergency care services, expanding community-based models of care such as Hospital at Home, and accelerating digital modernisation. These priorities are integrated into the Delivery Plan through NHS Fife's corporate objectives, operational programmes and transformation activity.

This updated plan builds on the foundations established through the NHS Fife Population Health and Wellbeing Strategy, the assumptions set out within the Medium-Term Financial Plan and the organisation's Transformation Plan for 2026/27. Together, these provide the framework through which NHS Fife will deliver its tactical priorities for the year ahead while continuing to support longer-term system sustainability and improvement in outcomes for patients and communities.

Looking ahead, adapting our workforce will be an important component of delivering affordable, high-quality health and care services. The shape and size of the workforce may need to evolve over time as the organisation responds to financial pressures, changing population needs and new models of care.

NHS Fife's Delivery Plan for 2026/27 is therefore underpinned by a set of key planning assumptions:

• **Strategic Alignment:** The plan remains aligned with the Scottish Government's national priorities for 2026/27 and with the NHS Scotland Service Renewal Framework, Population Health Framework and other relevant national policy directions.

• **Access to Care:** Continued focus on improving access to services, including reducing waiting times for planned and unscheduled care and improving equity of access across the health system.

• **Addressing Health Inequalities:** Ongoing commitment to tackling the wider determinants of health, fair financial decision making and reducing inequalities in access, experience and outcomes for different population groups across Fife.

• **Workforce Sustainability:** Workforce planning will support the transition to more sustainable models of care while maintaining staff wellbeing, development and capability.

• **Financial Sustainability:** The plan will support financial balance through effective resource management, value-based decision making and delivery of cost improvement programmes.

• **System-wide Collaboration:** NHS Fife will continue to strengthen partnership working across health and social care, recognising the importance of integrated approaches to population health.

• **Agility and Responsiveness:** The organisation will maintain flexibility to respond to evolving policy direction, financial pressures and emerging service priorities.

• **Efficiency and Productivity through Transformation:** Building on previous successes, NHS Fife will continue to pursue transformation initiatives that improve productivity, modernise services and support long-term sustainability.

• **Innovation and Reform:** Continued investment in digital capability, new models of care and data-driven decision making will support service improvement and more effective delivery of care.

These planning assumptions provide the foundation for the Delivery Plan and support NHS Fife's commitment to delivering sustainable, high-quality services and improved outcomes for the people of Fife.

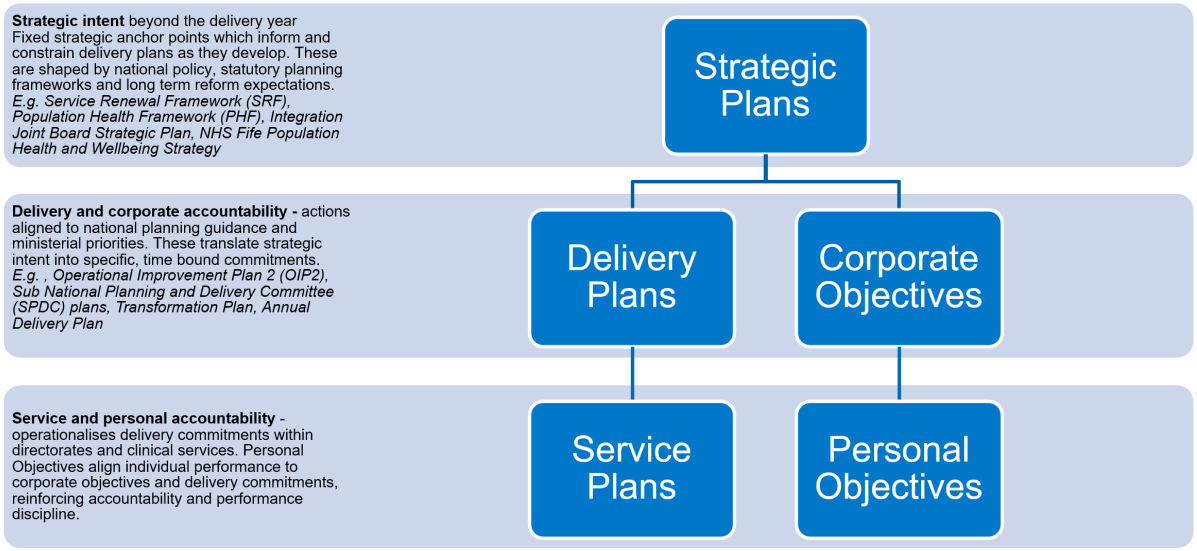


Figure Two – the NHS Fife Strategic Planning and Commissioning System

Enabling Functions

The successful delivery of NHS Fife's strategic priorities is underpinned by a suite of enabling functions that support, coordinate, and amplify service transformation. **Digital -** Continued investment in digital infrastructure and capability ensures that services are modernised, data-driven, and accessible, supporting innovation and improved patient experience.

Communications and Engagement play a vital role in engaging staff, stakeholders, and the public, fostering transparency, collaboration, and trust across the health and care system. They are central to NHS Fife's transformation programme, enabling sustainable change through proactive involvement, clear messaging, and ongoing evaluation. This approach builds confidence, ensures feedback informs decisions, and supports continuous improvement across the organisation.

The Programme Management Office (PMO) provides robust governance, oversight, and support for delivery of transformation programmes, ensuring projects remain aligned with strategic objectives, are effectively managed, and deliver measurable benefits.

Relevant Strategies

In May 2026, two strategies have been published that will contribute to the outcomes of the Delivery Plan in 2026/27.

The **NMAHP Strategy 2026-2030, Caring for Fife Together**, is a framework to support the delivery of high quality, safe and person-centred care across Fife. Grounded in three strategic domains of People, Processes and Prevention, the strategy aims to nurture a compassionate, skilled and resilient workforce, improve systems and pathways to deliver reliable and efficient care, and strengthen prevention and early intervention to improve population health outcomes. It provides a shared direction for NMAHP contribution to sustainable transformation, reduction of health inequalities and the delivery of compassionate, evidence-informed care for the people of Fife.

The **NHS Fife Medical Workforce Framework 2026–2031** sets out the Board's strategic commitment to building and sustaining a medical workforce that is skilled, responsive, compassionate and able to meet the changing needs of the population. It reflects a commitment to ensuring that every member of the medical workforce is empowered to deliver high-quality care in the most appropriate setting, at the moment it is needed most.

Population Health and Wellbeing Strategy 2023-2028

The Annual Delivery Plan for 2026/27 has been developed to remain closely aligned with the NHS Fife Population Health and Wellbeing Strategy 2023–2028 and the revised Transformation Programme ensuring continued synergy with Scottish Government priorities for 2026/27. This year, the strategy maintains its central focus on improving the health and wellbeing of Fife's population, with a renewed emphasis on tackling the social determinants of health and reducing health inequalities across all communities.

Our approach in 2026/27 further strengthens system-wide collaboration by deepening partnership working with strategic partners across the health and care landscape in Fife. Building on the success of previous years, NHS Fife is accelerating transformation initiatives that drive operational effectiveness, service innovation, and long-term sustainability. These efforts are underpinned by a commitment to equity of access, improved patient pathways, and reducing variation in healthcare outcomes.

Progress against the Population Health and Wellbeing Strategy continues to be monitored and updates reported to the NHS Fife Board annually, ensuring transparency and accountability. Public Health outcomes will be reported separately as publication dates are not aligned to the Strategy reporting timeline, but it is important that they are aligned. The reporting in 2026/27 will place particular emphasis on delivery of NHS Fife's strategic priorities, highlighting advancements in reducing waiting times, improving workforce sustainability, and delivering value-based care.

Looking ahead, NHS Fife's strategic direction for 2026/27 will remain flexible and responsive to evolving policy, financial, and service demands. By embedding innovation, digital adoption, and whole-system solutions, the organisation aims to deliver improved outcomes for all people in Fife and ensure the long-term sustainability of health and care services.

Corporate Objectives

NHS Fife's Corporate Objectives for 2026/27 form a key component of the organisation's Strategic Planning and Commissioning System, ensuring that long term priorities are translated into coordinated organisational delivery. This approach is aligned with NHS Scotland's Blueprint for Good Governance, embedding strategic planning, accountability and system wide collaboration within NHS Fife's corporate governance framework.

The Corporate Objectives set out the outcomes the organisation intends to achieve and provide the strategic anchor for planning, commissioning and performance management across the system. They establish a clear framework through which NHS Fife's strategic ambitions are translated into deliverable commitments through the Delivery Plan.

Each Corporate Objective is aligned to relevant Delivery Plan priorities and delivery areas, providing a structured approach to implementation, monitoring and evaluation within the wider commissioning framework. This ensures that strategic ambitions are supported by clear, accountable and measurable actions across services and directorates. Operational metrics have not been included in this version of the Delivery Plan 2026/27 but will be updated once funding is known and national requirements are confirmed.

By integrating Corporate Objectives with the Delivery Plan and the wider Strategic Planning and Commissioning System, NHS Fife maintains a clear line of sight from strategic ambition through to operational delivery. This enables effective performance monitoring, risk management and governance oversight, supporting the Board in delivering high quality, sustainable healthcare while meeting national policy commitments.

Planned Care (SG Priority) – By March 2027, we will continue to support the recovery of waiting times for new outpatient appointments and inpatient/day case procedures in line with the national waiting time recovery programme, prioritising patients experiencing the longest waits. (targets to be agreed post-election)
Urgent and Unscheduled Care – By March 2027, improve A&E waiting times compared to 2025/26, through whole-system improvements including utilisation of virtual beds and Hospital @ Home optimising patient flow, enhancing the Flow Navigation Centre, expanding Same-Day Emergency Care pathways, and strengthening community-based alternatives to hospital admission. (targets to be agreed post-election)
Cancer Care – By March 2027, improve compliance with the 62-day referral-to-treatment standard by optimising treatment pathways. (target to be agreed post-election)
Mental Health, Learning Disability and Neurodiversity – We will shift the balance of mental health support towards prevention, early intervention and community-based

care by March 2027, delivering the Year One programme of the Mental Health Strategy. This will focus on:

- improving how we talk about mental health;
- strengthening prevention and early intervention;
- enhancing responses to distress and mental health crises;
- improving access to support, care and treatment;
- harnessing digital and technological solutions: and
- delivering service change in line with investment in infrastructure improvement.

Progress will be demonstrated through measurable movement towards a new model of mental health care that is accessible earlier and delivered closer to people's homes and communities.

Primary and Community Care – By March 2027, continue to strengthen our integrated workforce to build capacity and capability within primary care, embedding preventative approaches such as proactive engagement with patients at risk of frailty and CVD, expand the use of digital technologies in routine primary care practice. We will continue to focus on building primary care at the heart of an integrated health and social care system.

Women, Maternity and Children's Health – By March 2027, implement agreed actions in the refreshed Women's Health Plan to improve access to specialist care, measurable service improvements expansion.

We will continue to build on our commitment to ensure children and young people are loved, safe, respected and realise their full potential. We will progress key actions for NHS Fife to address child poverty, aligning with Bringing Hope, Building Futures: Tackling child poverty delivery plan 2026-2031.

Health Inequalities, Prevention and Population Health – Building on progress to ensure equitable access to population level prevention, early detection services, care and treatment for people in Fife at highest risk of adverse outcomes, we will use the Population Health Organisation Maturity Matrix to develop an action plan for Fife. This will align with our Anchor ambitions as set out in the Anchor Strategic Plan and Plan for Fife.

Finance – By March 2027, deliver financial sustainability in line with NHS Fife's Medium-Term Financial Plan, ensuring in-year financial balance through cost containment, efficiency improvements of at least 3%, and value-based healthcare approaches, while progressing long-term financial recovery and sustainability measures.

Infrastructure – By March 2027, deliver the risk-based essential infrastructure investment plan for 2026/27 (capital depending), prioritising mental health estate refurbishment, community and primary care facilities and critical safety upgrades at Victoria Hospital, ensuring improved patient safety and service resilience.

Workforce and Partnerships - By March 2027, implement enhanced workforce planning and strategic partnership actions that collectively improve recruitment, retention, skills mix and workforce supply.

Digital Access, Modernisation and Business Systems – By March 2027, we will enhance and increase our digital capability in key areas, including technology enabled care, virtual care, planned care capacity, clinical communications, speech recognition and automation. This will align to the key transformation programmes and demonstrate an increased digital adoption enhancing both capacity, efficiency and opportunities for cash releasing savings.
Equality and Human Rights – NHS Fife will continue to place equality and human rights at the centre of service planning, decision-making and workforce practice, embedding current learning and new enhancements to our approach.
Climate – By March 2027, we will establish an evidence-based trajectory towards achieving NHS Scotland's 2030 carbon reduction targets by implementing sustainable estate management practices, reducing energy consumption, and embedding the Environmental Management System across NHS Fife facilities.

Implementation of sub-national planning

NHS Fife is an active partner in the emerging **Scotland East sub-national planning arrangements**, established following Ministerial Direction DL(2025)25. These arrangements bring together seven territorial Health Boards to plan services collectively across a population of approximately 2.48 million people, with the shared aim of improving access, sustainability and outcomes while retaining local statutory accountability.

For NHS Fife, participation in the Scotland East Strategic Planning and Delivery Committee represents an important opportunity to contribute to system-wide improvement while ensuring that the needs of the Fife population remain central to planning and delivery decisions. Sub-national collaboration enables Boards to plan services at a scale that better reflects population need and future demand, supports the sharing of expertise and capacity, and reduces unwarranted variation in access, experience and outcomes across the region.

NHS Fife is contributing to several priority workstreams within the Scotland East programme. These focus on areas where coordinated planning can deliver tangible improvements for patients and more sustainable use of collective resources.

Planned Care and Orthopaedics

NHS Fife plays a significant role in the development of a coordinated orthopaedic system across Scotland East. This work aims to address long waits for treatment and reduce variation in access to care by maximising collective elective capacity across the region. The National Treatment Centre in Fife forms an important component of the East of Scotland elective infrastructure and provides opportunities to support increased regional capacity and productivity in planned care pathways.

Through this programme, NHS Fife is contributing clinical leadership, operational expertise and infrastructure to support the ambition of treating patients according to clinical need rather than geography, improving equity of access across the East of Scotland.

Emergency Healthcare and System Flow

NHS Fife is also contributing to the development of a coordinated approach to emergency healthcare across Scotland East. This work focuses on improving access to urgent care, strengthening alternatives to hospital admission and improving patient flow across hospitals and community services.

Key areas of collaboration include the development of shared flow navigation arrangements, expansion of virtual and community-based care models and stronger coordination of escalation processes across the system. These initiatives aim to

ensure that people receive the right care, from the right team, in the right place and at the right time, while reducing pressure on emergency departments and acute hospital capacity.

Financial Sustainability and System Planning

NHS Fife is contributing to the development of a consolidated financial and planning approach across Scotland East. The region faces significant financial pressures, with an underlying recurring deficit across the East of Scotland estimated at more than £300 million. Collaborative planning across Boards provides an opportunity to identify shared solutions, improve efficiency and support the delivery of sustainable models of care.

Within this work, NHS Fife is supporting regional benchmarking, shared analytical capability and the identification of best practice across areas such as prescribing, workforce deployment and service productivity.

Supporting National Programmes

NHS Fife is also contributing to wider national transformation programmes that are being progressed through the sub-national planning structures. These include the implementation of Once for Scotland business systems and the development of the Digital Front Door (MyCare.scot), which will provide patients with a single digital channel for accessing services, managing appointments and receiving communications from the health service.

Contribution to System Leadership

Through active participation in the Scotland East planning structures, NHS Fife is contributing to the development of a more coordinated and collaborative NHS in Scotland. While statutory accountability for service delivery remains with individual Boards, sub-national planning provides a platform for stronger collective leadership, shared learning and more effective use of system capacity.

For NHS Fife, this work complements the organisation's own strategic priorities and supports the wider ambition to deliver sustainable, high quality and person-centred services for the population of Fife while contributing to improved outcomes across the East of Scotland.

NHS Scotland Operational Priorities 2026/27

The Scottish Government has set out a concise set of national **Operational Priorities for 2026/27** to provide a clear operational focus for NHS Boards during the coming year. These priorities are intended to guide planning and delivery across the system while allowing flexibility for local implementation through established planning, commissioning and performance management arrangements.

The priorities sit within the wider strategic direction established through the **Service Renewal Framework** and the **Population Health Framework**, which together set the long-term ambition for reform of health and social care services in Scotland. The operational priorities therefore provide the immediate focus for delivery in 2026/27 while supporting the longer-term shift towards prevention, community-based care and sustainable models of service delivery.

The Scottish Government has identified eight operational priorities for the year ahead.

Reducing the longest waits for planned care

NHS Boards are expected to continue increasing productivity and efficiency across planned care services to maintain progress in reducing long waits. This includes maximising the use of available elective capacity across National Treatment Centres, sub-national arrangements and local services, alongside improved scheduling and theatre utilisation. Particular focus is required on improving cancer pathways, including performance against the 62-day treatment standard and reducing treatment backlogs.

Increasing productivity across elective and diagnostic services

Boards are required to optimise the use of diagnostic and elective capacity across national, sub-national and local services. This includes strengthening access to diagnostics in community settings and accelerating the development of interoperable digital and diagnostic infrastructure to support earlier diagnosis and treatment.

Improving flow and performance in unscheduled care

A continued focus is required on improving system flow across urgent and emergency care. This includes strengthening alternatives to admission, improving discharge processes through seven-day working and integrated discharge teams, and expanding community capacity to support discharge without delay. Sub-national planning arrangements will support pathway redesign and improved system coordination.

Expanding Hospital at Home

Hospital at Home services is expected to expand further as a mainstream model of care. Boards are asked to increase utilisation and reduce variation in provision, enabling more people to receive safe and effective treatment in their own homes and reducing pressure on acute hospital capacity.

Supporting safe maternity and neonatal services

Boards must ensure full implementation of actions arising from Healthcare Improvement Scotland maternity service inspections and progress delivery of the new networked neonatal intensive care model. The aim is to ensure that mothers and babies receive safe, high-quality care in the most appropriate setting.

Improving mental health, neurodiversity and learning disability services

Continued improvement is expected in access to mental health services for people of all ages, alongside strengthened pathways and support for neurodevelopmental assessment and care. Boards should work with local and national partners to improve access and coordination across mental health services.

Accelerating digital access and modernisation

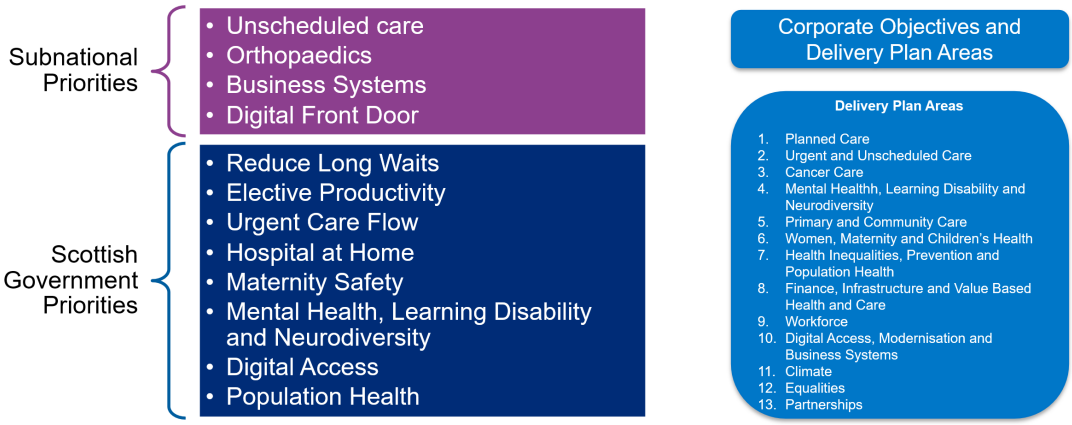
Digital transformation remains a key enabling priority. Boards are expected to support the rollout of national digital programmes, including the MyCare.scot Digital Front Door, and improve digital access, communication and care coordination across hospital, primary and community services.

Becoming a population health organisation

Boards are required to undertake an assessment using the national population health maturity matrix and develop an action plan to strengthen their approach to population health improvement. This supports the wider ambition to shift towards prevention, reduce health inequalities and better align services with population need.

Together, these priorities provide a clear operational framework for NHS Scotland in 2026/27. Delivery will continue through existing planning, commissioning and performance management arrangements, with a focus on maximising system capacity across national, sub-national and local services while maintaining safe, effective and person-centred care for the population.

Aligning national, subnational and local delivery



NHS Fife's Delivery Plan is designed to ensure clear alignment between national policy direction, emerging sub-national collaboration and the organisation's local priorities for delivery. The planning framework brings together these different layers of direction into a coherent set of delivery areas that guide fair financial decision making and operational activity across the organisation.

At a national level, the Scottish Government has set a clear operational focus for the year ahead. This includes improving access to care, increasing productivity across elective and diagnostic services, strengthening urgent and emergency care flow, expanding Hospital at Home, supporting safe maternity services, improving mental health and neurodevelopmental pathways, accelerating digital access and modernisation, and progressing towards a population health approach.

Alongside these national priorities, new **sub-national planning arrangements** are being developed across Scotland East. These focus on areas where collaboration between Boards can improve sustainability and patient outcomes at scale, including unscheduled care redesign, coordinated orthopaedic services, shared business systems and the rollout of the Digital Front Door.

NHS Fife's **Corporate Objectives and Delivery Plan Areas** bring these national and sub-national priorities together within the local context of the organisation's strategic ambitions and the needs of the Fife population. The Delivery Plan therefore provides the mechanism through which national direction and regional collaboration are translated into clear local programmes of work.

By aligning these three levels of planning, NHS Fife ensures that local service delivery contributes to wider system priorities while remaining focused on improving outcomes for the people of Fife. The delivery areas set out in this plan provide the structure through which these priorities are progressed, monitored and assured across the organisation.

Financial Planning

The Medium-Term Financial Plan (MTFP) sets out NHS Fife's financial position for the three-year period 2026/27 to 2028/29 and provides the financial framework for the Annual Delivery Plan for 2026/27. The plan reflects the indicative one-year funding settlement confirmed by Scottish Government in January 2026, alongside subsequent national funding announcements, including NRAC parity funding, sustainability funding, deficit support funding, and assumed allocations for new medicines and operational improvement priorities.

The MTFP has been developed through engagement with Executive Directors, staff side and clinical representatives, with ongoing engagement supporting delivery through the 2026/27 Transformation Plan and Financial Plan 2026/27 monitoring and governance frameworks. This ensures alignment between financial planning, service priorities and system-wide transformation activity.

NHS Fife continues to operate within an extremely challenging financial context. The Board enters 2026/27 with a significant underlying structural deficit, driven by recurrent cost pressures, unachieved historical savings, rising demand, workforce pressures and the financial position of delegated services, alongside continued inflationary and national programme cost pressures.

Both retained and delegated services remain under sustained financial and service pressure. Addressing this requires continued collaborative working across the whole health and care system, including close partnership with the Integration Joint Board, Fife Council and neighbouring Boards through sub-national planning arrangements, to ensure optimal use of resources, reduce unwarranted variation and improve productivity.

Delivery of the 2026/27 Annual Delivery Plan will require strong financial discipline alongside accelerated transformation. Progressing towards financial sustainability will necessitate more innovative and, where required, more radical changes to service delivery models, workforce deployment, estate utilisation and service configuration, implemented in a planned, clinically-led and evidence-based way to ensure services remain safe, sustainable and affordable within available

Delivery Areas

Planned Care

Corporate Objective
By March 2027, we will continue to support the recovery of waiting times for new outpatient appointments and inpatient/day case procedures in line with the national waiting time recovery programme, prioritising patients experiencing the longest waits. (targets to be agreed post-election)
ADP Objectives
By March 2027, we will • Develop a sub national collaborative system to ensure fair treatment and efficient use of elective capacity to improve access to orthopaedic care. • Prioritise patients with long waits and optimise theatre and diagnostic resources to reduce waiting times and backlogs. • Incrementally enhance Queen Margaret Hospital as a centre of excellence as a leading site for ambulatory, elective, and diagnostic care. • Increase theatre space, procedure rooms, and diagnostic capacity including MRI, Mammography, and a Hernia Centre to expand elective and diagnostic services. • Enhance patient engagement and reduce non-attendance through digital platforms by implementing digital solutions.

Support improvement of equity of access across Scotland East for orthopaedics

NHS Fife is a key partner in developing a coordinated orthopaedic system across Scotland East, aimed at reducing long waits and variation in access by maximising shared elective capacity. The National Treatment Centre in Fife is a major regional asset, increasing capacity and productivity. Through this programme, NHS Fife provides clinical leadership and operational expertise to ensure patients are treated based on clinical need rather than location, improving equity of access across the region.

Tackling long waits and backlogs focusing on key specialities

NHS Fife will continue to focus on improving access to treatment and reducing waiting times across a range of specialties. This work builds on progress made in the previous year and aligns with national priorities to reduce the longest waits and improve productivity across elective services.

Long waiting patients will continue to be prioritised while improving the utilisation of theatre capacity and diagnostic services. A particular focus will be placed on

strengthening the role of Queen Margaret Hospital within NHS Scotland's planned care recovery programme and supporting collaborative work across the Scotland East for orthopaedic services.

Develop further ambition for Queen Margaret Hospital and NHS Fife in supporting NHS Scotland as a centre of excellence

There is an opportunity to reposition Queen Margaret Hospital as NHS Scotland's ambulatory, elective and diagnostics hospital of the future, maximising existing infrastructure to deliver modern care at scale, without reliance on major capital redevelopment.

The plan would be incremental, but ambitious, to develop over Service Renewal Framework (SRF) lifespan through early adoption, testing and utilisation.

Recent development of the site includes improved theatre capacity, local procedure room and creation of a Women's Health Unit. IVT suite is also in development, to improve ophthalmology capacity. Additionally, the transfer of the Clinical Intervention Unit will increase care in the community, as well as expand prostate centre.

There are opportunities to expand on current Elective Care offering through further theatre expansion (cold site maximisation) as well as developing more local procedure rooms and expanding diagnostic capacity, specifically for MRI and Mammography, and a Hernia Centre for capacity for 2400 cases per year.

Implementation of digital solutions

NHS Fife will enhance digital support for planned care by:

- Implementing OpenEyes to strengthen the glaucoma and wider ophthalmology pathway
- Deploying the Bookwise system to improve scheduling and maximise clinical capacity, and
- Introducing Infix to optimise theatre utilisation.

This will be complemented by extending integrated clinical management and referral management systems to streamline processes, improve coordination, and support more efficient patient pathways.

Urgent and Unscheduled Care

Corporate Objective
By March 2027, improve A&E waiting times compared to 2025/26, through whole-system improvements including utilisation of virtual beds and Hospital @ Home optimising patient flow, enhancing the Flow Navigation Centre, expanding Same-Day Emergency Care pathways, and strengthening community-based alternatives to hospital admission. (targets to be agreed post-election)
ADP Objectives
By March 2027, we will • Expand Hospital @ Home Plus across health and care services by widening eligibility, managing more conditions at home, enhancing remote monitoring, embedding virtual consultations, and standardising referral and triage pathways. • Continue to implement the Discharge without Delay (DwD) programme improving timely, safe and person-centred hospital discharge through stronger planning, collaboration, digital tracking, staff support, performance monitoring and alignment with wider system initiatives. • Enhance frailty care pathways to improve hospital services, with the goal of achieving a 90% occupancy rate in both acute hospital geriatric wards and community hospitals.

Enable people to access the right service, first time, through consistent front door and flow navigation models

Improving urgent and emergency care performance remains a central priority for NHS Fife. The focus will be on strengthening system flow across the urgent care pathway, ensuring that patients are able to access the right service, in the right place and at the right time.

Building on improvement work already underway, there will further development of front door navigation models, including a review of digital triage, strengthen real time oversight of patient flow and expand the use of virtual pathways where clinically appropriate.

These actions are intended to improve performance against national standards while also reducing avoidable hospital admissions and improving patient experience.

Enhance Hospital at Home services by expanding remote monitoring, virtual consultations, and integrated care platforms, enabling people to receive hospital-level care safely at home or in a homely setting

Hospital at Home services will be strengthen by standardising referral and triage pathways, digitising workflows, and ensuring a sustainable workforce model.

Senior leadership and governance will be enhanced to support safe, consistent delivery, while evidence and lived experience will continue to inform ongoing improvement.

Ensure services work better together so that people are supported to live healthier, more independent lives at home, or in a homely setting

NHS Fife will reduce avoidable hospital admissions by expanding Home First pathways and providing same-day community alternatives. Discharge processes will be strengthened through trusted assessment, discharge-to-recover/assess models, and improved handover to community teams.

Community hospitals will be reconfigured to support specialist stroke and neurorehabilitation services, while Care at Home capacity and quality will be further developed to enhance support for people living independently.

Strengthen equitable access to digital and technology-enabled care, helping people to live independently and safely at home

Living Safely and Independently at Home will be enhanced as the single access point for Technology Enabled Care (TEC) in Fife, with increased promotion and improved visibility.

The use of digital tools will be expanded through targeted rollouts in community and residential settings and will collaborate with digital health partners to test, evaluate, and scale innovative technologies that strengthen safety, independence, and support for individuals at home.

Design and implement integrated digital care pathways to enhance information sharing, care planning and future care planning

Fife HSCP will strengthen personalised emergency care planning by improving systems and processes that ensure individuals' wishes are clearly documented, easily shared and accessible across digital platforms.

Work will focus on increasing uptake of future care plans in care homes and establishing a coordinated, system-wide approach to support consistent assessment, adoption and use of future care planning infrastructure.

Embed the principles of healthy and active ageing across health and social care services, ensuring older people are supported to live well, maintain independence, and experience coordinated, person-centred care aligned with the Ageing and Frailty Standards

Pathways will be strengthened to identify older people at risk of frailty earlier, enhance coordinated multidisciplinary support through an integrated model of care, embed the Care About Physical Activity (CAPA) approach to improve mobility and independence, and work with partners to expand community-based support that helps older people live well and remain connected.

Strengthen local support so that people at the end of life receive compassionate, person-centred care aligned with their wishes.

Approach to palliative and end-of-life care will be strengthened by enhancing community capacity, ensuring that individuals, families and communities are better supported to understand, discuss and plan for serious illness, dying and bereavement. This will include the development of community-led networks and improved access to clear, consistent information.

A universal framework will ensure that adults with life-shortening conditions receive timely, person-centred palliative care across all settings, supported by coordinated clinical pathways and consistent standards. For children and young people, NHS Fife will implement a specialist paediatric palliative care model that delivers coordinated, age-appropriate support for families.

Future care planning will be strengthened through the adoption of standardised tools and processes, ensuring individuals' wishes are clearly documented, accessible and embedded across care pathways. Implementation of the End-of-Life Care Standards will ensure compassionate, well-coordinated support in the final stages of life, with an emphasis on clear communication and improved experience for families.

Ensure that people experiencing care in care homes get the most out of life, and experience connection which enriches their day-to-day lives and meets their individual needs.

Evaluation of care home residents' experiences and quality of connection will be improved, embedding a human-rights-based approach, and enhancing family involvement through personalised connection plans aligned with emerging legislation.

Partnerships with schools, community groups and voluntary organisations will expand opportunities for meaningful connection, while structured approaches will promote positive peer relationships and strengthen staff–resident interactions.

Digital tools will also be used to support communication with families, friends and community partners.

Deliver safe, high-quality and sustainable urgent care aligned to Scotland East system design principles

Sub-national plans for urgent and unscheduled care for Scotland East are scheduled to be finalised by the end of March 2026 and will be implemented during 2026/27.

Cancer Care

Corporate Objective
By March 2027, improve compliance with the 62-day referral-to-treatment standard by optimising treatment pathways. (target to be agreed post-election)
ADP Objectives
• Embed optimal diagnostic and clinical management pathways across tumour types, starting with colorectal, lung, and head & neck. • Deliver a single point of contact (SPOCH) service for all urgent suspected cancer patients and integrate the 'Improving the Cancer Journey' (ICJ) initiative within care pathways • Increase diagnostic capacity and maintain the Rapid Cancer Diagnostic Service (RCDS), including monitoring referrals for vague symptoms under new guidelines.

Improving cancer waiting times standards through ongoing delivery of the Framework for Effective Cancer Management

Cancer Services will continue to collaborate with all specialties to pinpoint key problem areas in 62-day pathway for review. Engagement continues with Urology and a deep dive on performance is planned. The surgical backlog for renal patients remains a priority to clear and reduce waits for patients. The aim to achieve urology compliance of 70% remains a priority, with emphasis is on patient-centred care, ensuring quality is not compromised for the sake of meeting targets.

The implementation of the colorectal optimal pathway will streamline the pathway for patients, with an aim to have all patients discussed at MDT by day 28.

Dynamic tracking and escalation will continue to develop with a full complement of staff in post; identifying delays early, analysing the backlog of patients who have breached but not yet been treated and focusing on bringing in line patients who are at risk of breach.

The refreshed NHS Fife Cancer Framework with new actions aligned to the National Framework for 2026/27 will be presented to all Governance meetings by May-26.

Use of the FECM Evaluation toolkit will continue for 2026/27, updating on NHS Fife position and progress of each commitment within the framework, providing a high-level scorecard Board view.

Increase diagnostic capacity and maintain a Rapid Cancer Diagnostic Service (RCDS)

Monitor referrals for RCDS via new vague symptoms pathway featured in the new Scottish Referral Guidelines for Urgent Suspected Cancer referrals.

Embedding optimal cancer diagnostic pathways and clinical management pathways

Implementation of the Colorectal pathway will begin from March 2026, supported by the recruitment of a SPOCH Patient Navigator to enhance the patient journey and help ensure all cases are discussed at MDT by day 28.

NHS Fife will continue to strengthen the Lung and Head & Neck optimal pathways, while also forecasting future requirements for the next set of Optimal Pathways, including Prostate and HPB, to support consistent, high-quality diagnostic and treatment standards.

Delivering single point of contact services for cancer patients and integrating 'Improving the Cancer Journey' into pathways of care

Significant assurance can be provided that every patient referred Urgent suspected cancer (USC) has access to SPOCH for appointment queries and reschedules.

SPOCH will continue to appoint all USC referrals across all specialties, supporting patients throughout their entire journey within the lung, urology, and colorectal pathways. The Colorectal Optimal Pathway will be implemented from March, with recruitment of a 1WTE patient navigator within SPOCH to support.

Service expansion to cover all cancer pathways – and to incorporate the integration of ICJ and screening for the universal prehabilitation programme within Maggie's – is key to SPOCH development but additional personnel would be required.

Following the national scalability assessment, funding has been recommended across Scottish NHS Boards to support the expansion of SPOCH. The benefits include time savings for Cancer Nurse Specialists, as well as improved experiences for both patients and staff. A decision on funding is awaited.

SPOCH has 3.73 WTE, but only 2.7WTE in post. Amalgamation of 2 x 0.5WTE and recruitment of 1WTE will strengthen our current workforce, reducing training impact, ensuring service delivery.

Configuring services in line with national guidance and frameworks

The Prehabilitation Steering Group will pull together experience and insights to shape our approach and ensure the best possible outcomes are delivered for patients and embed the principles of prehabilitation across services, strengthening governance and awareness.

SCAN Board action trackers will be completed to support NHS Fife's commitment to person-centred cancer care and improved psychological outcomes.

Referral rates will be monitored following the formal launch of Scottish Referral Guidelines (SRG), expecting a reduction in inappropriate regrading and an increase in uptake of Gateway SRG learning modules.

Sustainable services for Oncology and proposed Target Operating Model

A national initiative is underway, and a Task and Finish Group has been established to develop a desktop-based target operating model for non-surgical oncology services across NHS Scotland.

Engagement sessions have been held with multidisciplinary leads for each tumour group as well as across key disciplines, including nursing, pharmacy and radiotherapy. There is an annually agreed SLA with Lothian who provide Oncology services for each of the tumour groups.

Discussions ongoing regarding a regional approach to funding for 2026/27 with SCAN.

Mental Health, Learning Disability and Neurodiversity

Corporate Objective
Mental Health, Learning Disability and Neurodiversity – We will shift the balance of mental health support towards prevention, early intervention and community-based care by March 2027, delivering the Year One programme of the Mental Health Strategy. This will focus on: • improving how we talk about mental health; • strengthening prevention and early intervention; • enhancing responses to distress and mental health crises; • improving access to support, care and treatment; • harnessing digital and technological solutions: and • delivering service change in line with investment in infrastructure improvement. Progress will be demonstrated through measurable movement towards a new model of mental health care that is accessible earlier and delivered closer to people's homes and communities.
ADP Objectives
• Reduce alcohol/drug-related harm (prevention, risk reduction, treatment/recovery) • Strengthen rights-based support for neurodiversity/learning disability (health checks, inclusive employment, digital inclusion, co-production) • Reduce suicides and inequalities (awareness, timely support, coordinated approach) • Improve responses to self-harm (skills, less stigma, compassionate care, better data/learning)

Support people to achieve their best mental health and wellbeing through the delivery of the Mental Health & Wellbeing Strategy

Fife HSCP is committed to reducing mental health stigma, ensuring people can speak openly about their wellbeing and access support without judgement.

The aim is to provide timely, compassionate responses for those experiencing or at risk of crisis, while delivering high-quality, coordinated care as close to home as possible.

This approach ensures that individuals have the resources they need to maintain and improve their mental health, with services designed to promote recovery, dignity and hope.

Improve access to online self-help resources and therapies, supporting people to manage their mental health and wellbeing

Technology will be harnessed in ways which create human connection, strengthen access to care, and build evidence to drive improvements and innovations.

Prevent and reduce harm caused by alcohol and drug use

Fife HSCP aims to reduce the harm caused by drugs by preventing problem drug use, minimising risks for people who use harmful substances, ensuring timely access to high-quality treatment and recovery services for those most at risk.

By addressing the wider disadvantages that contribute to substance-related harm, improving overall quality of life.

Shape integrated, rights-based supports and services that empower neurodivergent people and people with learning disabilities to live well and participate fully in their communities

Fife HSCP will enhance access to mental health and wellbeing support by providing annual health checks, expanding inclusive employment pathways in partnership with local employers, and reducing digital exclusion through tailored support and technology.

Ensuring that information is accessible and that people with lived experience are meaningfully involved in shaping services.

Reduce the number of suicide deaths in Fife whilst tackling the inequalities which contribute to suicide

Fife HSCP will promote conditions that protect against suicide by addressing psychological, social, cultural, economic and environmental factors.

Aim will be to increase community awareness and understanding of suicide prevention, ensure timely and compassionate support for anyone affected, and deliver a coordinated, evidence-informed approach across services and partners.

Build knowledge and confidence in responding to self-harm across a range of settings, ensuring people receive an effective and compassionate response.

Fife HSCP aims to strengthen its response to self-harm by deepening staff understanding, reducing stigma, and promoting compassionate, person-centred care.

Services will continue to be developed to better meet the needs of people affected by self-harm, ensuring support is accessible and responsive.

Ongoing improvements to data collection, analysis, and shared learning will be used to enhance service quality and inform targeted interventions for individuals who have self-harmed or are at increased risk.

Primary and Community Care

Corporate Objective
Primary and Community Care – By March 2027, continue to strengthen our integrated workforce to build capacity and capability within primary care, embedding preventative approaches such as proactive engagement with patients at risk of frailty and CVD, expand the use of digital technologies in routine primary care practice. We will continue to focus on building primary care at the heart of an integrated health and social care system.
ADP Objectives
• Support GP practices and community pharmacy capacity during peak demand. • Modernise primary care infrastructure and access models through integrated teams. • Reduce oral health inequalities through prevention and education. • Expand high-quality community eyecare and strengthen pharmacy as local health hubs.

Development of a National Primary Care Walk-in Service

Fife has been selected for Phase 2 of the Scottish Government's National Primary Care Walk-in Service.

As part of our submission to Scottish Government, the proposal is that the pilot service will be delivered from a central, highly accessible location in Fife, chosen to ensure ease of access and high visibility for residents across Fife.

Under the Scottish Government's proposal, the National Walk-in Service will provide same-day, face-to-face assessment and treatment for people with urgent, non-life-threatening health concerns. The service is designed to be complementary to existing general practice (GP) services, Community Pharmacy provisions and other urgent care pathways, ensuring patients receive the right care, in the right place, at the right time.

Key aims of the service include:

- Providing an additional urgent care option for patients who need timely medical attention without an advance appointment.
- Helping to reduce unnecessary demand on Accident & Emergency (A&E) and out-of-hours services by offering an appropriate alternative for conditions that can be safely managed in a primary care setting.
- Supporting GP practices, community pharmacists and wider primary care teams by enhancing capacity to manage walk-in demand, particularly during peak periods.

The walk-in service will work alongside traditional GP practices, community pharmacies, NHS Fife urgent care services, NHS 24 111 and NHS Inform.

Continue to strengthen Primary Care Services improving equitable access, quality and peoples experience of care.

In 2026/27, the aim is to strengthen and sustain primary care by developing integrated multidisciplinary teams, modern access models, and community-led service design that improve patient experience and outcomes.

The plan prioritises reducing oral health inequalities through prevention and education, expanding high-quality eyecare closer to home in partnership with community optometrists, and deepening collaboration with community pharmacies to enhance access, promote self-care, and position pharmacies as trusted local health hubs. It also emphasises recognising and supporting carers by ensuring they can access meaningful, person-centred conversations within primary care settings.

Key actions for 2026/27 include modernising general practice infrastructure, improving oral health prevention programmes, expanding community based eyecare, and strengthening the role of community pharmacies as local health hubs. Work also continues to ensure unpaid carers are recognised and supported within primary care settings.

Strengthen digital foundations across Primary and Preventative Care to enable seamless, connected services, expand access to digital tools for prevention and long-term condition management, and improve how citizens engage with their health information.

Across Primary Care, there are plans to modernise and strengthen digital systems by ensuring platforms are secure, interoperable, and reliable, while expanding access to digital tools that support prevention, self-management, and long-term condition monitoring.

The approach also focuses on improving how citizens engage with their own health information, enabling easier viewing, updating, and interaction.

Alongside this, the aim is to build a digitally confident workforce equipped with the right tools, training, and pathways to deliver high-quality care in an increasingly digital environment.

Key actions focus on modernising GP digital systems, progressing cloud-based platforms, and advancing the Digital Prescribing and Dispensing Pathways Programme despite delays linked to national resourcing. Citizen access will improve through the launch of the MyCare.scot app, enabling people to view key health information. Workforce capability will be strengthened through the National Digital & Data Capability Framework via Turas Learn, supporting a more confident, digitally enabled primary care system and laying stronger foundations for integrated, seamless care across health and social services.

Improve access to Person centred assessment and interventions including prehabilitation, rehabilitation and reablement

Fife HSCP will enhance rehabilitation by providing earlier access to support early intervention, prevention and prehabilitation. Care will be tailored to each person's physical and mental health needs through a person-centred rehabilitation approach.

Access to digital technologies will be expanded to strengthen rehabilitation and health improvement within a "digital-first, not digital-only" model.

Evidence-based interventions will be delivered to help individuals achieve their personal outcomes, improve health, and maintain independence.

Women, Maternity and Children's Health

Corporate Objective
By March 2027, implement agreed actions in the refreshed Women's Health Plan to improve access to specialist care, measurable service improvements expansion. We will continue to build on our commitment to ensure children and young people are loved, safe, respected and realise their full potential. We will progress key actions for NHS Fife to address child poverty, aligning with Bringing Hope, Building Futures: Tackling child poverty delivery plan 2026-2031.
ADP Objectives
By March 2027, we will • Embed Children's Rights (UNCRC) across all services, ensuring children's voices are meaningfully included in decision making. • Strengthening mental health and emotional wellbeing support for children, young people and families • Working in partnership with other agencies, strengthen family resilience through early help and holistic, whole-family centred services • Improving early speech, language and communication to close gaps and support lifelong learning

Work with partners to ensure all children and young people are loved, safe, respected and realise their full potential

There is a commitment to embed children's rights across all services by ensuring children's voices are central to decision-making and strengthening mental health and emotional wellbeing support for children, young people, and families.

The approach focuses on building family resilience through early, holistic, whole-family support, improving early speech, language and communication to close developmental gaps, and working collaboratively with partners to reduce child poverty and its impact on long-term outcomes.

Women's Health: Taking forward the relevant actions set out in the Women's Health Plan

There are four priority programme areas.

Priority Programme 1 Transformation of Gynaecology Services; addressing women's health inequalities in access and outcomes, especially deprived communities, disabled women. Minority ethnic women and those in rural and island areas.

A detailed DCAQ will be completed to identify funding required to ensure waiting times for Gynaecology Services remain below 52 weeks for outpatients across all

subspecialties, with the subsequent requirement for additional elective activity to manage the 1:5 conversion rate alongside a review of service provision and partnership working in regard to long term sustainability, referral management and managing patient expectations.

However, waiting times will increase without further waiting times funding unless all partner agencies referring into gynaecology consider the alternative pathways available to them. Phase 2 of the plan describes a long-term vision of care closer to home, moving services into the community and enabling women to self-refer for timely access to examination, scanning, biopsy and small procedures. This will require a significant amount of multi-agency work and service redesign over several years.

Gynaecology Services will be responsible for OP and IP/DC waiting times, but not in isolation and will work collaboratively with partners to redesign referral pathways alongside acute pathways of care.

Priority Programme 2 Elimination of Cervical Cancer; By 2040 elimination of cervical cancer through availability of the HPV vaccine for 15-year-olds, increasing the uptake of cervical screening and increasing the number treated for cervical cancer.

Gynaecology Services will be responsible for delivering post diagnosis management and management of Urgent Suspicion of Cancer (USC) referrals made into the service to ensure cancer waiting times targets are met.

Priority Programme 3 Women's Brain Health; 65% of the 90,000 people living with dementia in Scotland are women, which is the leading cause of death, with women also accounting for 60-70% of caregivers in Scotland

Priority Programme 4 Innovation to support women and girls; Menopause care and support, gynaecology care and support, data to enable effective design and development of innovation.

There will be specific actions relating to optimising the future health of girls and women.

- Gynaecology and reproductive health (including menstrual health, fibroids, endometriosis, adenomyosis, PCOS and menopause).
- Sexual health, abortion and contraception including understanding the changes to contraception methods preferred by the population and the move towards non-hormonal contraception.

A monitoring and evaluation framework will be developed and reporting against actions will be annual with the first report to be published in Spring 2027.

Best Start

Continue to progress with focus on CoC, staff vacancies will impact the ability to progress. Currently there is no CMiDo in Scotland, awaiting guidance on whether this will remain a focus for the forthcoming year.

New pathways for maternity care

Following discussion with the Executive Nurse Director, a comprehensive review of current staffing will be completed to support optimal recruitment for implementing the new maternity pathway.

The associated challenges will be incorporated into the Acute submission for the Workforce paper by 27 February 2026.

Improvements to Miscarriage Care

Scottish Government has provided £102,498 of recurring funding to the NHS Fife Gynaecology Service to implement and manage the miscarriage framework. This will be utilised to increase the nurse cover available and to develop the Manual Vacuum Aspiration (MVA) service as a third option for miscarriage and abortion management. Implementing MVA will improve patient choice, reduce reliance on theatre, shorten recovery times, and optimise patient flow, supported by staff training and minor infrastructure updates.

There are also plans to develop a 7-day Early Pregnancy Assessment Service, supported by recruitment of an additional Band 6 rotational nurse and exploration of weekend ultrasound provision through radiology and enhanced nursing skills.

The aim is for recruitment to be concluded by Jun-26 for the MVA service to be implemented by Dec-26. Weekend ultrasound scan access to be established by Mar-27.

Support safe and high-quality maternity and neonatal services

Ensure full implementation of HIS Maternity Services inspection actions

NHS Fife's maternity services are taking forward a comprehensive programme to strengthen safety, quality and consistency across all areas of care. This includes implementing the Birmingham Symptom-Specific Obstetric Triage System (BSOTS), improving compliance with incident review processes, and ensuring staff receive structured support following adverse events. New systems will also enhance oversight of key quality measures—such as Care Assurance data and Apgar scores—and ensure patient feedback is routinely translated into meaningful learning and improvement.

To support a safe, well-governed clinical environment, the service will maintain full compliance with essential training and safety standards, including fire safety, hand hygiene, and regular equipment and environmental checks. Workforce tools such as eRostering, SafeCare and a consistent maternity workload tool will be embedded to strengthen real-time staffing oversight and decision-making. Clinical leaders will also

be supported to maintain protected leadership time, ensuring they can effectively oversee service quality, staff development and continuous improvement.

Deliver the required changes to implement the new networked neonatal intensive care model

Await national guidance from Task and Finish group regarding timing of any changes to cot numbers/designation.

No local reduction in cot capacity will be implemented prior to assurance that pathways and capacity are in place within Tertiary centres to accommodate any necessary transfers.

Health Inequalities, Prevention and Population Health

Corporate Objective
Building on progress to ensure equitable access to population level prevention, early detection services, care and treatment for people in Fife at highest risk of adverse outcomes, we will use the Population Health Organisation Maturity Matrix to develop an action plan for Fife. This will align with our Anchor ambitions as set out in the Anchor Strategic Plan and Plan for Fife.
ADP Objectives
By March 2027, we will • increase cancer screening uptake through targeted actions addressing health inequalities in line with the National Cancer Screening Inequalities Plan. • improve delivery of smoking cessation initiatives to achieve standards for successful quits. • ensure weight management services are developed and delivered effectively during the transition to recurring baseline funding including exploring the role of GLP-1 receptor agonist medicines within weight management pathways, aligned with national consensus statements and NICE guidelines, to assess implications for patients, services, and resources.

Tackling local health inequalities and reflecting population needs and local joint Strategic Needs Assessment

Population Health Framework

The Fife Partnership is utilising the Population Health Framework to guide the creation of design workshops intended to shape the forthcoming 'Plan 27' strategy. These workshops are scheduled to be completed by the end of March 2026 and will play a central role in formulating the future direction for health and wellbeing within the region. Their aim is to ensure that the developing strategy is firmly rooted in population health principles and informed by the latest evidence and best practices.

Throughout 2026, a comprehensive programme of engagement will be undertaken to further develop the Plan for Fife. NHS Fife will play an active role in this process, participating as a statutory partner within the Fife Partnership. This collaborative approach seeks to ensure that the resulting strategy is inclusive, reflects the needs of local communities, and is supported by all key stakeholders.

Lessons learned from the preventive spend pilot will be embedded within ongoing work, ensuring that there is a well-balanced focus on both medium- and long-term priorities. By drawing on this experience, the partnership intends to maximise the impact of preventive initiatives while maintaining a clear vision for sustainable health improvements.

Population Health Maturity Matrix

The new Population Health Maturity Matrix will support development of a local action plan and is expected to be released for use at the end of April 2026 along with guidance for Boards, teams, and organisations aiming to become a Population Health Organisation (PHO). The self-assessment Matrix includes six development areas.

The matrix uses positive language to promote constructive discussions and, while focused on capabilities, also highlights impact and outcomes at advanced stages.

NHS Fife will undertake Population Health Maturity Matrix assessment and formulate and produce an action plan in 2026/27. This will build on the work carried out to achieve our ambitions as an Anchor institution supported by the Anchor Strategic Plan.

Ultimately, actions to deliver these objectives will be agreed through continued engagement with both NHS Fife and the wider Fife Partnership. This collaborative and iterative process is designed to ensure that priorities are shared, evidence-based, and responsive to the evolving needs of the population.

Joint Strategic Needs Assessment (JSNA)

Existing Joint Strategic Needs Assessment for Fife will be used to guide local planning decisions and supplemented by national datasets. NRS census data breakdown by SIMD is unlikely to be available until late 2026. This is of key importance to understanding local population inequalities. Note this timeline has already moved back considerably.

Fife Public Health department will continue to support local/national alignment for range of JSNA and data analysis this work.

Redirecting wealth back into their local community through the Anchor Strategic Plan

In 2026/27, NHS Fife will continue progressing Marmot aligned Anchor work by strengthening inclusive employment, widening engagement with partners and the third sector, and aligning Anchor ambitions more closely with the Population Health Framework. A continued focus will be placed on progressive recruitment pathways and extending opportunities for priority groups, supported by updated Scottish Government guidance expected in May 2026. Key actions include expanding paid placements where funding allows, improving data collection and engagement with employability services, and enhancing collaboration with DYW to increase opportunities for young people. Partnerships with the Armed Forces Talent Programme and the Fife International Forum will also be strengthened to support accessible pathways for the Armed Forces community, migrants and asylum seekers with the right to work in the UK.

NHS Fife will further advance community wealth building and sustainability by reviewing local bids, increasing local and supported business participation through strengthened procurement practice, and pursuing efficiency workstreams via the Regional Treatment Programme to support local business cashflow. Environmental commitments will continue through development of the Skeith allotment and community garden project, integration of UKHab survey data to inform the biodiversity action plan, and progression of renewable energy proposals submitted to Scottish Government. Collaborative work with Fife Council on district heat networks in Dunfermline and Kirkcaldy will also advance to support low carbon infrastructure across NHS sites.

Progress continues across employability, priority group pathways and community wealth building. Local bids will be reviewed and highlighted to suppliers to maximise local delivery, while procurement activity be reviewed for opportunities to support local and supported businesses. Workstreams are advancing to improve payment performance and support local business cashflow.

Receipt of Scottish Government guidance and metric review request will help shape ambitions for the 2026/27 period, although financial challenges are anticipated and may cause restrictions on ambitions and progress in some areas.

Provide targeted information and have good conversations with people about factors impacting their wellbeing and what they can do to support their own physical and mental health

We will continue to strengthen delivery of a comprehensive weight management and healthy lifestyle programme, with a clear focus on preventing obesity, reducing diabetes risk, and promoting increased physical activity and improved sleep health.

Access to evidence-based interventions and community-based smoking cessation support will be expanded to maximise population impact. Alongside this, targeted campaigns and service delivery will be taken forward to improve contraception, sexual health, and BBV prevention, supported by proactive outreach and education designed to increase vaccination uptake and reduce preventable illness.

A continued emphasis will also be placed on improving heart health outcomes through education, screening, and targeted lifestyle interventions in communities with the highest burden of cardiovascular disease.

Implement the Screening Inequalities Action Plan

NHS Fife will continue to implement the Screening Inequalities Action Plan with specific emphasis on:

- Outreach and awareness training.
- Targeted telephone intervention for non-attenders, especially in bowel and AAA screening.

- Screening for people living with learning disabilities.

Risk to Delivery: Current funding for the screening inequalities work will end in September 2026. If additional funding is not available to continue the work afterwards, all the staff involved in the inequalities work will be lost and active implementation of the Action Plan will end.

High consequence infectious diseases (HCID) pathways

The High Consequence Infectious Diseases (HCID) Pathway Group will commence regular meetings throughout 2026/27, bringing together key stakeholders from clinical services to systematically identify and address existing gaps in the pathway. These meetings will provide an important forum for multidisciplinary collaboration, enabling the group to review current protocols, share best practices, and implement targeted improvements to ensure robust preparedness and response across NHS Fife. In addition, nationally coordinated feedback is currently being finalised.

Once available, this feedback will be instrumental in shaping local actions, offering valuable guidance for enhancing the effectiveness of the HCID pathway and supporting the delivery of high-quality, evidence-based care for patients affected by infectious diseases. The integration of both local expertise and national recommendations will strengthen NHS Fife's overall approach to managing high consequence infectious diseases.

Finance, Infrastructure and Value Based Health and Care

Finance

Corporate Objective
By March 2027, deliver financial sustainability in line with NHS Fife's Medium-Term Financial Plan, ensuring in-year financial balance is delivered within the agreed deficit support funding for 2026/27 through transformation delivery, cost containment, 3% efficiency improvements and value-based healthcare approaches, while progressing long-term financial sustainability measures.
By March 2027, deliver the risk-based essential infrastructure investment plan for 2026/27 (capital depending), prioritising mental health estate refurbishment, community and primary care facilities and critical safety upgrades at Victoria Hospital, ensuring improved patient safety and service resilience.

The financial plan for 2026/27 presents:

- a clear programme of work and supporting actions to achieve 3% recurring savings on baseline budgets over the three-year period,
- an improved forecast outturn position in 2026/27 compared to the forecast outturn position reported at the start of 2025/26, with improvements in the financial position being achieved in each of the years to 2028/29
- trajectories for improvement in the financial position supported by detailed plans as to how this would be achieved and the arrangements that will be implemented by the Board to oversee delivery.

The MTFP details the financial position for the next 3 years, which will require a focussed whole system response to recover the deficit position.

Prescribing and Purchasing

NHS Fife's Prescribing and Purchasing Programme aims to maximise value from medicines and non-pay expenditure by optimising the use of national and local contracts, delivering sustainable efficiencies through evidence-based prescribing switches, and reducing unwarranted variation and waste.

The programme strengthens value-based decision-making across prescribing, procurement, and supply chain processes while supporting financial sustainability through ongoing efficiency gains and reinvestment in patient care. To deliver this, NHS Fife will undertake systematic reviews of prescribing practice, rationalise products, improve stock management to minimise excess and expiry risk, and enhance supply models across hospital, community, and virtual pathways.

Robust governance, risk management, and early identification of opportunities and pressures will be maintained through strong use of data, benchmarking, and horizon scanning.

Infrastructure

Corporate Objective
By March 2027, deliver the risk-based essential infrastructure investment plan for 2026/27 (capital depending), prioritising mental health estate refurbishment, community and primary care facilities and critical safety upgrades at Victoria Hospital, ensuring improved patient safety and service resilience.

Capital Prioritisation

Capital prioritisation is currently guided by DL(2025)15 issued on 26 June 2025. It sets out arrangements for short term capital funding under the banner of Business Continuity Planning and long-term capital funding under Whole System Planning.

NHS Fife submitted their Business Continuity Planning (BCP) in January 2025 and have received a commitment amounting to £14.51m for infrastructure priorities. Significantly we received agreement to fund improvements to our mental health estate amounting to £12.31m over three years.

Additional funding has also been received for sustainability, clinical equipment, digital equipment and GP sustainability loans.

We have also received a commitment from Scottish Government to assist with demolition and site rationalisation work through ADEL funding (revenue).

Boards are permitted to submit three Strategic Assessments to the Scottish Government in 2026/27 for consideration and prioritisation in 2027/28. NHS Fife are in the process of prioritising their projects with a view to making submissions within this window.

Key considerations will include:

- long-term mental health estate solution to suit our service re-design
- primary care accommodation to deal with demand and condition
- an acute programme of work to enable whole system service sustainability

Governance arrangements are set out in DL(2025)15 from a national perspective and local governance arrangements continue to be followed at Board level.

Cameron Hospital

NHS Fife's 2026/27 Cameron Hospital programme focuses on developing a clear, evidence-based long-term plan for the site while safely managing it through its

remaining period of use. The approach avoids major capital investment, instead applying proportionate mitigation to manage operational and clinical risks.

Planning will align with wider service redesign, including SCOTCOM and strengthened provision at St Andrews Community Hospital, ensuring any future options are developed transparently and sensitively.

The programme also establishes a short- to medium-term operating model, coordinates clinical, operational, workforce and estate planning, strengthens dependencies with regional services, and ensures robust governance and risk oversight.

Mental Health Estate

Mental Health Estate Programme focuses on aligning estate decisions with the Mental Health Strategy, consolidating services at Stratheden, and progressing relocation to Queen Margaret Hospital.

The programme also initiates early planning for future purpose-built facilities, supports modernised, community-based models of care, and emphasises strong governance, risk management, and phased implementation to ensure safety, quality, continuity and flexibility as national direction and funding evolve.

Improving Transport Service

NHS Fife's 2026/27 transport programme aims to deliver a more efficient, sustainable and value-driven transport system by centralising oversight, standardising assessment processes, and strengthening financial governance.

The programme will optimise use of all transport resources—including in-house, contracted, volunteer and routine options—reduce unwarranted variation and high-cost reliance, and ensure transport supports patient flow, discharge and wider clinical pathways.

Data-driven analysis, contract rationalisation, and enhanced performance oversight will underpin efforts to improve utilisation, target cost pressures, and maintain strong control over delivery.

Value Based Health & Care

NHS Fife is progressing several initiatives under the Realistic Medicine and Value Based Health & Care (VBH&C) approach:

- **Realistic Diagnostics Project:** A ScotGEM Year 2 student quality improvement project focused on reducing defensive medicine is in its scoping phase, with Radiology engaged and committed to supporting delivery during 2026/27.
- **Realistic Bowel Screening in Care Homes:** Work is underway with screening inequalities teams, endoscopy, and care home liaison staff to design a new bowel screening approach suitable for care homes. The model aims to

balance benefits and risks and ensure staff are trained in BRAN aligned communication. Launch may align with Bowel Screening Awareness Month in April 2026.

- **Embedding Realistic Medicine:** Workforce engagement sessions will continue with renewed focus on shared decision making, reducing low value activity, limiting unwarranted variation, and using data and patient feedback to enhance VBH&C.
- **Audit of Board Papers:** A new section highlights how Board papers align to VBH&C. Early findings show that understanding and application are inconsistent, and further support is being developed.
- **Active Monitoring of RM Plan:** The Realistic Medicine delivery plan is continuously monitored and adjusted to ensure the team can respond to emerging national and local opportunities or urgent requests.

Workforce and Partnerships

Corporate Objective
By March 2027, implement enhanced workforce planning and strategic partnership actions that collectively improve recruitment, retention, skills mix and workforce supply.
ADP Objectives
By March 2027, we will • Implementing year one of workforce strategic plans across NMAHP, Medical staffing and administration supported by robust vacancy controls, skills-mix reviews, grade-profile optimisation, automation opportunities and appropriate shared service models. • Rationalising WTE within central functions in line with NHS Scotland guidance while ensuring alignment with national terms and conditions. • Strengthening strategic partnerships with education, skills and workforce development partners to increase workforce supply, including expanding apprenticeships, training routes and sustainable career pathways into health and social care. • Improving equitable access to development and entry routes for priority groups, with progress evidenced through measurable improvements in recruitment outcomes, retention metrics, workforce capacity and skill availability.

Workforce

Achieve further reductions in agency staffing use and to optimise staff bank arrangements.

NHS Fife will focus on increasing the number of staff available through the Staff Bank by recruiting into areas that currently rely heavily on nursing agencies. Work with universities and colleges will help strengthen the pipeline of new registered and unregistered staff, reducing the need for external supplementary staffing. The rollout of eRostering and SafeCare will continue across clinical areas to give clearer visibility of demand and pressure, helping teams deploy existing staff more effectively and minimise the use of agency cover.

Planning is also underway to make sure NHS Fife can employ the 2026/27 cohort of newly qualified nurses, midwives and AHPs, supporting stability and offsetting turnover and the impact of the Reduction in the Working Week. Services will continue to receive support to review their workforce needs and move toward more sustainable staffing models that better match activity and service demand.

Achieve reductions in medical locum spend

We will review NHS Fife's use of high-cost locum and agency arrangements by comparing them with national data and other boards, helping us identify where our spending differs from the Scottish average. Through both proactive checks and retrospective reviews, we will highlight cases where agency or locum costs are unusually high and look for opportunities to bring these back in line with national norms. Alongside this, services will continue to receive support to strengthen their workforce planning so that teams can move toward more stable, sustainable staffing models that reduce the need for expensive temporary cover.

Encourage attendance and support employees

Sickness absence

A recovery plan for 2026/27 will be developed, along with a new local attendance target. Delivery will be challenging, as operational pressures make it harder for staff to attend meetings, and current workforce capacity limits the ability to maintain focus. The ongoing use of Code 99 also affects the reliability of attendance data, and seasonal illnesses—such as winter flu—continue to drive short-term increases in absence.

To improve attendance, several actions are planned. Attendance management training will be refreshed and supplemented with short bite-sized modules. A new evaluation tool will be created to assess how effective this training is in practice. A pilot will also be carried out to better understand whether mental-health-related absences are linked to work or other factors, with findings used to inform future support. Finally, managers will be supported to build the skills and confidence they need to manage attendance well and promote staff wellbeing.

Personal Development and Performance Review

To strengthen engagement with PDPR, both organisation-wide and targeted actions will be needed, but real progress depends on teams taking ownership locally. In 2026/27, we will review PDPR data more closely to understand what drives completion levels and make improvements where needed. "Let's Talk PDPR" sessions on MS Teams will continue to offer staff and managers opportunities to ask questions, share good practice and build confidence. We will also link PDPR completion more directly to access to Protected Learning Time, creating another prompt for teams to prioritise meaningful conversations.

There are, however, several risks to delivery. Service pressures may make it difficult for managers to release staff for high-quality PDPR discussions, and ongoing vacancies or sickness could further reduce capacity. Some staff may still see PDPR as a transactional process rather than a constructive, person-centred conversation, which can limit engagement. There is also a risk that, as year-end approaches, PDPRs are rushed to boost completion rates, which would undermine the quality and value of the discussions.

An implementation plan for eRostering in 2026/27 with a view to implementing across all services and professions by December 2027.

A refreshed approach to planning and implementation is currently in progress. This renewed strategy is aimed at aligning with the broader organisational objectives and ensuring that any actions taken are both timely and effective. The ongoing process is designed to address the evolving needs of teams and services, thereby supporting the overarching goals laid out in the recovery plan.

It is essential that all RWW (Reduction in Working Week) activities are completed as part of this process. These activities play a critical role in fostering staff engagement, promoting wellbeing, and supporting attendance management. Their successful completion will contribute significantly to strengthening the workforce and enhancing overall service delivery.

Furthermore, a revised resource model is required to underpin the refreshed planning and implementation approach. This updated model will ensure that resources are allocated efficiently and are responsive to changing demands. By adapting the resource model, the organisation can better support its staff and maintain high-quality services across all departments.

Our NHS Fife Leadership Framework

Work continues across key people activities to embed. An end of year 1 report on all the activities to begin to embed Our Leadership Way will be developed for onward consideration through the governance cycle.

Annual Report will report progress made during 2025/26 and will provide actions for 2026/27, currently in writing.

Workforce Development

Allied Health Professionals (AHPs)

The AHP workforce will be strengthened by developing a clear strategy aligned to national policy, expanding advanced and consultant-level practice, and making better use of skill mix across services. Workforce planning will improve supply, succession and career pathways, supported by stronger links with universities and education providers to enhance training and recruitment. Workforce, service and financial planning will be more closely aligned so advanced practice roles can be deployed effectively, with consistent governance and engagement to support high-quality change across all AHP professions.

Healthcare Scientists, Pharmacy, Psychology

NHS Fife aims to build a resilient, future-ready workforce across Healthcare Scientists, Pharmacy and Psychology by aligning strategies with national policy, expanding advanced and consultant-level roles, and improving skill mix to support modern ways of working. Strengthened workforce planning, along with partnerships

with universities and education providers, will improve training, recruitment and career progression.

Workforce, service and financial planning will be brought together to ensure advanced practice roles are deployed effectively and consistently, supported by strong governance and engagement across all professions.

Nursing

NHS Fife will refine its nursing workforce by improving the balance between registered and unregistered roles, reducing reliance on bank and agency staff, and ensuring teams are staffed safely and sustainably. This includes reviewing establishments using data and professional judgement, strengthening oversight in areas with high temporary staffing use, and clarifying the role and responsibilities of registered nurses to support effective delegation and team working.

The work will also focus on using digital tools to free up nursing time and improve productivity, while maintaining strong professional leadership, governance and engagement with staff and trade unions to support these changes.

Medical

NHS Fife will develop a medical workforce strategy that supports sustainable, high-quality services by reducing reliance on locums, improving workforce planning, and stabilising medical establishments. Job planning will be strengthened to better match capacity to service needs, improving productivity and fairness. Recruitment, retention, and succession will be supported through stronger training pipelines and partnerships with universities, training bodies, and regional colleagues.

The organisation will also review medical staffing across all services to ensure capacity aligns with demand, tighten oversight of locum use, and link medical workforce planning more closely with service redesign, estate developments, and digital programmes, supported by clear clinical leadership and governance.

Administration

NHS Fife aims to modernise and strengthen its administrative workforce by improving career pathways, updating training routes, and making better use of digital tools to increase productivity and reduce manual work. Administrative roles and structures will be reviewed to ensure consistency, clearer progression, and alignment with service needs, quality expectations, and affordability.

Workforce planning will be closely linked with wider service redesign and digital transformation to ensure administrative capacity grows in a sustainable, planned way. Strong engagement, governance, and partnership working will remain central as the organisation moves toward a more efficient and future-ready administrative workforce.

Partnerships

Development of Joint Academic/Health Strategies

To further strengthen the relationship with higher education institutions, NHS Fife will work collaboratively with Fife College and University of St Andrews to develop comprehensive joint strategies that integrate both education and health objectives. This partnership aims to align academic programmes with the evolving needs of the health sector, ensuring that students acquire the relevant skills and experience necessary for careers in healthcare.

The strategies will include opportunities for work placements and apprenticeships and shared initiatives that support workforce development in nursing, midwifery, and other healthcare professions. By combining expertise and resources from both sectors, these joint strategies will help foster innovation, address skills gaps, and enhance the quality of education and training available to future health professionals.

The collaborative approach will also promote research and knowledge exchange, support evidence-based practice and driving continuous improvement in health and social care services across the region.

Working with Further and Higher Education

NHS Fife is continuing discussions with national colleagues to explore a more consistent, Scotland-wide approach to Apprenticeships. Work with Fife College is progressing, including contributing to a pilot programme that supports parents into Nursing and Midwifery careers. As part of this, the college will deliver introductory healthcare sessions across its campuses to help participants understand the range of roles available.

Further conversations with Fife College and Skills Development Scotland are looking at new opportunities for Foundation and Modern Apprenticeships in areas such as Scientific Technologies, Administration, and Estates & Facilities. NHS Fife will also continue promoting Modern and Graduate Apprenticeship options through external training partners. There is also potential to jointly host a careers event for S4–S6 pupils at Fife College, giving young people hands-on insight into the “patient journey” and the variety of careers in health and social care.

There are some risks to delivery. National and local responsibilities are not yet fully clear, which may delay agreement on the scope and standards of new apprenticeship routes. In addition, some parents may find it difficult to take part due to caring responsibilities, travel barriers, or timetable constraints, and limited capacity in clinical areas may affect the ability to provide meaningful placement experience without disrupting services.

Digital Access, Modernisation and Business Systems

Corporate Objective
By March 2027, we will enhance and increase our digital capability in key areas, including technology enabled care, virtual care, planned care capacity, clinical communications, speech recognition and automation. This will align to the key transformation programmes and demonstrate an increased digital adoption enhancing both capacity, efficiency and opportunities for cash releasing savings.
ADP Objectives
By March 2027, we will • Adoption and implement national and other prioritised systems as per business needs. • Transition from existing national cyber security requirements to the new Cyber Assurance Framework. • Continue to support growth in clinical research in partnership with regional colleagues. • Ensure the organisation is fully prepared for forthcoming national joint HR, Finance, Payroll and Procurement system, coordinating readiness and change activity across all relevant corporate and operational functions. • Implement clinically safe and user-focused systems through service design, system convergence, and advanced data analytics to reduce complexity and enable modernisation • Strengthen digital capability by implementing the National Digital and Data Skills Framework and delivering a digital enablement plan that supports confident and inclusive use of digital services.

NHS Fife Digital Framework

The Digital Framework 2025–2028 positions digital as a core enabler of NHS Fife's transformation agenda, aligning with national programmes and organisational priorities. It introduces a flexible, integrated operating model built on four commitments:

1. **Engagement** – Embeds co-design with staff and patients, strengthens business partnerships, and drives digital skills development for our staff, to ensure adoption and inclusivity.
2. **Planning & Performance** – Establishes robust governance, financial sustainability, and workforce planning, supported by measurable KPIs and transparent prioritisation.
3. **Building & Implementation** – Delivers clinically safe, user-focused solutions through service design, system convergence, and advanced data analytics, reducing complexity and enabling modernisation.

4. **Operate & Support** – Maintains secure, resilient infrastructure with lifecycle management, cyber security, and compliance to national standards, ensuring reliability and trust.

The *Digital Progress: Opportunities 2025–2028* translates the Digital Framework into action and includes details of the specific programmes, investments, and partnerships that will bring these principles to life and provides the "what" and "when," outlining priority initiatives such as patient engagement platforms, remote monitoring, infrastructure modernisation, and clinical system enhancements. Together, they ensure that digital transformation is both supportive of our strategic ambitions, practically deliverable, with clear alignment to organisational priorities and a focus on equity, inclusion, and measurable benefits.

Adoption and implementation of national and local digital programmes

NHS Fife is progressing the rollout of key national digital systems that support clinical care, operational efficiency, and service modernisation. A range of digital programmes being implemented across different service areas, including:

- **e-Rostering** – improving workforce scheduling and resource management.
- **HEPMA** (Hospital Electronic Prescribing and Medicines Administration) – enhancing medicines management.
- **GP IT systems** – modernising primary care digital infrastructure.
- **OpenEyes** – supporting digital ophthalmology records in community and outpatient settings.
- **Infix** and associated scheduling/eTrauma systems – improving theatre scheduling and pathway coordination.
- National infrastructure programmes such as **SWAN2** and **Microsoft 365** remain core to secure connectivity and productivity.

In relation to **Electronic Health Record programme**, a refreshed prioritisation of programme activities will be undertaken, led jointly by Acute Services and HSCP Senior Leadership Teams (SLTs). This will ensure that digital development work reflects operational need, system pressures, patient safety requirements, and available capacity. The revised prioritisation will support clearer programme governance, enable proactive risk management, and ensure resources are focused on areas with the greatest impact on efficiency, flow, and patient experience. It will also provide a transparent roadmap for implementation across both acute and community settings.

Improving cyber resilience and compliance

NHS Fife will work closely with the Scottish Government to complete the transition from existing national cyber security requirements to the new Cyber Assurance Framework (CAF). This will involve confirming the national timelines, expectations,

and assessment methodology and ensuring that all associated governance, technical, and procedural controls are aligned to the CAF standards.

As part of this work, NHS Fife will review current cyber-resilience arrangements, identify any gaps against the new framework, and establish a phased implementation plan covering risk management, technical controls, incident response, staff awareness, and third-party assurance.

Work with services to develop their digital skills, knowledge, and behaviours.

NHS Fife will strengthen digital capability across the organisation by implementing the National Digital and Data Skills Framework and building staff confidence, leadership and understanding in the safe and effective use of digital tools. This work will support the transition from simply operating digital systems to understanding their purpose, benefits and role in high-quality care.

Alongside this, NHS Fife will develop a comprehensive digital enablement plan to ensure both staff and service users are supported to use digital services confidently and inclusively. The programme will also promote digital inclusion, helping patients engage with digital tools in ways that suit their needs and preferences, ensuring equitable access and supporting improved outcomes across all services.

Working collaboratively with other organisations to scale and adopt innovation

NHS Fife will deliver the Board Development Session on Research, Innovation and partnership working with the University of St Andrews on 24 February 2026.

The VPAG (Voluntary Scheme for Branded Medicine Pricing, Access and Growth) funding application will be revised and resubmitted by the end of February 2026, in line with Panel feedback, with an expectation of approval although the level of funding and associated posts remains uncertain.

Planning will progress for the joint Research and Innovation Symposium with the University of St Andrews. NHS Fife will work with Estates to scope options and agree an approach for the potential expansion of the Clinical Research Facility at Victoria Hospital.

Development of a new five-year Research, Innovation and Knowledge (RIK) Strategy will begin, alongside continued review of RIK governance and reporting, including submission of an SBAR to the Clinical Governance Committee proposing more regular updates.

Business Systems

The Business Systems Programme focuses on ensuring the organisation is fully prepared for forthcoming national joint HR, Finance, Payroll and Procurement

system by coordinating readiness and change activity across all relevant corporate and operational functions.

It aims to improve data quality, process consistency, and alignment to national design assumptions while supporting early adoption where this offers value and reduces future risk. The programme will lead local readiness work including detailed mapping of processes, change impact assessments, training preparation and communication, while strengthening governance, risk management and escalation procedures.

It ensures that digital, workforce and broader process change activities are aligned to national timelines and dependencies, minimising disruption and maximising the benefits of national system deployment.

Equality and Human Rights

Corporate Objective
By March 2027, NHS Fife will continue to place equality and human rights at the centre of service planning, decision-making and workforce practice, embedding current learning and new enhancements to our approach.
ADP Objectives
By March 2027, we will • Deliver the agreed actions within the Anti-Racism Plan to improve equity, inclusion and staff and patient experience. • Implement and monitor a Maternity Care Improvement Plan focused on reducing racialised inequalities and improving outcomes and experiences for women and families from global majority communities.

Equality and Human Rights Improvement Work

NHS Fife will deliver a focused programme of improvement actions during 2026/27. Oversight will be provided through the refreshed Equality and Human Rights Steering Group, chaired by the Executive Director of Nursing.

Key Deliverables by March 2027: Deliver the Equality and Human Rights Steering Group workplan with quarterly progress reporting.

Implement the Equality Mainstreaming Plan 2025–2029 across all Directorates.

- Fully embed the revised Equality Impact Assessment (EQIA) process across service planning and policy development.
- Monitor and report corporate equality and human rights risks through established governance arrangements.
- Launch on online “HR Hub” to improve staff access to equality, diversity and inclusion support and resources.
- Deliver a programme of workforce development to strengthen staff capability and confidence in equality, diversity, inclusion and human rights practice.
- Provide regular assurance reporting to the Staff Governance Committee and NHS Fife Board from April 2026 onwards.
- Complete the scheduled Internal Audit review of equality governance arrangements by August 2026 and implement any resulting recommendations.

Equality Outcomes and Mainstreaming Plan 2025–2029

NHS Fife will fully implement the updated governance structures, processes and reporting arrangements required to meet statutory equality and human rights duties.

- Embed revised equality governance arrangements across all Directorates by September 2026.
- Ensure 100% of relevant strategies, policies and service redesign programmes complete the updated EQIA process by December 2026.
- Submit quarterly progress reports to the Equality and Human Rights Steering Group and Staff Governance Committee.
- Complete and respond to the Internal Audit review by August 2026, with improvement actions tracked through to completion.

Racialised Inequalities and Anti-Racism Plan

The Anti-Racism Plan will be refreshed and implemented during 2026/27, informed by staff, stakeholder and Scottish Government engagement.

- Finalise and publish the refreshed Anti-Racism and Racialised Inequalities Plan by September 2026.
- Develop and deliver a supporting communications and engagement plan by October 2026.
- Gather and review stakeholder feedback through targeted engagement activity and feedback questionnaires by December 2026.
- Monitor delivery of agreed actions through quarterly reporting to the Equality and Human Rights Steering Group.
- Incorporate learning and feedback from Scottish Government Board engagement sessions into the final implementation plan.

Racialised Inequalities in Maternity Care

NHS Fife will strengthen its approach to reducing inequalities in maternity care through improved data, lived experience engagement and targeted service improvement actions.

- Establish routine monitoring and reporting of maternity service use and outcomes by ethnicity by September 2026.
- Review stillbirth, intervention and risk-assessment data across ethnic groups using comparative analysis to identify inequalities and priority actions.
- Gather and incorporate lived experience feedback from women and families from global majority communities to inform service redesign and improvement.
- Review maternity risk-assessment processes and models of care using national and regional learning, including examples of best practice from other NHS Boards.
- Improve access to interpretation services, continuity of carer and additional support appointments for women requiring enhanced support.
- Deliver targeted cultural competence and inclusive practice development for maternity staff by March 2027.

- Strengthen partnership working with Equality, Diversity and Inclusion colleagues and third-sector organisations to support sustainable cultural change and equitable care outcomes.

Climate

Corporate Objective
By March 2027, we will establish an evidence-based trajectory towards achieving NHS Scotland's 2030 carbon reduction targets by implementing sustainable estate management practices, reducing energy consumption, and embedding the Environmental Management System across NHS Fife facilities.
ADP Objectives
By March 2027, we will • achieve full fleet electrification for small and light commercial vehicles, aligning with the 2030 target. • ensure that 70% of all domestic waste is recycled or composted. • implement all bundles provided by the National Green Programme from CfSD • adhere to the National Quality Prescribing Guide for respiratory medicines by reducing the use of Salbutamol inhalers.

Greenhouse gas emissions reductions in line with national targets

In 2026/27, we plan to introduce 16 new EVs to our fleet, in line with our full fleet electrification obligation. This remains dependent on available funding.

During the same period, we will also identify opportunities for future decarbonisation projects to support our 2030 targets. This includes planning suitable locations for EV chargers to support the fleet and assessing whether our existing electrical capacity is sufficient to accommodate them.

Adapting to the impacts of climate change

Efforts to adapt to climate change are underway, with significant work focused on flood risk mapping as part of the NHS Scotland Flood and Adaptation Review.

In 2026/27 we will continue to work with NHS Assure and supporting JBA consultants in producing a detailed flood risk assessment for Victoria Hospital. We will also continue to work with Fife Council to ensure our adaptation efforts are aligned across the region.

Having completed data collection for the overheating in wards work, we will aim to have a full report completed by May 2026 outlining key findings which includes a policy review, impacts on staff and patients and recommendations for retrofit and nature-based solutions.

The achievement of national waste targets, and local targets for clinical waste

With regard to waste management, NHS Fife is striving to recycle or compost 70% of domestic waste, having already met most of its targets through post-audit improvements.

NHS Fife will continue to make progress in achieving national waste targets and promote recycling across sites.

Although one target was narrowly missed in the previous year, the achievement of three out of four targets to date demonstrates solid progress and a positive trajectory. To date we have achieved 49% of all domestic waste being recycled.

In 2026/27 we will continue to push staff education and put the necessary behaviour change elements in place to encourage recycling. We will also be having more focused discussions with departments and wards to identify items that could be recycled and areas for improvement at a ward level to encourage enhanced waste segregation.

Sustainable travel approach

Efforts are underway to meet the 2030 fleet obligation for heavy commercial vehicles. Additionally, we aim to increase charging at sites to support more sustainable commuting and our EV Salary Sacrifice scheme.

Sustainable travel initiatives include an electric vehicle salary sacrifice scheme, an e-bike rental program, working with CalCommuter and Travelknowhow Scotland in 2026/27 to carry out analysis of staff travel and create specific travel plans for each main hospital site.

Develop EV charging infrastructure for staff to support the EV salary sacrifice scheme and use of electric vehicles for commuting

In 2026/27, we aim to expand charging capacity across NHS Fife sites to support more sustainable travel, with a particular focus on enabling uptake of the new EV salary sacrifice scheme. Our plans include installing 14 chargers at QMH, an additional 6 chargers at VHK (bringing the total there to 16), and 7 chargers at Adamson Hospital. All chargers will be available for use by staff, patients, and visitors. We aim to have chargers in operation by October 2026

To support this expansion, we also intend to implement a consistent back-office system for all chargers by October 2026. This will allow us to collect accurate usage data, helping us better understand and report on the sustainability benefits.

Progress a sustainable travel approach focusing on active travel initiatives and supporting a more sustainable commute for staff

To reduce commuter emissions in 2026/27 we will continue to promote and advance active travel initiatives such as a staff e-bike scheme, EV salary sacrifice scheme and cycle to work scheme.

We will aim to increase the scheme limit for cycle to work, making it more accessible for staff. The new £5k limit should be implemented by the end of June 2026.

We will also continue to work with CalCommuter and Travelknowhow Scotland to gain a detailed analysis of staff commuting behaviour and develop site-specific travel plans for all main hospital sites. Timescales for this project are dependent on funding and DPIA approvals. Finally, we will continue to work with public transport providers and Fife Council to increase accessibility to sites and look at methods of supporting staff.

Environmental management, including increasing biodiversity and improving greenspace

We have developed a Senior Strategic Addressing the Climate Emergency Board (ACE) to support decision-making and progress surrounding the Climate Emergency & Sustainability Strategy. This board will involve senior management across many areas of the organisation to encourage increased climate action across NHS Fife. We aim to have this board in operation in 2026/27.

Environmental management efforts have led to the development of a robust Environmental Management System and progress in biodiversity planning, including green space mapping and staff engagement.

Significant progress has been made on the Environmental Management System (EMS), which is now built and supported by audits, feedback, and procedure development in collaboration with a national group. In 26/27 we will look to have an operational ACE board to provide governance for EMS and ensure audit recommendations are actioned. We aim to have the first meeting of the ACE board by October 2026, and a clear understanding of how the ACE board works, with clear actions across all directorates by the end of the 26/27 financial year. We will aim to build an EMS working group and outline a framework for implementation.

We will develop our own mini biodiversity action plan, outlining key actions the board can take to enhance biodiversity at our sites. We aim to have this completed by August 2026. Once the UKHab surveys are complete and finalised, we will aim to add the data to our own GIS mapping, giving us a full and in-depth understanding of the habitats and biodiversity at our sites. The PMG at QMH will be completed by May 26. We will make progress in developing Greenspace at Lynebank Hospital in alignment with our 2030 Greenspace Strategy. We will continue to work with Fife Council and HSCP to achieve our first allotment site at Skeith. Having obtained planning permission, we will aim to start the groundwork at the site by September 2026 and have the allotments allocated and in use by January 2027.

Queen Margaret Hospital has good potential to be Carbon Neutral, with LED lighting and Solar already installed, which could be expanded upon. There are opportunities to link to Fife Council's district heating system in due course whilst further fabric improvements (windows, insulation etc.) would decrease energy usage and decrease backlog. There have already been significant Greenspace Improvements made to the site.

Reduce greenhouse gas emissions from our buildings

We will set out an approach to develop and begin implementing a building energy transition programme that delivers energy efficiency improvements, increases on site renewable electricity generation, and supports the decarbonisation of heat sources.

The aim is to reduce greenhouse gas emissions from our buildings by at least 75% by 2030, compared to a 1990 baseline, use renewable heating systems by 2038 for all NHS-owned buildings and for all our estate to have net-zero emissions by 2040.

We have submitted a decarbonisation plan to the Scottish Government outlining two scenarios based on different levels of funding, along with a major multiyear project plan. Until we receive confirmation of funding and clarity on which scenario will be taken forward, we are unable to provide further details on timescales.

Producing the environmental impact of healthcare through National Green Programme actions

NHS Fife will continue to strengthen its approach to understanding and reducing the environmental impact of healthcare by fully implementing the actions set out within the National Green Programme.

This work will include systematically identifying high-impact clinical and operational areas, analysing carbon and waste outputs, and applying evidence-based interventions that support more sustainable models of care. Theatres continue to be in scope with Endoscopy and Renal to be explored during 2026/27.

Quality Prescribing guides and sustainability in quality improvement approach

Plan to set up patient take home packs to allow streamlined discharges for patients who are commenced on AIR/MART protocols as per the new SIGN/BTS/NICE asthma guidelines, with directions for ‘use as directed' with patient leaflets from Asthma + Lung UK. quarterly update on prescribing data in relation to inhalers.

Finalisation of updated inhaled therapies guidance for adults & paediatrics. Creation of inhaler techniques poster & training guide to support consistency & best practice. Explore opportunities for raising awareness / education of updated guidance once available.

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

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

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

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NHS Fife

Meeting:	**Fife NHS Board**
Meeting date:	**26 May 2026**
Title:	**Medium Term Financial Plan 2026/27 – 2028/29**
Responsible Executive:	**Susan Dunsmuir, Director of Finance**
Report Author:	**Maxine Michie, Deputy Director of Finance**

Executive Summary:

- The Medium Term Financial Plan 2025-28 was approved by Scottish Government on 26 March 2026.
- The timetable for the submission of the annual 3-year medium term financial plan to Scottish Government included draft submission on 2 February 2026 and final submission on 16 March 2026.
- Non-recurring sustainability funding of £150 million will be provided to territorial boards on an NRAC basis. This funding must be used in full to reduce pressures and the health board reported deficit. Funding will taper back across the life of the three-year MTFP.
- NHS Boards at stage two and above on the NHS Scotland Support and Intervention Framework for finance will receive additional support in 2026-27 to improve financial sustainability, which will also taper back over the life of the three-year MTFP.
- NHS Fife will receive a £13.7m NRAC allocation in 2026/27 to ensure the board remains no more than 0.6% from Parity. A proposal has been included in the plan to consider options to optimise the benefit of the additional funding and has been impact assessed against the quadruple aims linked to our strategic priorities.
- The draft medium term financial plan submitted to Scottish Government indicates a £35.6m financial gap in 2026/27 after inclusion of non-recurring sustainability funding, £10.4m and prior to non-recurring deficit support, £9m to be made available to NHS Fife by Scottish Government in 2026/27. Indicative whole system cash releasing savings of £26.6m have been identified to date which require significant work, focus and monitoring to deliver on a recurring basis.
- A planning assumption has been included to recognise a requirement of savings of £13.364m in 2026/27 from health delegated services alongside an assumption that savings will be delivered by the IJB.
- The IJB remains a major financial risk, with delegated services under severe pressure. Current financial information shared by the IJB Chief Finance Officer on the IJB budget position indicates a cost of continuing budget gap of £5.475m. Following discussions with Fife Council and IJB colleagues, a residual financial gap of £5.475m will be addressed through a further non-recurring contribution of £2.6m from NHS Fife, with the remaining

balance to be managed by the IJB through additional savings measures. The potential for further risk share is presented within the scenario modelling and sensitivity analysis.

- The total additional financial support to be provided by NHS Fife to the IJB in 2026/27 will be £8.6m, including NRAC £3m, non-pay inflation £3m and a further allocation of £2.6m to support pressures. This is broadly consistent with the 2025/26 position, when NHS Fife provided £8.5m and Fife Council contributed £5.5m in additional funding.

- The plan identifies several risks that could impact delivery of our draft financial plan including the reduction in Scottish Government Operational Improvement Plan Funding to £100m non-recurring Funding. We have appointed to posts and made recurring commitments because of the recurring funding notified to us in 2025/26.

- Scottish Government have continued to advise brokerage will not be available, and all NHS Boards must work towards break-even. Historic outstanding brokerage balances remain repayable.

- Capital Formula allocation for all Boards will remain in line with 25-26 levels, £8.152m. Our draft capital expenditure plan will be endorsed at Fife Capital Investment Group at the beginning of February 2026.

- Approved projects from Business Continuity Plans will continue to be supported £4.78m in 2026/27 and £4.13m in 2027/28 (Mental Health, Window replacement & Fire Door rectification).

- While separate sub national financial plans are not required Board level financial plans should include a narrative detailing the key areas of focus for sub-national planning reflecting common priorities within areas across the East region.

1 Purpose

This report is presented for:

- Decision

This report relates to:

- Medium Term Finance Plan 2026-29

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

The Scottish Government issued its annual financial planning guidance on 12 December 2025, setting out the approach for 2026/27 and asking Boards to develop realistic financial plans aligned to Operational Improvement Plan performance expectations and national targets.

Following the 2026/27 Budget announcement on 13 January, Boards received indicative funding allocations and confirmation of provisional planning assumptions. We submitted our draft abridged financial plan on 2 February 2026, with the final submission to be made on 16 March 2026. Scottish Government formal approval for NHS Fife's 2026/27 Three-Year Financial Plan was received on 26 March 2026. The approval letter is included at Appendix 2.

2.2 Background

The expectation from Scottish Government is that NHS Boards' financial plans for 2026-27 and future years will present:

- a clear programme of work and supporting actions to achieve 3% recurring savings on baseline budgets in 2026-27,
- an improved forecast outturn position in 2026-27 compared to 2025-26, on a comparative basis,
- improvements in the financial position are expected to be shown in years two and three of the plan.
- trajectories for improvement in the financial position supported by detailed narrative plans as to how this will be achieved and the arrangements that will be implemented by the Board to oversee delivery.

Boards were reminded that brokerage will not be available to support overspends and that Accountable Officers remain statutorily responsible for achieving financial balance. Historic brokerage also remains repayable. Scottish Government will review each Board's three-year financial plan and discuss what support may be required to strengthen plans. Failure to achieve financial balance in 2026/27 would result in an overspend in the financial statements, with potential consequences including qualification of accounts, a Section 22 report, and escalation.

DL(2025)25 and the Ministerial Direction issued on 13 November 2025 outlined key requirements for NHS Scotland to improve outcomes and financial sustainability through two sub-national structures. While separate sub national financial plans are not required Board level financial plans should include a narrative detailing the key areas of focus for sub-national planning reflecting common priorities within areas across the East region.

2.3 Assessment

Appendix 1 outlines the development of the 2026–29 three-year financial plan. Based on current planning assumptions and expected commitments in 2026/27, the indicative financial gap before mitigation is £35.6m. This includes the impact of non-recurring sustainability funding but excludes non-recurring deficit support, both of which will taper over the three-year period.

To mitigate the financial gap, we have identified £26.6m of savings across the NHS Fife health and care system. In line with the Scottish Government's 3% recurring savings target, we are progressing these savings on a recurring basis. As our cash-releasing requirement, taking into account our notified deficit funding support, is lower than the 3% target, our plan

will also set out wider productivity opportunities currently under discussion. The medium-term plan highlights work underway to redesign services, rationalise the estate and transform how we deliver and support care

This report provides the following Level of Assurance: Limited. This is due to the ongoing work in relation to the IJB draft financial plan, Savings plan and outstanding confirmation of funding allocations.

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

2.3.1 Quality, Patient and Value-Based Health & Care

Effective financial planning, allocation of resources and in-year management of costs supports the delivery of high-quality care to patients.

2.3.2 Workforce

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

2.3.3 Financial

Financial implications are detailed in the Paper.

2.3.4 Risk Assessment / Management

Risk assessment is a crucial part of the financial planning process, and an assessment of the major risks is contained within the draft medium-term plan.

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

This paper has been prepared with due regard given to the Equality Act 2010 and compliance with the three aims of the Equality Duty as part of the decision-making process. An impact assessment has not been conducted as it is considered not relevant to this paper. All savings plans progressed to deliver financial sustainability will however be subject to the appropriate level of assessment.

2.3.6 Climate Emergency & Sustainability Impact

There are no direct implications arising from this report.

2.3.7 Communication, involvement, engagement and consultation

Appropriate communication, engagement and consultation has taken place across the organisation in developing the draft financial plan.

2.3.8 Route to the Meeting

This paper is presented for the first time, but the content which not materially different to the draft financial plan submitted to Scottish Government on 2 February 2026 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 Leadership Team - 20 January 2026
- Extraordinary Finance, Performance & Resource Committee (Private Session) - 26 January 2026
- NHS Fife Board (Private Session) - 27 January 2026
- Executive Leadership Team - 26 February 2026
- Finance, Performance & Resources Committee – 10 March 2026
- NHS Fife Board (Private Session) – 31 March 2026
- Finance, Performance & Resources Committee – 5 May 2026

2.4 Recommendation

This paper is provided to members for:

- **Assurance** – This report provides a "**limited" level of assurance**.
- **Decision** – To approve the Final Medium Term Financial Plan

3 List of appendices

The following appendices are included with this report:

- Appendix No. 1, Draft Medium Term Financial Plan
- Appendix No. 2, Scottish Government Confirmation of approval of MTFP

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THREE YEAR FINANCIAL PLAN

2026/27 to 2028/29

DRAFT

Contents

EXECUTIVE SUMMARY 3
OUR STRUCTURAL DEFICIT 6
FINANCIAL PLANNING ASSUMPTIONS 7
FORECAST REVENUE FINANCIAL POSITION 2026/27 - 2028/29 14
SAVINGS PLANS 2026/27-28/29 16
CAPITAL EXPENDITURE PLANS 2026/27-2028/29 21
FINANCIAL PLAN RISK ASSESSMENT 23
CONCLUSION 27
APPENDIX 1- Transformation & Financial Sustainability Plan 2026-29 28
APPENDIX 2 – Draft Sub National Finance Plan Narrative 35
APPENDIX 3 – NRAC Parity Funding proposals 39

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EXECUTIVE SUMMARY

Our Medium-Term Financial Plan needs to encompass our strategic plans, articulate our clinical strategy, align to our intentions as described in our *Population health and wellbeing strategy 2023-2028 – Living well, working well and flourish in Fife*, describe the road to financial sustainability and improve outcomes for population.

As NHS Scotland continues to face significant financial and operational pressures in 2025–26, with challenges expected to persist into 2026–27 and beyond, the Scottish Government requires NHS Boards to plan collaboratively and work together to navigate this difficult landscape and deliver financial plans aligned with respective sub-national structures. While separate sub national financial plans are not required Board level financial plans should include a narrative detailing the key areas of focus for sub-national planning reflecting common priorities within areas across the East region. The sub-national planning Part 2 objectives are orthopaedics, emergency healthcare, digital front door and business systems. It is recognised by Scottish Government that detailed plans may not be available initially on implementation of sub national opportunities. Ongoing work, monitoring, and support will continue throughout 2026-27 to ensure progress.

Subnational planning is expected to improve financial sustainability by reducing duplication, enabling more efficient use of resources, and supporting shared investment in services across regions. Collaborative planning will help Boards achieve economies of scale, optimise capacity, and prioritise spending where it delivers the greatest value for patients and communities. Over time, this should lead to better cost control and improved return on investment for the health system.

The Health & Social Care Service Renewal Framework requires us to make the very best use of the resources that are available to us. To achieve this goal our financial planning reflects collaborative working with our partners, Fife Integrated Joint Board, Fife Council and other stakeholders including other Scottish Health Boards through the sub national planning arrangements.

Financial planning guidance for 2026/27 was issued in December with further guidance issued in January 2026 in relation to sub national financial planning.

This document outlines the NHS Board's 3-year financial plan covering the period 2026/27 to 2028/29.

The following key points provide an executive summary of the NHS Fife Draft Financial Plan 2026/27 to 2028/29:

- Financial context remains extremely challenging, with NHS Scotland facing sustained pressure into 2026–27 and beyond. Boards must plan collaboratively within sub national structures and align with national priorities.
- NHS Fife begins the planning cycle with a structural deficit of £40m, driven by recurrent pressures, unachieved savings, IJB underlying deficit, rising demand, workforce challenges, and an ageing estate.

- Demographic pressures are intensifying, with a projected 30% increase in the over 65 population by 2043, increasing complexity, multimorbidity and demand for services.
- Funding uplift for 2026/27 is 2% for pay/price inflation, plus NRAC parity movement (£13.7m), AfC pay deal allocations, AfC reform funding (£20.6m), sustainability funding (£10.4m), deficit support funding (£9m), and an assumed continuation of the OIP funding still to be confirmed (£10.5m).
- The sustainability funding provided is strictly for the intended purposes, as it currently represents an unfunded pressure for the Health & Social Care (H&SC) Portfolio. This funding must be used in full to reduce pressures and the reported health board deficit. It is delivered on a non-recurrent basis through one-off measures, which will be reduced over the 3-year planning period and exhausted by the 2029-30 period.
- Deficit support funding as agreed with Scottish government is reflected within the plan at £9m in 2026/27, £5m in 2027/28 reducing to £0m in 2028/29.
- Inflationary pressures remain significant, especially in drugs (10%), rates (potentially up to 20% locally), PFI unitary charges, and workforce related pay reform costs.
- Further known and potential cost pressures are also significant in 2026/27 and beyond including the costs to be borne by Boards for the implementation of the Business Services programme with an estimated impact of £6.7m across the three years. Other include increase from national risk share, digital programmes, repatriation of services instigated by other boards and potential existing service funding withdrawals.
- The IJB remains a major financial risk, with delegated services under severe pressure. Current financial information shared by the IJB Chief Finance Officer on the IJB budget position indicates a cost of continuing budget gap of £5.475m. Following discussions with Fife Council and IJB colleagues, the residual financial gap of £5.475m will be addressed through a further non-recurring contribution of £2.6m from NHS Fife, with the remaining balance to be managed by the IJB through additional savings measures. The potential for further risk share is presented within the scenario modelling and sensitivity analysis.
- The total additional financial support to be provided by NHS Fife to the IJB in 2026/27 will be £8.6m. This is broadly consistent with the 2025/26 position, when NHS Fife provided £8.5m and Fife Council contributed £5.5m in additional funding.
- Scottish Government expects Boards to deliver 3% recurring savings annually. NHS Fife's 3% requirement is £30.9m in 2026/27, with a total three-year cash releasing recurring savings requirement of £80.247m to reach breakeven by 2028/29.
- Savings delivery will rely on a refreshed Transformation and Financial Sustainability programmes using the 6P framework (People, Places, Pathways, Productivity, Prevention, Partnerships), with major programmes spanning unscheduled care, planned care, medicines, workforce, estates, digital and business systems.
- Total system wide cash releasing savings delivery required across the planning period are estimated at £80.247m, with £26.6m required in 2026/27. Savings plans continue to be refined to ensure plans are realistic and achievable.

- Sub national planning (Scotland East) will focus on orthopaedics, emergency healthcare, digital front door and business systems. Expectations include improved productivity, reduced duplication, shared investment with individual Board plans narrating key areas of focus for sub-national planning reflecting common priorities within areas across the East region.
- Capital funding remains highly constrained. Core formula capital is flat lined at £8.152m, supplemented by previously committed BCP investments (e.g., mental health estate £7.35m, window replacement, fire door remedials).
- Key financial risks include uncertainty in future allocations, inflation volatility, safe staffing requirements, supplementary staffing costs, AfC reforms, IJB performance, and insufficient capital for estate sustainability and transformation.
- Financial impact assessment of several risk scenarios which if they were to materialise has been completed with worst case identifying risk of up to £34m prior to consideration of our allocated deficit support funding.

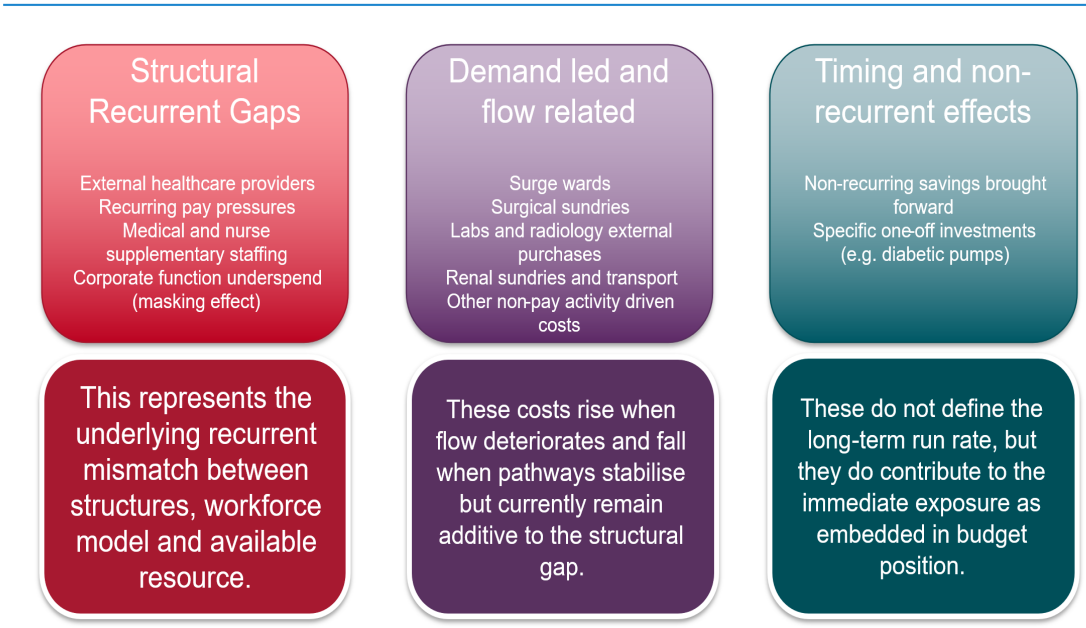
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OUR STRUCTURAL DEFICIT

A range of historic and current cost pressures are challenging our financial sustainability. Recurring cost pressures and unachieved recurring savings carried forward from prior financial years and the draft IJB financial health delegated savings requirement, totals an opening cost pressure of £40m.

- Retained Deficit brought forward - £27m
- HSCP draft health delegated savings - £13m with an additional £3m IJB savings still to be delegated to partners as part of IJB planning underway.

Below is a summary of the key drivers of our structural deficit.



As previously identified the key reasons for our deteriorating financial position relate to the level of challenge associated with delivering savings whilst managing the impact of increasing demand for our services alongside workforce challenges, an aging estate, and the costs associated with implementing a number of nationally agreed programmes.

Fife's population is now estimated at 370,400 as of Census Day 2022, an increase of around 1% since the 2011 census. However, of significant note is Fife's age structure which continues to change, with fewer children and working age people than in 2011, and a significant increase in its older population. NHS Fife's Population Health and Wellbeing Strategy 2023-28 notes that while the Fife population is predicted to decline there is an anticipated 30%increase in the over 65 population by 2043. We know this age group is likely to experience multiple health conditions with increasing frailty and will require to access support from health services more frequently than others.

FINANCIAL PLANNING ASSUMPTIONS

The 3-year financial plan is predicated on numerous financial planning assumptions and estimates. All assumptions have been benchmarked nationally through the Peer Review sub-group of the Corporate Finance Network and amended to reflect local circumstances and risk where appropriate.

Funding Assumptions

Our financial plan includes the 2026/27 indicative funding settlement provided by the Scottish Government on 13 January 2026 which confirmed a 2% baseline budget uplift and additional sums relating to NRAC parity to ensure no territorial board is further than 0.6% from parity. Our NRAC share of funds allocated to boards across Scotland increases to 6.95% in 2026/27, an increase of 0.12% on our NRAC share for 2025/26. Additional funding will be provided to meet the costs of the 2026-27 pay deals where uplifts exceed 3% in line with public sector pay policy, and full funding has been included for the agreed Agenda for Change pay settlement This increase to our baseline along with other recurring allocations takes our initial Revenue Resource Limit (RRL) to £1,032.82m as detailed in Table 1 below.

Table 1: NHS Fife Opening Revenue Allocations 2026/27	
	£ million
Baseline Budget: 2025/26 Revenue Allocation	937.95
2025/26 Recurring Allocations	40.80
Opening Baseline 2026/27	978.75
2% Baseline uplift	19.58
25-26 Agenda for change Reform	10.42
26-27 Additional Pay	10.34
NRAC Parity Funding	13.74
Uplift to Baseline	54.07
Baseline Funding 2026/27 per SG Budget Letter	**1,032.82**
2026/27 Further opening Adjustments	
26-27 Agenda for Change reform	10.42
New Medicines Funding	17.01
Sustainability Funding - Non recurring	10.43
Total Opening Budget 2026/27	**1,070.68**

A further £150 million of recurring funding has been included to support territorial boards' continued implementation of the reforms committed to as part of the 2023-24 Agenda for Change (AfC) pay deal, including the additional one-hour reduction from 1 April 2026. Together with the £150 million recurring funding issued in 2024-25, this increases total available recurring funding to £300 million for territorial boards including £20.8million for NHS Fife.

Non-recurring sustainability funding of £150 million will be provided to territorial boards on an NRAC basis. This funding must be used in full to reduce pressures and the health board reported deficit and includes £10.4million for NHS Fife. Scottish Government have advised territorial boards should assume that non-recurring sustainability funding will be available over the three-year financial planning cycle and will decrease each year by £50 million.

The sustainability funding provided is strictly for the intended purposes, reduce territorial boards pressures and reported deficit, as it currently represents an unfunded pressure for the Health & Social Care (H&SC) Portfolio at Scottish Government. It is delivered on a non-recurrent basis through one-off measures, which will be exhausted by the 2029-30 period.

NHS Fife NRAC share of funds allocated to boards across Scotland increases to 6.95% in 2026/27, an increase of 0.12% on our NRAC share for 2025/26 this equates to an increase of £13.74m. Included within our financial plan assumption is our proposal for the use of the NRAC funds seeks to provide support across the health system for historic costs pressures which have been persistent and unlikely to be able to be fully eradicated while also seeking to encourage and draw out invest to save options across digital and service delivery innovation. Details of our plans and impact assessment can be found in Appendix 3.

Each NHS Board at stage 2 or above for finance on the NHS Scotland Support & Intervention Framework will continue to receive deficit support funding in 2026-27 which will taper down during the three-year life of the financial plan. NHS Fife will receive £9m in 2026/27 and £5m in 2027/28. Whilst Scottish Government has advised sustainability funding and deficit support funding to be included in financial plans, both are subject to the Scottish Budget process and Parliamentary terms.

Boards have been advised to assume an NRAC share of £250 million in line with 2025-26 for New Medicine Funding which includes £17.01m for NHS Fife. Due to ongoing volatility, this funding cannot yet be baselined.

In addition to the baseline uplift, funding aligned to policy commitments will be allocated to Boards in 2026-27. Further anticipated allocations circa £90m are expected to be added to our RRL during the financial year including Primary Medical Services, Primary Care Improvement Fund, Mental Health Funding, Covid & Flu Vaccinations and many others.

The Scottish Government's Operational Improvement Plan (OIP) set out a focused programme of work to improve waiting times performance across the system in 2025-26. This focussed on reducing unscheduled care pressures, improving flow through hospitals, and tackling long waits in planned care. Scottish Government have advised non-recurring funding of £100 million will be provided for the OIP in 2026-27. In 2025/26 NHS Fife received unscheduled care funding of £6.2m which would be made recurrent based on activity and actual spend incurred and evidence of delivery of outcomes required and £4.3m of approved recurring planned care funding following agreement with Scottish Government on the additional activity this would deliver on a full year basis. We have assumed this £10.5m funding on a recurring basis within our plan, following recruitment to permanent posts to deliver activity and service

improvements in the most cost-effective way. Discussions with all Boards and the Scottish Government continue to confirm recurring commitments and funding within the £100m. As a result, there is still a risk that NHS Fife's recurring costs may not be fully covered.

Scottish Government remain committed to continuing to rationalise the in-year allocation process by reducing the number of in-year allocations and issuing as early as possible within the financial year.

In terms of future years, a 2% uplift to the baseline RRL is assumed in 2027/28 and 2028/29 for planning purposes. No other uplifts have been assumed.

Inflation Assumptions

We have made a number of cost inflation assumptions in completing our financial plan. These estimates have been discussed and agreed nationally through the Corporate Finance Network (CFN) and amended to reflect local assessment of risk and are identified in Table 2 below.

Table 3: Inflation Assumptions	**2026/27**	**2027/28**	**2028/29**
Spend Type			
Pay	4%	2%	2%
Drugs	10%	10%	10%
Energy	0%	0%	0%
Rates	20%	7%	7%
Unitary Charge	3.60%	2.00%	2.00%
SLAs with OSHB	2%	2%	2%
All other Charges	2.20%	2.20%	2.20%

The Agenda for Change pay award in 2025-26, covered both 2025-26 and 2026-27. From April 2026, this is a 3.75% increase. A portion of this will be covered by the baseline uplift, and our plan assumes the remaining balance of pay award will be fully funded by Scottish Government. Our current working assumption for the cost impact associated with the ongoing Agenda for change reform (AfC) (i.e. the further 1-hour reduction in the working week, band 5 to 6 nursing reviews and protected learning time) will be manged within the funding allocation Scottish Government have advised. This working assumption includes resource targeted to support clinical services and patient demand led services for the 1-hour reduction commencing on 1 April 2026 alongside and services who are unable to adapt to the full 90-minute reduction without adverse impact for service delivery. It is worth noting a significant level of non-cash releasing efficiency has been secured across NHS Fife services in relation to the first 30- minute reduction which came into effect on 1 April 2024.

Increases in the cost of hospital prescribed drugs is currently estimated at 10% in each of the next 3 years. No provision is included in relation to the prescribing of GLP1 medicines for the treatment of obesity. This is a significant risk area, and the cost will fall largely under the Health and Social Care Partnership Budget.

In relation to our estate excluding the Victoria Hospital PFI site, as of January 2026, national procurement has now purchased 89% of total electricity demand and 75% of gas for 2026/27 which suggests costs will not be adversely impacted by the current conflict in the Middle East and we have approached National Procurement for confirmation of the current position. The exception to this position is the Victoria Hospital PFI, where we are in the process of securing new energy contracts which are likely to present a financial risk due the volatile market as a result of the ongoing unrest in the middle east.

National planning assumptions confirm Initial information from rates advisors is to calculate Rates at a net increase of 7%. However, we have received information locally that suggest significant increases to rateable values and our initial assessments indicate a potential 20% increase in our rates liability. This position will be firmed up as more information becomes available.

We have assumed a 2% uplift in Services Level Agreements with Other Scottish Health Boards, and whilst the uplift has still to be determined for 2026/27, this approach assumes consistency across all NHS Scotland financial plans.

A 2.2% inflationary increase on a range of other non-pay costs is assumed within the plan except for our 2 PFI contracts which are linked to RPI. We have estimated a potential 3.6% (Office for Budget Responsibility – OBR). Whilst RPI has fallen since August, there is a degree of variation in estimates for inflation in the final quarter of the financial year 2024/25, ranging from 3.6% (OBR) with some estimates putting the average RPI rate for 2025 around 4.3% before falling.

Overall, our local inflationary assumptions applied to the financial plan in 2026/27 are significantly higher than the 2% uplift provided by Scottish government with an impact of an additional cost pressure in 2026/27 of circa £5m.

Additional Identified and Potential Cost Pressure

In addition to inflation, we have reviewed current and potential cost pressures affecting 2026/27 which amount to an additional £8.2m cost pressure in 2026/27. This includes the Business Services project, scheduled for implementation by March 2028, will replace existing finance, procurement, payroll, and HR systems that must be retired by then. The project's estimated cost is £113 million, with no Scottish Government funding; costs will be allocated to boards under the NRAC formula, resulting in a £1.8m charge to NHS Fife in 2026/27 and £6.7m in total across the plan to 2028/29.

Other estimated pressures include increased NSS risk share (£0.5m), digital programs like LIMS & PACS (£1.4m), service repatriation (£1.0m), Neonates Transitional Care (£0.236m), PFI VAT review (£0.250m), and resident doctor banding/investment increases (£1.677m).

Service level Agreements remain a significant cost pressure for NHS Fife following several changes to the costing methodologies adopted by several Scottish Health Boards. Additionally, we have been requested to repatriate services from other health boards with no immediate release of funding from Service Level Agreements to support delivery of these services locally. Longer term, further changes are being considered by other Scottish health boards in relation to introducing charges for

Accident & Emergency attendances into Service Levels Agreements which is currently not in place, adding further potential financial risk.

Despite accounting for known pressures, there remains a risk of unforeseen costs

Integrated Joint Board – Health Board Delegated Budgets

IJB services continue to be under significant financial and service pressure resulting from underlying deficits, new cost pressures compounded by demand and capacity challenges. IJB colleagues are currently developing their financial plan for submission to their March IJB Committee.

The Health and Social Care Portfolio will transfer additional funding of £167 million to Local Government to support social care and integration for 2026-27, this includes funding towards the uplift for pay for adult social care workers to the Real Living Wage of £13.45 per hour (£160 million) and inflationary uplift on Free Personal Nursing Care rates (£7 million). There is also additional investment to support improvements to wider terms and conditions for Adult Social Care workers and support for advocacy within social care, as well as investment to support a digital telecare pilot as part of commitment to remove non-residential charges. The funding allocated to IAs should be additional and not substitutional to 2025-26 budgets for services which are delegated. Therefore, Local Authority social care budgets for allocation to IAs must be at least £167 million greater than 2025-26 recurring budgets.

The Scottish Government's budget letter makes no specific instruction for Health Boards to pass on an uplift of 2% over 2025-26 agreed recurring budgets to Integrated Joint Boards. However, our financial plan includes a funding uplift of 2% to be passed through to the IJB to undertake the functions delegated to it by the Health Board and is included in Table 4 below. Funding will also be provided for pay uplifts which exceed the uplift in line with the funding made available by Scottish Government. Additionally, funding will be provided to support the implementation of the reforms committed to as part of the 2023-24 Agenda for Change (AfC) pay deal, including the additional one-hour reduction from 1 April 2026 in line with NHS Fife's governance process to implement the reforms. It is important to note this financial plan is providing additional recurring funding of £3.013m to the IJB to support non pay inflation which we have not been instructed to provide to the IJB by Scottish Government. Additionally, to support the IJB's ongoing cost pressures, our financial plan includes a recurring £3m allocation from the NRAC parity funding we have received to address cost pressures on a recurring basis, details noted at Appendix 3. This means the total funding to be made available on a recurring basis to the IJB is £6.013m

Further funding allocations are expected to be passed through to the IJB during the financial year as funding is confirmed for various Health and Social Care policy priorities including other ear marked funding relevant to the functions delegated to the IJB.

A planning assumption has been included to recognise a requirement of savings of £13.364m in 2026/27 from health delegated services and similar in the two subsequent financial years. This planning assumption is based on financial information provided by the Chief Finance officer. Details of the draft savings plans are included in table 5 below, to manage identified cost pressures across the IJB. As

the IJB develop their draft financial plan, we have been working closely with Fife Council colleagues, the IJB Chief Officer and the Chief Finance Officer on financial planning assumptions as there remains a residual opening budget unfunded position in the IJB draft financial plan. The options to resolve this residual gap include additional funding from partners or further savings within the IJB delegated services. Following discussions with Fife Council and IJB colleagues, the residual financial gap of £5.475m will be addressed through a further non-recurring contribution of £2.6m from NHS Fife, with the remaining balance to be managed by the IJB through additional savings measures. Fife Council has confirmed that it will not provide any further funding beyond the £5.5m already approved as part of its 2026/27 budget-setting process.

As a result, the total financial support to be provided by NHS Fife to the IJB in 2026/27 will be £8.6m. This is broadly consistent with the 2025/26 position, when NHS Fife provided £8.5m and Fife Council contributed £5.5m in additional funding.

Sub-National Planning Principles and Considerations

Subnational planning is expected to improve financial sustainability by reducing duplication, enabling more efficient use of resources, and supporting shared investment in services across regions. Collaborative planning will help Boards achieve economies of scale, optimise capacity, and prioritise spending where it delivers the greatest value for patients and communities. Over time, this should lead to better cost control and improved return on investment for the health system.

While separate sub national financial plans are not required Board level financial plans should include a narrative detailing the key areas of focus for sub-national planning reflecting common priorities within areas across the East region. This narrative is enclosed in Appendix 2. The sub-national planning Part 2 objectives are orthopaedics, emergency healthcare, digital front door and business systems. It is recognised by Scottish Government that detailed plans may not be available initially on implementation of sub national opportunities. Ongoing work, monitoring, and support will continue throughout 2026-27 to ensure progress.

NHS Scotland Finance Delivery Unit (FDU) will consolidate financial plans for Scotland East and Scotland West. This would allow review of the consolidated position, focus on identifying consistent areas of financial pressure that may be suitable for targeted savings in 2026-27 and to support a shift back to financial balance across all areas and services. There is no change to Health Board's statutory responsibility to achieve financial balance on an annual basis. By year three of this approach (i.e. financial year 2028-29), Scottish Government expect that these sub-national structures will result in significant reductions to Health Boards' deficits.

Further Sub-National Planning principles and considerations have been issued by Scottish Government as presented below:

- The underlying principle must be that financial deficits across all Boards should be stabilised and where possible reduced in 2026-27.
- Plans must prioritise increasing the level of recurring savings towards the 3% target.

- No new recurring financial commitments should be made without confirmed funding.
- Identify areas of recurring financial pressure where adoption of best practice across the sub-national area can contribute to management of deficits.
- Triangulation with population need, capital infrastructure, workforce planning, and service fragility to identify and inform service plans for sustainable models of care.
- Alignment with key DL clinical service priorities to ensure that plans to deliver those priorities are affordable.
- Alignment with business systems and digital front door plans as developed and delivered.
- Develop an approach to align capital prioritisation processes and work towards a single capital plan, encapsulating both new capital requests and business continuity processes.

On finalisation of our financial plan for 2026/27 to 28/29, our plan should include consideration of the key areas of focus for national planning:

- Orthopaedic Elective Care Services
- Emergency Healthcare Services
- Business Systems
- Digital Front Door

The sub national plan will be narrative only with data included to support where available, but the local plans will be the one source of truth on the numbers.

Preventative Spend

NHS Scotland is shifting focus toward preventative spend to manage rising demand from an ageing population, aiming to move resources from acute care to primary, community, and mental health services. During 2026, the Scottish Government is piloting an approach to track and measure preventative spend, aiming for a comprehensive understanding of these investments and NHS Fife will be participating in the pilot to support this drive to shift the balance towards integrated, preventative community care.

Brokerage

Scottish Government have advised, continuing from 2025-26, brokerage will not be available to support overspends, and NHS Boards must work towards a break-even position which remains the statutory responsibility of the Accountable Officer. Historic brokerage remains repayable and has not been written off. However, both the sustainability funding and the deficit funding support provided by Scottish Government on a non-recurring basis, tapering back over the life of the plan is to enable boards move to a sustainable balanced position by year 3 of the medium-term financial plan.

Repayable Brokerage Position	**£'000**
Brokerage Received 2022/23	9,738
Brokerage Received 2023/24	14,005
Estimated Brokerage 2024/25	20,513

Total Repayable Brokerage	44,256

To date NHS Fife has received repayable brokerage totalling £44.256m and will not be able to make repayments until the board is in a financially sustainable position.

FORECAST REVENUE FINANCIAL POSITION 2026/27 - 2028/29

The table below presents the forecast financial position for 2026/27 to 2028/29 and reflects the impact of the Scottish Government draft budget and local and national planning information.

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Table 4: Medium Term Revenue Financial Plan	2026/27 Year 1	2027/28 Year 2	2028/29 Year 3
	£'000	£'000	£'000
Opening Position			
Recurring gap brought forward	(27,180)	(15,697)	(8,532)
Recurring Financial Gap brought forward	**(27,180)**	**(15,697)**	**(8,532)**
Funding Uplift Allocation	19,575	19,604	19,996
Pay Award Funding (3.75% less 2%)	10,337	0	0
NRAC - Parity monies	13,700	0	0
Sustainability Funding - non recurring (NRAC share of £150m)	10,425	6,950	3,475
New Medicines Funding (NRAC share of £250m)	17,015	17,015	17,015
Elective Capacity - NTC Fife Orthopaedics	8,276	8,276	8,276
Elective Capacity -anticipated Recurring 25/26 funding	4,290	4,290	4,290
Unscheduled Care - Anticipated Recurring 25/26 funding	6,252	6,252	6,252
Agenda for Change reform - recurring (NRAC Share £300m)	20,670	21,083	21,505
Deficit Funding Support*	0	0	0
Funding anticipated in year	**110,540**	**83,470**	**80,809**
Pay Uplifts	17,836	7,683	7,837
IJB Uplift Allocation	13,208	7,619	7,772
SLAs - external & Internal flow	2,252	3,297	2,363
Rates	1,227	515	552
PFI Unitary Charge inflation	221	127	130
Drugs and Medicines	3,470	3,817	4,199
Other inflation	1,123	2,344	2,396
Local Commitments	22,779	17,015	17,015
Elective Capacity - NTC Fife Orthopaedics	8,276	8,276	8,276
Elective Capacity -anticipated Recurring 25/26 funding	4,290	4,290	4,290
Unscheduled Care - Anticipated Recurring 25/26 funding	6,252	6,252	6,252
Agenda for change reform	20,670	21,083	21,505
Digital Commitments - LIMS, PACS & Welch Alleyn Project	1,644	718	0
National Commitments	2,372	2,850	2,200
Integrated Joint Board Risk-Share	13,364	14,000	14,000
Expenditure uplifts anticipated in year	**118,983**	**99,888**	**98,785**
Forecast Financial Gap Before Savings	**(35,624)**	**(32,115)**	**(26,508)**
Recurring Planned Savings Required	26,624	27,115	26,508
Forecast Financial Position After Savings	**(9,000)**	**(5,000)**	**0**

** Instruction received from SG not to include Deficit Funding support in the plan*

Despite the receipt of NRAC Parity funding, Sustainability and notification of earmarked Deficit Support funding, throughout the life of the financial plan, the scale of the underlying financial challenge remains significant. To deliver a balanced financial position at the end of the 3-year life of this 3-year medium term plan will require substantial recurring savings totalling £80.247m. In line with Scottish Government instruction, we have not included our notified deficit funding support across the 3-year life of this financial plan.

Table 4 above identifies the end of year recurring financial gap after taking account of the financial planning assumptions as described above and assumes all savings plans are delivered on a recurring basis. Additionally, the table 4 assumes the IJB will deliver their savings requirement in full each year of the plan and assumes no further risk share.

Scottish Government require Boards to develop a clear programme of work and supporting actions to achieve 3% recurring savings against baseline budgets. Our baseline budget will exceed £1 billion in 2026/27 which equates to a savings efficiency target of £30.985m. In all three years of our financial plan, we will be required to deliver a level of both cash releasing savings and non-cash releasing cost improvements.

Table 5: Key Metrics	**2026/27**	**2027/28**	**2028/29**
Summary Forecast Position	**£'000**	**£'000**	**£'000**
Revenue Resource Limit (RRL) (October 2025)	1,032,823	1,032,823	1,032,823
Forecast Financial Deficit	9,000	5,000	0
Deficit as a % of RRL	0.87%	0.48%	0.00%
3% Efficiency Target	30,985	30,985	30,985
Sustainability & Value Schemes - Cash Releasing	26,624	27,115	26,508
Cash Releasing S & V as a % of RRL	2.58%	2.63%	2.57%
Sustainability & Value Schemes - Non Cash Releasing	4,361	3,870	4,477
Non Cash Releasing S&V as a % of RRL	0.42%	0.37%	0.43%
Sustainability & Value Schemes - Total	30,985	30,985	30,985
Total S & V as a % of RRL	3.00%	3.00%	3.00%

The metrics in Table 5 identifies for each of the three financial years the required level of both cash releasing and productivity efficiencies we will require to deliver to achieve the Scottish Government's requirements to achieve 3% efficiencies against baseline budgets.

Delivering Value and Sustainability is one of our four strategic priorities. We intend to build on the infrastructure we have put in place throughout previous financial years and continue the pace and commitment to deliver during the next financial planning cycle. Delivery of the level of cost saving and improvement required, whilst significant, will depend on pace and delivery of our transformational aims. As in 2025/26 our focus will be on system wide collaboration with colleagues working across both IJB and local authority services. Moreover, Scottish Government have set out their clear expectations that NHS Boards must plan collaboratively as set out in the Sub-National Planning Directions 2005. Sub national financial plans are to be submitted to Scottish Government by 31 March 2026 and between now and March our financial plan will develop alongside the sub national plan narrative for Scotland East. Due to be submitted to the NHS Scotland COO by 31 March 2026.

SAVINGS PLANS 2026/27-28/29

As in previous financial years Scottish Government continues to require Boards to achieve 3% recurring savings against baseline budgets. This equates to £30.9m for 2026/27 and exceeds the level of efficiency we require to deliver break-even. Consequently, we will be required to identify and deliver a level of non-cash releasing efficiency to demonstrate our commitment to deliver cost effective and sustainable services. The value of cash releasing savings we require to deliver equates to

£26.624m and the value of non-cash releasing efficiencies equates to £4.361m. Over the life of our financial plan cash releasing savings totalling £80.247m will be required to achieve a recurring breakeven position by 2028/29.

A refreshed Transformation and Financial Sustainability approach, 6Ps framework, has been developed which outlines the programme of work and supporting actions to deliver a total of £26.624m of savings in respect health board retained and delegated functions during 2026/27.

The 6P framework's strength lies in its adaptability; it provides a structured way to look at our health and care system holistically by identifying six critical elements, ensuring strategic alignment and covering, essential but often overlooked, aspects like societal impact, internal culture, or long-term purpose.

Planning Framework

Key change and delivery priority areas Each mapped against components of plan ensuring that where possible, 6P framework considered to improve quality and deliver best value

1. Unscheduled Care
2. Planned Care
3. Prescribing and Purchasing
4. Transport
5. Cameron Hospital
6. Mental Health Estate
7. Allied Health Professionals
8. Nursing
9. Medical
10. Business Systems
11. Administration
12. Digital



Our Transformation and Financial Sustainability plan has been designed and prioritised using the 6P framework to ensure balanced improvement across quality, sustainability and value. Each of our programmes contribute across multiple Ps, with a deliberate emphasis on Productivity and Pathways to address the current structural financial challenge.

Transformational & Financial Sustainability Programmes 2026/27

- **People** – workforce strategy, skill mix optimisation, advanced practice, pipelines and career pathways
- **Places** – estate consolidation, sustainability, and alignment of physical assets to future service models
- **Pathways** – redesign of urgent, planned, mental health and community pathways to improve flow and outcomes
- **Productivity** – better use of capacity, technology, procurement, workforce models and digital enablement
- **Prevention** – earlier intervention, virtual care, medicines optimisation and reduced unwarranted variation
- **Partnerships** – sub-national planning, universities, colleges, national programmes and regional collaboration



Table 6 below identifies our current savings proposals for 2026/27. We have received detail of the savings proposals from the IJB and as we did in 2025/26 our plans are being developed in collaboration with partners.

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Table 6: Savings Plan 2026/27	Type	NHS Fife	HSCP	Total NHS Fife
Cash Releasing Savings Plan:		**£000s**	**£000s**	**£000s**
Programme				
Prescribing	1	1950	2,228	4,178
Purchasing	1	1,000	900	1,900
Transport	1	500	615	1,115
Infrastructure including Cameron Hospital and Mental Health Estate	1	2,000		2,000
Mental Health Redesign	1		2804	2,804
Allied Health Professionals Workforce*	1	0		0
Nursing Workforce	1	2,000	1,000	3,000
Medical Workforce	1	2,500	600	3,100
Business Systems	1			0
Corporate Function Efficiency Target	1	1,180		1,180
Digital Enabling (including Administration)	1	500	550	1,050
Complex Care	1		500	500
Reprovision of Out of Area Packages	1		1967	1,967
Community Rehabilitation & Care	1		1000	1,000
Non-Recurring savings - Vacancy Factor, grip and control,	1		1200	1,200
Grip and Control	1	1631		1,631
Savings under Discussion	1			0
Total Cash Releasing Savings plan 2026/27		**13,261**	**13,364**	**26,625**
Productive Opportunities				
Productive Efficiencies (eg RWW,Procurement, ACRT)	2	4,361		4,361
Total 3 % savings Target 2026/27		**17,622**	**13,364**	**30,986**

***AHP workforce considered on a system wide basis, discussions ongoing**

Type
1 Cash Releasing
2 Productive opportunities

Details of the key actions and intent of each programme is detailed in Appendix 1. Focus will also be on the delivery and monitoring of non-cash releasing opportunities, which have always been a covert feature of our financial planning process to support the overall financial position. However, consideration will be given to identifying and confirming the value added to our sustainability programme of all these opportunities. For example, the value of a significant cost associated with the first thirty minutes of the reduced working week as part of the AFC reforms has been absorbed within existing resources through workforce redesign and different ways of working.

Savings plans for 2027/28 -28/29 are still under development will be dependent on the pace of our local transformation and our participation in the sub-national planning approach. Some initial savings have been identified, particularly in relation to our estate but further scoping work is required. Additionally, our savings plan will seek to

align with the Scottish Budget 2026 to 2027: integrated public sector pays and workforce policy. Which states an intention to set pay parameters, workforce reform measures, and a governance framework to deliver fiscal sustainability while supporting service redesign and protecting front line delivery. Which include:

- Workforce reform, spanning capability, leadership, organisational design and culture, is critical to achieving fiscal sustainability and managing the public sector pay bill.
- The managed reduction of 0.5% per annum to 2029-30 set out in the Fiscal Sustainability Delivery Plan aligned with service redesign, automation, and smarter resource use.
- The Public Sector Reform Strategy committed to reducing annualised corporate costs across the Scottish Government and public bodies by £1 billion (around 20% of identified operating and corporate costs).

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

The 15 Box Grid of Actions agreed with NHS Scotland Board Chief Executives, outlines 15 priority areas that enable us to continue delivering value, improving patient care, and aligning our services with national strategy. These actions focus on reducing unwarranted variation, optimising workforce models, and enhancing service efficiency, ensuring that NHS Fife remains financially resilient while continuing to innovate and improve. The Grid has been refreshed for 2026-27 to align with national priorities on reform and to continue to provide targeted opportunities in 2026-27. The 2026-27 Grid is provided below

15 Box Grid				
Service Sustainability	**Reform Priorities**	**Prevention**	**Workforce**	**Financial Management**
1. Theatre optimisation	4. Shifting the balance of care	7. Budget tagging	10. Supplementary staffing	13. Contract Management
2. Length of Stay	5. Digital programmes	8. Tests of change	11. Business Services	14. Transport
3. Prescribing optimisation	6. PLICS	9. Value Based Health and Care	12. Attendance Promotion	15. Estates and facilities

A refreshed format enables alignment between financial improvement and the Population Health Framework, Service Renewal Framework, and the Operational Improvement Plan. Digital innovation is also a key focus of the Grid in 2026-27. The 2026-27 Grid should also be considered within sub-national planning, targeting unwarranted variation within sub-national structures to achieve financial savings.

The grid is intended to supplement our local cost improvement programmes and we have ensured our savings and efficiency plans align with the general principles of the 15-box grid approach to financial sustainability and transformation.

CAPITAL EXPENDITURE PLANS 2026/27-2028/29

Nationally, Capital Funding continues to remain in a constrained position. Nevertheless, the Scottish Government's Infrastructure Delivery Pipeline was published on 13 January 2026, and it sets out health infrastructure priorities. For Fife, Lochgelly and Kincardine Health and Wellbeing Centres are referenced as priorities with Lochgelly noted as being part of an initial pilot Mutual Investment Model (revenue). Separately the Scottish Government remain committed to the Business Continuity Planning (BCP) process (urgent/essential maintenance) and the Whole System Planning (WSP) initiative which seeks to identify long-term strategic investment priorities across Scotland. Board Strategic Assessments relating to the Whole System Planning process are to be submitted in FY2026/27. Further information on BCP and WSP can be found in DL (DL (2025) 15).

Formula Capital Funding for 2026/27 is anticipated to be held at 2025/26 levels, which for NHS Fife is £8.152m and has been assumed at this level across all three years of the plan Whilst it is expected there will be opportunity to bid for additional capital funding across the financial year, for example, additional allocations awarded by the National Infrastructure Board and allocations in respect to our climate & sustainability priorities and our digital submission. For the time being, no allocations other than core funding and pre-committed BCP funding (referenced in the table below) is assumed at this stage.

For 2026/27 our draft capital expenditure plan will be endorsed at the February 2026 Fife Capital Investment Group. Our formula allocation will be allocated to various groups responsible for delivering on the approved capital plan,

- Capital Equipment Management,
- Backlog Maintenance Priorities,
- Digital commitments,
- Mental Health Estate
- Clinical Priorities.

Our plan will have a focus on our key priorities including expenditure which will support our Transformation programme.

In addition to our capital formula, we submitted our Business Continuity and Essential Investment Infrastructure Plan to Scottish Government in January 2025. During finance year 25/26 we received commitment from Scottish Government to the following:

	26/27	**27/28**	**Total**
Mental Health Estate	4.00	3.35	**£7.35m**
Phase 2 window replacement	0.58	0.58	**£1.16m**
Fire door rectification	0.20	0.20	**£0.4m**
Total	**£4.78m**	**£4.13m**	**£8.91m**

Future Business Continuity Plan submissions will be on a two-yearly full submission cycle, with interim years only requiring ‘by-exception’ reporting of new essential maintenance or equipment replacement items not previously reported. Next full submissions must be submitted by November 2026 (for funding in 2027-28).

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FINANCIAL PLAN RISK ASSESSMENT

We have identified several risks that may impact delivery of our financial plan. Our financial impact assessment shows that, should these risks materialise, there would be a significant adverse effect on our 2026/27 forecast outturn, with further consequences for subsequent financial year.

Key Risks to Our Financial Plan

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

- Whole system service pressures across both health and social care may impact our ability to transform services and achieve financial sustainability.

- Our ability to fully identify the level of recurring savings required in 2026/27 and beyond to address the underlying deficit and reduce the reliance on non-recurring actions to deliver a breakeven financial position.

- Potential delays in delivering efficiency savings due to longer lead in time than anticipated to implement plans and limited capacity from key staff to drive projects forward.

- The final costs in relation to the AfC non-pay aspects of the 2023/24 pay deal may exceed our cost assumptions included in our financial plan and therefore exceed the funding allocated by Scottish Government.

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

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

- Like every Board we continue to experience significant expenditure in supplementary staffing because of both workforce challenges and system wide additional capacity issues. We continue to implement a range of mitigating actions to reduce our reliance on temporary staffing adhering to national guidelines.

- During 2025/26 NHS Fife employed additional substantive staff to deliver increased activity levels across our planned care programme and improve performance across our unscheduled care services rather than more costly supplementary staffing and waiting lists initiatives in line with the letters we received confirming recurrent funding from the Scottish Government's Operational Improvement Plan. There is a risk we will not secure the level of recurrent planned care funding required to fund the costs of the additional staff recruited and deliver activity targets anticipated by Scottish Government.

- There is a risk we will not receive anticipated allocations at the level we anticipated.

- Our financial plan assumes, after providing for additional funding of £8.6m to support cost pressures across the IJB, there will be no further risk-share associated with Fife Integration Joint Board. However, given the significant level of savings required to be delivered by the IJB, which has increased by a further £3m taking the total to £23.5m, there is a strong likelihood risk share will emerge in 2026/2027 Dialogue will continue throughout financial year with IJB and Council colleagues to identify and agree mitigating actions as necessary.

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

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

- The impact of national risk share agreements across digital, medicines and shared services exceed our planned assumptions.

- The impact of national programmes, for example, the business services programme which carries significant financial cost and operational risk. Whilst we have included in our plan all known costs of national programmes, we have not included any costs for local implementation costs which remain unknown at the time of developing this plan, for example, Digital Font door and Business Service Programme.

- The current conflict in the Middle East is contributing to volatility in global gas prices and stock markets. As the region is critical to worldwide energy production and shipping routes, prolonged instability could mirror the economic impact seen following Russia's invasion of Ukraine four years ago, when energy costs rose sharply and drove broader inflation in goods and services. This presents a significant financial risk for NHS Fife, particularly as we are currently in the process of contracting a new energy supplier for the Victoria Hospital PFI, where any escalation in energy prices may materially affect future cost commitments.

Financial Impact Assessment

Scenario modelling and sensitivity analysis have been undertaken to evaluate the robustness of our plan against key risks, including delivery of our savings requirement, a worsening IJB position, reduced Scottish Government OIP funding, and inflationary pressures. Whilst our 2026/27 plan shows, supported by sustainability, a £9m deficit prior to our notified deficit funding support, there are material risks to delivery of a balanced financial position if scenarios we have considered were to crystallise.

Scenario 1: Risk to savings Delivery

Table 6.1: Scenario testing	2026/27 Year 1	90% Delivery	75% Delivery	60% Delivery	50% Delivery	40% Delivery
	£'000	£'000	£'000	£'000	£'000	£'000
Forecast Financial Gap before Savings	(35,624)	(35,624)	(35,624)	(35,624)	(35,624)	(35,624)
Recurring Planned Savings Required	26,624	23,961	19,968	15,974	13,312	10,649
Adjusted Forecast Financial Position: reduced Savings delivery	**(9,000)**	**(11,662)**	**(15,656)**	**(19,649)**	**(22,312)**	**(24,974)**

Assumes savings achieved are recurring and any shortfall in savings or the recurring nature of savings will increase savings requirement in subsequent years and potentially destabilise the opportunity to achieve financial sustainability.

Scenario 2: Deterioration of Fife Integrated Joint Board Financial Position

Table 6.2: Scenario testing	2026/27 Year 1	Current Risk Impact of planning assumptions (a)	2025/26 projected deficit (b) + (a)	assumption (a)+(b) plus 10%	assumption (a)+(b) plus 15%	assumption (a)+(b) plus 20%
	£'000	£'000	£'000	£'000	£'000	£'000
Forecast Financial Gap After Savings	(9,000)	(9,000)	(9,000)	(9,000)	(9,000)	(9,000)
Impact of increased risk share	0	(4,000)	(10,000)	(10,600)	(10,900)	(11,200)
Adjusted Forecast Financial Position: IJB Risk share assumptions deteriorating	(9,000)	(13,000)	(19,000)	(19,600)	(19,900)	(20,200)

The current potential risk to our draft financial plan is £4m. However, this remains a planning assumption until discussions with partners are concluded and the IJB finalise their savings and financial plan for 2026/27.

Scenario 3: Loss of recurring funding assumed in the financial plan from Scottish Government's Operational Improvement Plan.

Table 6.3: Scenario testing	2026/27 Year 1	Available funding 20% reduction	Available funding 40% reduction	Available funding 60% reduction	Available funding 80% reduction	Available funding 100% reduction
	£'000	£'000	£'000	£'000	£'000	£'000
Forecast Financial Gap after OIP funding assumptions & Savings	(9,000)	(9,000)	(9,000)	(9,000)	(9,000)	(9,000)
Impact of reduced OIP funding	0	(2,108)	(4,217)	(6,325)	(8,433)	(10,542)
Adjusted Forecast Financial Position: reduced OIP funding assumptions	(9,000)	(11,108)	(13,217)	(15,325)	(17,433)	(19,542)

Table 6.3: Scenario testing	2026/27 Year 1	RPI increases by 0.02%	RPI increases by 0.04%	RPI increases by 0.06%	RPI increases by 0.08%	RPI increases by 0.1%
	£'000	£'000	£'000	£'000	£'000	£'000
Forecast Financial Gap Inclusive of inflation assumptions and savings	(9,000)	(9,000)	(9,000)	(9,000)	(9,000)	(9,000)
Impact of RPI unplanned increases	0	(209)	(417)	(626)	(834)	(1,043)
Adjusted Forecast Financial Position for inflation assumptions	(9,000)	(9,209)	(9,417)	(9,626)	(9,834)	(10,043)

We have assumed RPI at 2.2% in line with the financial planning assumptions issued by Scottish Government with exceptions for Rates, PFI contracts and medicines costs.

The likelihood of all four scenarios crystallising at their worst-case level of impact is low. However, consideration has been given to the likelihood of each scenario emerging and confirms a continued focus on transformation, innovation and cost management remains critical. Table 7 below considers the impact of most likely impact of all scenarios occurring.

Table 7: Financial Impact Assessment	Draft financial plan	Low Sensitivity	Medium Sensitivity	High Sensitivity
Financial year 2026/27	£000s	£000s	£000s	£000s
Draft Financial Plan Outturn - Before Savings	(35,624)	(41,940)	(42,357)	(50,466)
Planned Cash releasing savings	26,624	23,961	19,968	15,974
Draft Financial Plan Outturn - after savings	(9,000)	(17,979)	(22,390)	(34,492)

High sensitivity analysis indicates a potential risk to the financial outturn in 2026/27 of the most likely worse case impact in each of the scenarios evaluated if they were to materialise collectively. If this were the case, recovery actions to mitigate the significant impact would require to be taken forward but a significant risk to the financial position would remain. It is important to note, in each of the 3 potential impact assessments the identified potential outturn does not include our notified deficit funding support

CONCLUSION

NHS Fife faces a challenging financial and operational landscape shaped by demographic pressures, rising demand, national funding constraints, and the ongoing need to transform care delivery. Delivery of this financial plan will require collective ownership across clinical, operation and financial leadership. The plan has been developed through engagement with Executive Directors and representatives across all directorates.

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

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Unscheduled Care

Building on our improvement work to date, our 2026/27 unscheduled care programme will:

- Improve urgent and emergency care performance, with sustained delivery of the 4-hour standard
- Enable people to access the right service, first time, through consistent front door and flow navigation models, and development of a GP WIC model.
- Embed enhanced Flow Navigation and Command Centre (FNC+), virtual care and Virtual Hospital Pathways
- Deliver safe, high-quality and sustainable urgent care aligned to Scotland East system design principles

In support of this, our unscheduled care programme will:

- Deliver a population-based urgent care and flow blueprint across community, acute and discharge pathways
- Optimise FNC+ to enable real-time decision making, escalation and grip on flow
- Use data and joint improvement planning to reduce variation and target the longest delays
- Support rollout of the digital front door and virtual pathways, embedded into operational practice
- Strengthen system-wide oversight of performance, risks and dependencies, with early escalation and mitigation

Prescribing and Purchasing

Building on our established medicines and procurement improvement work, our 2026/27 prescribing and purchasing programme will:

- Maximise value from medicines and non pay expenditure through optimal use of national and local contracts
- Deliver sustainable efficiencies through evidence based prescribing switches and purchasing decisions
- Optimise medicines use to improve patient outcomes while reducing unwarranted variation and waste
- Strengthen value based decision making across prescribing, procurement and supply chain activity
- Ensure financial sustainability through continual value derivation and reinvestment in patient care

In support of this, our prescribing and purchasing programme will:

- Implement systematic review and optimisation of prescribing practice aligned to best value and clinical effectiveness
- Use contract management, product rationalisation and switching programmes to release recurring savings
- Review and optimise stock holding models to reduce excess inventory, expiry risk and variation across sites
- Strengthen right time and right place supply models, including alignment between hospital, community and virtual pathways
- Use data, benchmarking and horizon scanning to identify opportunities, risks and dependencies early
- Ensure robust governance, risk management and escalation of any emerging supply, cost or quality pressures

Planned Care

Building on our excellent work this year, our 2026/27 planned care programme will :

- Support improvement of equity of access across Scotland East for orthopaedics
- Prioritise long waiting patients
- Reduce patient waiting times and improve waiting-time performance
- Develop further ambition for Queen Margaret Hospital and NHS Fife in supporting NHS Scotland as a centre of excellence

In support of this our planned care programme will:

- Identify changes required to deliver high-quality, sustainable and efficient services
- Use data and benchmarking to reduce unwarranted variation and coordinate actions targeting the longest waits
- Ensure optimal use of all available capacity & resources
- Ensure all risks are identified and where possible mitigated
- Ensure any challenges or barriers are escalated or mitigated

Cameron Hospital

Building on recent decisions and whole system planning work, our 2026/27 Cameron Hospital programme will:

- Develop a clear, evidence based plan for the long term future of the Cameron Hospital site
- Manage the site safely and sustainably over the remaining period of use, recognising constraints on long term viability
- Avoid further significant capital investment, while managing key operational and clinical risks proportionately
- Align site planning with wider service redesign, including SCOTCOM and strengthening provision at St Andrews Community Hospital
- Ensure future options for the site are developed in a planned, transparent and sensitive way

In support of this, our Cameron Hospital programme will:

- Confirm and maintain a short to medium term operating model for the site, aligned to agreed executive direction
- Manage infrastructure and estate risks through interim and proportionate mitigation rather than long term capital solutions
- Coordinate planning across clinical, operational, workforce and estate teams to support potential future service transition
- Strengthen dependency planning with SCOTCOM and community hospital provision to enable continuity of care
- Ensure clear governance, risk oversight and escalation of any emerging safety or continuity concerns
- Develop potential future options for the site, recognising the need for appropriate engagement, due process and public consideration

Transport

Building on our transport improvement and sustainability work to date, our 2026/27 transport programme will:

- Deliver a more efficient, sustainable and value driven transport system through centralised oversight and control
- Optimise use of transport resources to support patient flow, discharge and clinical pathways
- Reduce unwarranted variation in transport provision and associated costs across services and sites
- Strengthen financial governance, contract management and value for money in transport commissioning
- Establish the foundations for future equity of access and system wide transport support

In support of this, our transport programme will:

- Implement centralised coordination and control of transport requests, booking and approval processes
- Standardise assessment of transport need to ensure appropriate, consistent and value based use
- Optimise use of in house, contracted, volunteer and routine transport options to reduce reliance on high cost solutions
- Review and rationalise transport contracts, taxi use and non emergency patient transport arrangements
- Use data and demand analysis to optimise utilisation, reduce duplication and target highest cost pressures
- Strengthen performance oversight, risk management and escalation to maintain grip on spend and delivery

Mental Health Estate

Building on our agreed direction for mental health services and estate, our 2026/27 mental health estate programme will:

- Align estate decisions to the delivery of the Mental Health Strategy and agreed service models
- Support continued consolidation of services at Stratheden to improve quality, safety and sustainability
- Enable the planned relocation of services to Queen Margaret Hospital to proceed at pace
- Create the conditions for long term, purpose built mental health facilities through early planning and option development
- Support service transformation, workforce modernisation and the expansion of community based models of care

In support of this, our mental health estate programme will:

- Maintain momentum on Stratheden consolidation and service moves, ensuring safety, quality and continuity of care
- Progress enabling works at Queen Margaret Hospital to support relocation and modern service delivery
- Develop and agree initial parameters and options for future purpose built mental health facilities
- Align capital, workforce and clinical planning to support transformed models of care and community mental health teams
- Ensure clear governance, risk management and phasing to minimise disruption during transition
- Maintain flexibility to adapt plans as strategy, funding and national direction evolve

Allied Health Professions

Building on national direction and local workforce priorities, our 2026/27 Allied Health Professions programme will:

- Develop a comprehensive Allied Health Professions strategy aligned to Scottish Government policy and reform agendas
- Enable the advancement of roles and expansion of advanced and consultant level practice across Allied Health Professions
- Seek to optimise the use of advanced and consultant roles across Allied Health Professions
- Modernise the workforce to support new models of care, productivity and service sustainability
- Ensure a resilient, future facing workforce through effective planning, partnerships and pipelines

In support of this, our Allied Health Professions programme will:

- Develop and agree a system wide strategy covering roles, capability, capacity and future demand
- Review skill mix across pathways and settings to support safe delegation, advanced practice and new ways of working
- Strengthen workforce planning to ensure appropriate supply, succession and career progression routes
- Build and formalise partnerships with universities and education providers to support training, placement and recruitment pipelines
- Align workforce, service and financial planning to enable advanced practice and consultant roles to be deployed at scale
- Ensure robust governance and engagement to support change across professions and services

Healthcare Scientists, Pharmacy and Psychology

Building on national direction and local workforce priorities, this programme will:

- Develop comprehensive workforce strategies aligned to Scottish Government policy and reform agendas
- Enable the advancement of roles and expansion of advanced and consultant level practice across these groups where appropriate
- Seek to optimise the use of advanced and consultant roles across these groups.
- Modernise the workforce to support new models of care, productivity and service sustainability
- Ensure a resilient, future facing workforce through effective planning, partnerships and pipelines

In support of this, this programme will:

- Develop and agree a system wide strategy covering roles, capability, capacity and future demand
- Review skill mix across pathways and settings to support safe delegation, advanced practice and new ways of working
- Strengthen workforce planning to ensure appropriate supply, succession and career progression routes
- Build and formalise partnerships with universities and education providers to support training, placement and recruitment pipelines
- Align workforce, service and financial planning to enable advanced practice and consultant roles to be deployed at scale
- Ensure robust governance and engagement to support change across professions and services

Nursing & Midwifery

In line with national workforce reform, Scottish staffing legislation and our local service priorities, our 2026/27 nursing programme will focus on delivering safe, effective and sustainable care through the full application of the Common Staffing Method and strengthened professional governance.

We will:

- Optimise nursing and midwifery skill mix, ensuring deployment aligns with the Common Staffing Method, scope-of-practice, and safe delegation principles.
- Maximise the contribution of registered and unregistered staff, ensuring roles are aligned to modern models of care and anticipated service demand.
- Reduce reliance on supplementary staffing through strengthened grip and control, proactive workforce planning and investment in a resilient, flexible NHS Fife staff bank model.
- Strengthen governance of bank and agency usage, including monitoring, targeted intervention and improved establishment control.
- Enhance the effective use of digital tools and automation to release nursing and midwifery time to care, reduce administrative burden and support clinical decision-making.
- Embed the Clinical Leadership Framework, supporting leadership capability, accountability and professional decision-making at every level.
- Support safe delegation, expanded use of support roles and multidisciplinary/interdisciplinary team effectiveness in line with statutory requirements and evidence-based practice.

In support of this, our nursing programme will:

- Implement skill mix optimisation approaches, using the common staffing method in line with service and workforce changes.
- Review establishments using real-time data, professional judgement and the requirements of staffing legislation.
- Strengthen staff bank governance and workforce intelligence, enabling targeted action in high-usage areas and enhancing service resilience.
- Clarify and reinforce the unique contribution of registered nurses and midwives, including professional accountability, leadership and clinical judgement.
- Enable adoption of digital tools that support flow, documentation, rostering, e-observation and care planning to maximise capacity and improve productivity.
- Ensure robust professional leadership, strengthening engagement with staff and trade unions throughout delivery of the programme.

Medical

Building on national workforce priorities and local service needs, our 2026/27 medical workforce programme will:

- Develop a clear medical workforce strategy aligned to service models, sustainability and quality
- Reduce reliance on medical locums through improved workforce planning and establishment stability
- Optimise job planning to support productivity, fairness and delivery of service priorities
- Strengthen medical workforce pipelines to support recruitment, retention and succession
- Ensure a sustainable general medical workforce to support both planned and unscheduled care

In support of this, our medical workforce programme will:

- Review medical establishments and deployment across services to align capacity with demand
- Strengthen governance and oversight of locum use, including targeted action in high dependency areas
- Improve consistency and effectiveness of job planning, linking plans to service delivery and productivity
- Work in partnership with universities, postgraduate training bodies and regional partners to strengthen training and recruitment pipelines
- Develop approaches to support career progression, retention and portfolio working where appropriate
- Align medical workforce planning with service redesign, estate and digital programmes
- Ensure clear clinical leadership, engagement and governance to support change

Business Systems

Building on national direction and local reform priorities, our 2026/27 business systems programme will:

- Ensure NHS Fife is locally ready and aligned for delivery of national HR, Finance, Payroll and Procurement systems
- Coordinate readiness and change activity across all affected corporate and operational functions
- Support early adoption and preparatory alignment where this adds value and reduces future risk
- Improve consistency, data quality and process alignment ahead of national implementation
- Minimise disruption and maximise benefit realisation from national system deployment

In support of this, our business systems programme will:

- Coordinate engagement across HR, Finance, Procurement, Payroll and wider services impacted by the programme
- Support mapping and alignment of local processes, roles and structures to national design assumptions
- Lead local readiness activity including data quality, change impact assessment, training preparation and communications
- Identify opportunities for early alignment or adoption where feasible and beneficial
- Align local digital, workforce and process change activity to national timelines and dependencies
- Ensure clear local governance, risk management and escalation in line with national and organisational assurance arrangements

Administration

Building on national direction and local workforce priorities, our 2026/27 administration programme will:

- Modernise administrative roles and career pathways to support sustainable, skilled and motivated teams
- Improve productivity and efficiency through better use of digital tools, technology and standard processes
- Strengthen capability and progression through clear frameworks, development routes and role clarity
- Align administrative capacity with service need, quality and affordability
- Support a planned and proportionate approach to administrative workforce growth, aligned to national expectations

In support of this, our administration programme will:

- Develop clear administrative career pathways and frameworks to support recruitment, retention and progression
- Work in partnership with colleges and education providers to modernise training and entry routes
- Review administrative roles and job families to improve consistency, clarity and alignment across services
- Support improved use of technology and digital tools to release capacity and reduce manual effort
- Align administrative workforce planning with service redesign, digital transformation and national policy direction
- Continue a sensitive, planned trajectory towards sustainable administrative capacity, recognising post COVID growth and future requirements
- Ensure appropriate engagement, governance and workforce partnership throughout

Digital and Data

Building on the Digital Framework and Performance and Assurance Framework, our 2026/27 digital and data programme will:

- Deliver the Digital Plan to enable service transformation, productivity and sustainability
- Strengthen digital foundations, resilience and cyber security in line with national requirements
- Establish a clear, prioritised and governed digital portfolio aligned to organisational need
- Develop a mature business intelligence and analytics capability to support planning, performance and assurance
- Improve organisational readiness for digital adoption, recognising system wide dependencies

In support of this, our digital and data programme will:

- Deliver priority national and local digital programmes through a clearly governed and prioritised portfolio, distinguishing mandated requirements from discretionary demand
- Establish a central reporting and business intelligence hub, aligned to the Performance and Assurance Framework, providing consistent metrics, dashboards and insight
- Implement a coherent reporting strategy covering operational performance, quality, finance, workforce and risk
- Improve data quality, integration and interoperability to support decision making and reduce duplication
- Strengthen digital infrastructure lifecycle planning and visibility of risk, aligned to capital and sustainability constraints
- Support service readiness for digital change, clarifying roles for adoption, change management and benefit realisation
- Embed the Digital Capabilities Framework to build workforce confidence, capability and adoption at scale

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APPENDIX 2

Draft Sub National Finance Plan Narrative

Finance – Supporting the Sub-National East Programme

Introduction

NHS Scotland faces a set of persistent system pressures — amongst them rising demand, constrained finances, fragile workforce supply, and localised governance structures that do not always enable good system-wide decision-making.
Through collaborative discussion between East of Scotland Finance teams following the issuing of principles commissioned by the Scottish Government, we have agreed to working towards the creation of a cohesive, resilient, and digitally enabled finance system that can sustainably support high-quality health and care services across the East region. By working together as a unified sub-national system, the aim is to better respond to increasing demand pressures, enhance consistency, and build a financially sustainable framework that enables improved outcomes for the populations we serve. By working in collaboration, we aim to deliver a more resilient, efficient, and future-focused finance function that strengthens health and wellbeing across Scotland East.

The Finance Principles and the East Response

On the 12th of January, the Chief Finance Officer for the Health and Social Care Finance Directorate at the Scottish Government issued further guidance though a 'commission' to health boards across East and West areas.
Within this a number of principles/considerations were set out for the sub-national areas, stating that:

- The underlying principle must be that financial deficits across all Boards should be stabilised and where possible reduced in 2026-27.
- Plans must prioritise increasing the level of recurring savings towards the 3% target.
- No new recurring financial commitments should be made without confirmed funding.
- Identify areas of recurring financial pressure where adoption of best practice across the sub-national area can contribute to management of deficits.
- Triangulation with population need, capital infrastructure, workforce planning, and service fragility to identify and inform service plans for sustainable models of care.
- Alignment with key DL clinical service priorities to ensure that plans to deliver those priorities are affordable.
- Alignment with business systems and digital front door plans as developed and delivered.

- Develop an approach to align capital prioritisation processes and work towards a single capital plan, encapsulating both new capital requests and business continuity processes.

The Finance programme for Sub-National East has given due consideration to the contents of these principles and will focus on a number of key areas in the early stages:

- **Support to the Five Strategic Priorities** identified by the wider Sub-National programmes – including Business Systems Development, the Digital Front Door, Remote and Rural priorities, Orthopaedic services and Unscheduled Care.
- Identification of opportunities to **learn from best practice** across boards in order to **reduce the overall financial gap**, with the ambition that the East boards are able to collectively operate within available resources in the next three years.
- **Build resilience** across the Finance teams but also support the wider challenge to achieve this across clinical services.

Areas of Focus

Supporting the Priority Workstreams

Finance will play a leading role in understanding opportunities for sustainable services within the programmes defined under the Priority Workstream headings. Progress is already being made across Orthopaedics, with Finance contributing to the decision-support process around financially expedient choices.

The development of analytical capability across the East will be a key feature of development to support ongoing assessment of efficiency and sustainability options. This will require boards to support work in the development of supporting tools for analysis, including the application of Discovery and enhanced costing at patient level (PLICS).

Reducing the Overall Financial Gap

Initial assessment suggests that the recurrent underlying gap across the East region is currently in excess of £300m. Tackling such a significant underlying deficit will be a key challenge, particularly recognising that the SG requirement to deliver financial sustainability within three years, the time at which all addition sustainability and deficit support funding will come to an end.

In the very short term, a consolidation of financial plans across the East for the forthcoming financial year (2026/27) and beyond will clarify the financial challenge for the East region, setting the baseline position that will inform future actions.
All boards have an underlying financial gap; however, the levels are not proportionate between boards. Due recognition will be given to this variation, whilst efforts will concentrate on a number of opportunities to reduce the gap including:

- **NRAC parity** for health boards in the East - At present, boards in the East are collectively behind NRAC parity by circa £30m. This resource sits in the West, and we will work across all health boards and with SG Finance colleagues to identify a medium-term approach to bring parity to boards.
- **Best Practice** – through some early benchmarking evaluation, there are evidently areas of good practice in financial performance across the East Boards. For instance, Fife and Lothian are amongst the lowest cost prescribers of primary care medicines in Scotland. Seeking out opportunities for cost reduction through benchmarking and identification of good, low-cost practice will be a focus, particularly in the higher spend areas of nursing, medical staff, drugs, supplies and Property/Facilities.

- **Collective strength** – Collaboration between East boards will create opportunities that may not be available to boards at an individual level. Strength through unity will create financial opportunities in areas such as the management of agency costs as well as clinical benefits through rotation of posts.

Throughout this, there remains a need for boards across the East to continue to foster strong relationships with boards in the west for shared learning, national initiatives and ongoing collaboration on cross boundary flow for national and regional services.
Finance leaders acknowledge that the scale of challenge will be significant, and recognise that beyond efficiency opportunities as described above, tougher choices may be required. This will include reflecting on statutory responsibilities within healthcare provision and considering tolerance levels to clinically operate within this. Beyond that, an assessment of what a balanced financial system would look like may result in the presentation of difficult choices for the East to consider, including current structures around charging models as well as service reductions. This would only feature once all other cost reduction initiatives have been explored.

Building System Resilience

A key focus of attention will be towards a Once-for-Scotland approach to digital finance tools, ensuring streamlined, modern, and interoperable systems through the Business Systems programme. Enhancing digital capability across the finance workforce will unlock more efficient reporting, better-informed decision-making, and a stronger foundation for long-term transformation.

Through closer working the aim will be to further develop the east's approach to how corporate services are delivered in order to improve resilience, reduce duplication, and create consistent quality. Models of cross border co-operation already exist (for example within Payroll services, Procurement), and further opportunities are available across other services.

Wider system resilience into clinical services will be a key tenet of evolving work, giving due consideration to arrangements supporting recruitment best practice and opportunities for the management of rotas beyond traditional boundaries to support more vulnerable services.

Working within Constraints

Whilst the Sub-national infrastructure offers opportunities for greater collaborative working, constraints will remain including:

Governance and Accountability - our ambition is restricted by current governance and accountability arrangements which were not designed to support sub national, cross-Board decision-making.

Rural and Remote Challenges - Standalone services in remote and island communities are under pressure. Greater joining-up across Island Boards is not only welcome — it is essential for maintaining safe, equitable access.

Existing Partners – For functions and funding delegated to Integration Authorities such as Unscheduled Care, sub national redesign becomes even more complex and requires further collaboration beyond the sub-national framework.

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APPENDIX 3
NRAC Parity Funding – Proposal

IMPACT ASSESSMENT										
Service Area	**Directorate/Portfolio**	**Description**		**Allocation £m**	**Population Health**	**Quality & Safety Care**	**Staff Experience & Workforce Sustainability**	**Strategic Alignment & Coherence**	**Financial Sustainability**	**Deliverability & Risk**
Acute Services	Women, Children and Clinical Services Directorate	Purchases of Healthcare from other organisations		**1.000**	✓	✓		✓	✓	✓
Acute Services	Surgical Directorate	Surgical Instruments & Sundries		**1.000**	✓	✓		✓	✓	✓
Acute Services	Medical Directorate	Diabetic Pumps		**1.000**	✓	✓		✓	✓	✓
HSCP	Prescribing	GLP1 Drugs		**0.650**	✓	✓	✓	✓	✓	✓
HSCP	HSCP SLAs	Out of Area Care Packages (SLAs)		**1.500**	✓	✓		✓	✓	✓
HSCP	Primary Care & Prevention Services	School Nursing		**0.290**	✓	✓	✓	✓	✓	✓
HSCP	Various	NRAC N/R 2024/25 funded posts		**0.560**	✓	✓	✓	✓	✓	✓
Corporate	Coporate digital systems	Annual recurring costs		**0.350**	✓	✓		✓	✓	✓
Corporate	Estates	Property & Euipment Maintenance		**0.350**	✓	✓	✓	✓	✓	✓
External Healthcare providers	SLAs	SLA with other Scottish Health Boards		**5.000**	✓	✓		✓	✓	✓
Whole System	Unscheduled Care	Virtual Capacity & Virtual Hospital Pathways		**2.000**	✓	✓	✓	✓	✓	✓
TOTAL NRAC PARITY FUNDING				**13.700**						

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APPENDIX 3 contd.

IMPACT ASSESSMENT					
Population Health	**Quality & Safety Care**	**Staff Experience & Workforce Sustainability**	**Strategic Alignment & Coherence**	**Financial Sustainability**	**Deliverability & Risk**
how an action, change or investment affects the health of the whole population.	**how proposals impact the safety, effectiveness and experience of care.**	**how a proposal affects the workforce, now and in the future**	**how well the proposal aligns with national, regional and local strategies**	**reviews the financial consequences both in the short and long term**	**how realistic and achievable the proposal is.**
Improving overall health outcomes Reducing health inequalities Prevention and early intervention Impact on vulnerable groups	Clinical quality Patient safety Patient experience Meeting clinical standards and guidelines	Staff wellbeing and morale Recruitment and retention Skills, training and development Workforce sustainability and capacity	NHS Scotland priorities Operational Improvement Plan (OIP) Sub-national planning priorities Local Board strategies and service plans	Cost of delivery Savings or efficiencies Affordability Long-term financial impact Value for money	Practical feasibility Capacity to implement Time, resource and operational constraints Key risks, mitigations and dependencies Likelihood of successful deliver

DRAFT

Health and Social Care
Fiona Bennett, Chief Finance Officer

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Carol Potter
Chief Executive
NHS Fife

Cc:
Patricia Kilpatrick, Chair
Susan Dunsmuir, Director of Finance & Performance

26 March 2026

Dear Carol,

NHS Fife – 2026-27 Three-Year Financial Plan

Thank you for your submission of the NHS Fife Three-Year Financial Plan, covering 2026-29. The Board is forecasting a deficit position of £9 million in 2026-27, which is in line with your deficit support funding for the year. I also note your three-year plan sets out that NHS Fife will meet its deficit support funding limit in year two and achieve a breakeven position in year three.

The Board has set a savings target of £31 million in 2026-27, all of which is recurring, at 3% of baseline. I welcome the Board's commitment to a 3% recurring savings target in line with the national target.

I recognise the significant work being undertaken to deliver this position, including NHS Fife's 6Ps Framework, and appreciate the commitment to meeting financial targets.

On the basis NHS Fife have set a plan that meets its key financial targets in 2026-27, I can confirm approval of the financial plan for 2026-27 to 2028-29.

Actions

To ensure successful delivery of your financial plan please ensure:

1. Delivery of savings schemes begins as early as possible in the financial year, to benefit from a full year impact in 2026-27;
2. Emerging pressures or risks above those reported in your financial plans are identified as soon as possible, and discuss as a Board what mitigating actions can be taken to offset these;

3. Progress with the areas of focus set out in the revised 15 Box Grid is considered, alongside any further support we can provide;
4. There is full engagement with your Board Support Lead; and
5. Engagement continues through your Sub-National area to deliver the priorities set out within the Directors Letter (DL) on 13 November 2025.

Should there be any material movement from your approved financial plan, please inform myself or colleagues in the Finance Delivery Unit (FDU) as soon as possible, and in advance of our routine financial reporting arrangements.

Sub-National Planning

Improved financial sustainability is a key aim of Sub-National planning and I recognise the priorities and areas of focus identified for 2026-27 for Scotland East, as set out within your structures financial plan narrative. Ongoing work, monitoring, and support will continue throughout 2026-27 to ensure your progress against the objectives set out within the DL.

In line with the guidance I issued to finance teams on 12 January 2026, please ensure NHS Fife's financial reporting in 2026-27 is aligned with its approved financial plan and the priorities identified by Scotland East to improve financial sustainability.

Board Support Lead

All NHS Boards will be assigned a Board Support Lead in 2026-27. Iona Mayhew will continue to be your Board Support Lead this year. They will work alongside your team to provide ongoing advice, monitor your financial position, and ensure you have the support you need throughout the year.

Next Steps

I appreciate the significant work being undertaken to meet financial targets in 2026-27. Additionally, I would like to thank you again for your ongoing support and continued engagement moving into the new financial year.

Yours sincerely



Fiona Bennett
Chief Finance Officer Health and Social Care

Meeting:	**Fife NHS Board**
Meeting date:	**26 May 2026**
Title:	**Transformation Portfolio Update 2026/27**
Responsible Executive:	**Susan Fraser, Director of Planning & Transformation**
Report Author:	**Fiona McLaren, Head of Corporate PMO**

Executive Summary:

- This paper provides an update on progress across NHS Fife's 2026/27 Transformation Portfolio.
- Meetings have been completed with Senior Responsible Owners and the Corporate PMO to confirm priorities, governance and delivery arrangements across the 14 programmes. High-level plans are in place, with Programme Boards and Terms of Reference established.
- Overall progress is positive, with 13 of the 14 programmes reporting Significant assurance. Unscheduled Care is reporting Moderate assurance due to ongoing demand, workforce pressures and wider system dependencies.

1 Purpose

This report is presented for:

- Assurance

This report relates to:

- Annual Delivery Plan
- NHS Board Strategic Priority

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

This paper provides an overview of the work underway to develop the Transformation Portfolio for 2026/27. The purpose of this paper is to provide an update on progress of each of the programmes and next steps.

2.2 Background

In January 2024, the NHS Fife Board supported the Reform, Transform and Perform (RTP) approach as a mechanism to deliver financial recovery and system-wide transformation. During 224/25 and 2025/26, this approach enabled significant progress, including delivery of substantial in-year savings, improved financial stewardship, and the establishment of a more structured and organisation-wide approach to transformation.

The Transformation Plan 2026/27 represents the next stage in this evolution. Rather than a standalone framework, transformation is now embedded within NHS Fife's wider strategic planning and commissioning system, with clearer alignment across planning, performance, finance and delivery. Progress on financial savings will be reported clearly through financial reporting and not transformation reporting.

The plan reflects learning from previous delivery, strengthens governance and accountability, and provides a more integrated and prioritised portfolio of transformation programmes.

2.3 Assessment

The Transformation Plan is structured around a defined portfolio of programmes, including:

- Unscheduled Care
- Planned Care
- Procurement and Medicines Optimisation
- Workforce redesign (including Nursing, Medical, AHP and professional groups)
- Infrastructure and estate transformation
- Transport and supporting services
- Digital & Data
- Business Systems
- Administration

The portfolio of programmes outlined in the Transformation Plan has its origins in the NHS Fife Hackathon held in October 2025. This event brought together a diverse group of stakeholders, including clinicians and managers from various sectors of the health and care system in Fife, alongside other partner organisations. During the hackathon, participants collaborated to generate and develop innovative ideas, which subsequently formed the basis of the transformation plan.

During April, meetings were completed with all Senior Responsible Owners and the Corporate PMO to confirm priorities, governance and delivery arrangements

across the portfolio. High-level plans are now in place for all 14 programmes, with Programme Boards and Terms of Reference established to support oversight, decision-making and delivery.

Progress across the portfolio is positive, with 13 of the 14 programmes reporting Significant assurance, reflecting delivery broadly in line with plan and established governance arrangements. Unscheduled Care is reporting Moderate assurance due to ongoing demand, workforce pressures and wider system dependencies. Overall, the portfolio is moving from mobilisation into delivery, with early actions underway, baselines being established and priorities for 2026/27 being finalised ahead of the next phase of implementation.

Appendix 1 provides a highlight report from each of the programmes with progress to date and plans for the next month.

Next steps

Programme work is actively progressing, with Programme Boards scheduled for the upcoming month. The Boards are designed to facilitate collaboration across departments and provide the necessary governance to drive the programme's outcomes.

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

Justification for assurance levels proposed

There is sufficient assurance that the controls and arrangements in place will support delivery of the Transformation Plan, although there remains a level of residual risk associated with financial delivery, workforce constraints and system-wide dependencies.

2.3.1 Quality, Patient and Value-Based Health & Care

The Transformation Plan prioritises improvements in access, flow and models of care across both urgent and planned care pathways.

Key areas of focus include reducing waiting times, improving urgent and emergency care performance, expanding community-based care, and enabling care closer to home. Programmes such as Hospital at Home, Discharge without Delay and pathway redesign will support improved patient outcomes, reduced avoidable harm and more efficient use of resources.

2.3.2 Workforce

Workforce transformation remains central to delivery, with a focus on sustainable workforce models, skill mix optimisation and reduction in reliance on supplementary staffing. Programmes across Nursing and Midwifery, Medical, Allied Health Professions and other professional groups will support workforce sustainability, improve staff experience and enable new models of care.

There will be continued partnership working with staff side and a focus on recruitment, retention and workforce development.

2.3.3 Financial

The Transformation Plan includes a comprehensive savings programme aligned to the Board's financial recovery requirements, with identified cash-releasing savings and wider productivity opportunities. Delivery will focus on reducing unwarranted variation, improving efficiency, optimising workforce models and maximising value from prescribing, procurement and corporate functions. Financial delivery remains a key risk and will require sustained focus and oversight throughout the year.

2.3.4 Risk Assessment / Management

Delivery of the Transformation Plan operates within NHS Fife's risk management framework and agreed risk appetite.

Key risks include:

- Financial delivery and achievement of savings targets
- Workforce capacity and reliance on supplementary staffing
- Increasing demand, particularly within unscheduled care
- Dependencies on national policy, funding and system partners

These risks will be actively managed through programme governance, regular reporting and Board oversight.

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

The Transformation Plan 2026/27 has been developed in line with NHS Fife's statutory duties under equality and human rights legislation, including the Public Sector Equality Duty, the Fairer Scotland Duty, and responsibilities relating to children's rights. The programme is designed to ensure that service change is both equitable and proportionate, with a clear focus on reducing

health inequalities and improving access to services for those most at risk of poorer outcomes.
Equality Impact Assessments will be undertaken at programme and service level, ensuring that the potential impacts of transformation are systematically considered, mitigated and monitored.

This includes consideration of protected characteristics, socio-economic disadvantage, and the needs of vulnerable and marginalised groups. Particular attention will be given to ensuring that changes to service models, workforce deployment and digital delivery do not inadvertently widen inequalities. Engagement and co-production will continue to be central to delivery, ensuring that staff, patients and communities are actively involved in shaping services. This will support more inclusive decision-making and strengthen the legitimacy and sustainability of transformation.

Overall, the Transformation Plan aims to ensure that improvements in quality, access and efficiency are delivered in a way that is inclusive, rights-based and aligned to NHS Fife's broader responsibilities to reduce inequalities and improve outcomes for all communities.

2.3.6 Climate Emergency & Sustainability Impact

Sustainability considerations are embedded across the Transformation Plan, particularly within infrastructure, transport and digital programmes. Actions to reduce estate footprint, energy usage and carbon emissions will contribute to NHS Fife's climate responsibilities while supporting financial sustainability.

2.3.7 Communication, involvement, engagement and consultation

Building on previous engagement approaches, staff and stakeholders will continue to be actively involved in shaping and delivering transformation. Engagement will support ownership of change, enable continuous improvement and ensure that transformation is informed by those delivering and receiving services.

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.

- **Finance Resources & Performance Committee** - 5 May 2026

2.4 Recommendation

This paper is provided to the NHS Fife Board for:

- **Assurance** – this paper provides **moderate** assurance that the transformation programmes are progressing in terms of implementation and delivery

3 List of appendices

The following appendices are included with this report:

- Appendix 1: Transformation Programme Reporting V0.1

Report Contact

Fiona McLaren

Head of PMO

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Transformation Programmes

Flash Reporting

April 2026

Fiona McLaren, Head of Corporate PMO

Introduction

The purpose of this pack is to provide a progress update on the transformation programmes. An update is provided on each scheme in terms of current Assurance rating.

Each section summarises the planned deliverables, progress to date and planned activity for the following schemes:

Programme	Executive Lead(s)
1. Unscheduled Care	Gillian McAuley
2. Planned Care	Claire Dobson
3. Medicines Optimisation	Jill Nowell
4. Procurement	Susan Dunsmuir
5. Cameron	Neil McCormick / Lynne Garvey
6. MH Estate	Neil McCormick / Lynne Garvey
7. Transport	Neil McCormick
8. Allied Health Profession	Gillian McAuley / Claire Dobson / Amanda Wong
9. Medical	Chris McKenna
10. Nursing & Midwifery	Gillian McAuley
11. Healthcare Scientists, Pharmacy, and Psychology	Chris McKenna
12. Administration	Joy Tomlinson / David Miller / Kirsty MacGregor
13. National Business Systems	Susan Dunsmuir / David Miller
14. Digital & Data	Chris McKenna / Alistair Graham

Assurance Levels & RAG Rating

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

Programme Element	Green Status	Amber Status	Red Status (triggers exception report)
Time	On track.	Delivery date is delayed by 2 months or less.	Delivery date is delayed by 2 months or a milestone is at risk.
Cost	On budget.	Budget is exceeded but within 20% tolerance.	Budget is exceeded by more than 20%.
Scope	On plan.	Scope is at risk.	Scope cannot be delivered.
Risk / Issues	No significant risks / issues.	Amber risks / open issues are recorded.	Red risks recorded / significant issues impacting delivery
Resources	Resources are confirmed and in place.	Some resources are not available and causing concern.	There is significant resource shortage.
Benefits	Budgets on track to be delivered.	Some issues exist in ability to deliver some of the benefits.	Benefits delivery is at risk.
Business Readiness	Stakeholders and staff are ready for the change.	Some issues exist but are manageable.	There is no progress towards transitioning to the change.

The tables describe the methodology used to assess and report project status within the Transformation Programmes, incorporating both Committee Assurance levels and programme RAG rating.

PROGRAMME	Unscheduled Care	**REPORT DATE**	April 2026	
SRO:	Gillian McAuley, Executive Nurse Director	**ASSURANCE LEVEL**		Moderate
		RAG STATUS		Amber

DELIVERABLES	**MILESTONE PROGRESS SINCE LAST REPORT**
Discharge without Delay: • Expand and increase capacity for the Acute Frailty Unit • Continue to embed and improve accurate planned discharge dates (PDD) • Trial criteria driven neuro / stroke pathways • Scoping of housing / environmental barriers **Hospital without Walls:** • Implement cardiology / respiratory pathways for virtual capacity • Develop workforce model **FNC+** • Develop further condition specific pathways • Design discussion regarding command centre model	• Programme governance and scope agreed with SRO • Hospital without Walls - Virtual wards have been built for all current and planned Hospital at Home services, providing a consistent platform for delivery, clinical oversight, and robust data capture • Discharge without Delay - Stroke/Neuro pathway has been developed with a new referral form and process. Test of change to be undertaken. • FNC+ project initial meeting held to develop the outline vision for the service

PLANNED ACTIVITIES FOR NEXT REPORTING PERIOD

- Review and assessment of project deliverables from 2025/26 plans to understand what was delivered and not achieved to establish baseline for 2026/27 plans
- Data deep dive to assess outcomes of improvement work to date and identify future areas
- Agree the priority focus areas for 2026/27

CHALLENGES & OPPORTUNITIES

- Ensuring the funding received is allocated to the correct areas of work and used to effect.

KEY RISKS & ISSUES

- There is a risk that seasonal pressures impact the sustainability of improvements due to increased demand and limited capacity across the system.
- There is a risk that target bed numbers will not be met in line with trajectories due to a shortage of staff in the core H@H team.

PROGRAMME	Planned Care	**REPORT DATE**	April 2026	
SRO:	Claire Dobson, Director of Acute Services	**ASSURANCE LEVEL**	○	Significant
		RAG STATUS	●	Green

DELIVERABLES	**MILESTONE PROGRESS SINCE LAST REPORT**
• Sustain waiting times for inpatients, day cases, and outpatients across ENT, Urology, Vascular, Ophthalmology, and Trauma & Orthopaedics ensuring sustained improvements in access to treatment • Continued input through the National Treatment Centre, to Scotland East Orthopaedics planning • Continued optimisation of theatre utilisation at Queen Margaret Hospital and development of capital plan to modernise and increase capacity • Continue engagement and reduce DNAs by strengthening communication with long-wait patients for outpatient appointments and hospital admissions through the Digital Patient Hub and patient focussed booking • Build on Urology and Ophthalmology capacity to increase activity locally and sub nationally • Review of ENT service delivery and identification of service redesign	• Programme governance and scope agreed with SRO • Delivery progressing in line with agreed plans

PLANNED ACTIVITIES FOR NEXT REPORTING PERIOD

- Continued work to sustain waiting times
- Continued input to sub-national planning work

CHALLENGES & OPPORTUNITIES

- Uncertainty around funding that will impact on waiting times

KEY RISKS & ISSUES

- Uncertainty around Scottish Government funding
- Operational pressures around workforce and theatre capacity
- Increase in demand which may impact ability to maintain performance

PROGRAMME	Medicines Optimisation	**REPORT DATE**	April 2026	
SRO:	Jill Nowell, Director of Pharmacy & Medicine	**ASSURANCE LEVEL**		Significant
		RAG STATUS		Green

DELIVERABLES	**MILESTONE PROGRESS SINCE LAST REPORT**
• Delivery of Medicines Optimisation Plan • Regional formulary reviews to ensure affordability and access. • Medicines waste reduction and associated public messaging. • Delivery of polypharmacy reviews • Medicines of low clinical value • Use of high cost medicines • Unwarranted variation in prescribing	• SRO meeting held programme scope agreed • Terms of Reference drafted • Continued delivery against agreed plans

PLANNED ACTIVITIES FOR NEXT REPORTING PERIOD

- Identification of savings schemes for 2026/27

CHALLENGES & OPPORTUNITIES

- None

KEY RISKS & ISSUES

- There is a risk that the medicines supply chain could be impacted by global or national issues which can affect availability, pricing and, if there are any shortages through the year there is a risk that costs can increase.
- There is a risk that there is an increase in expenditure due to change in clinical practices, patient demographic national policy and new medicines resulting in increased expenditure and cost pressure

PROGRAMME	Procurement	**REPORT DATE**	April 2026	
SRO:	Susan Dunsmuir, Director of Finance	**ASSURANCE LEVEL**		Significant
		RAG STATUS		Green

DELIVERABLES	**MILESTONE PROGRESS SINCE LAST REPORT**
• Re-establish the programme board • Agree the workstreams for 2026/27 • Agree workstream leads • Develop a baseline for contracts review • Develop areas of focus & targets • Agree how to monitor financial benefits	• SRO meeting held programme scope agreed • Pre-programme board scoping session held • Terms of Reference drafted for the revised programme board

PLANNED ACTIVITIES FOR NEXT REPORTING PERIOD

- Re-establish programme board
- Agree workstreams
- Develop baseline data to inform the areas for focus

CHALLENGES & OPPORTUNITIES

- None

KEY RISKS & ISSUES

- Procurement's ability to influence and support the delivery of efficiency and savings target throughout the organisation.
- Reduction in National Workplan Frameworks and Contracts.

PROGRAMME	Cameron Hospital	**REPORT DATE**	April 2026	
SRO:	Neil McCormick, Director of Property & Asset Management Lynne Garvey, Director of Health & Social Care	**ASSURANCE LEVEL**		Significant
		RAG STATUS		Green

DELIVERABLES	**MILESTONE PROGRESS SINCE LAST REPORT**
• Develop a clear, evidence-based plan for the long-term future of the Cameron Hospital site • Manage the site safely and sustainably over the remaining period of use, recognising constraints on long term viability • Avoid further significant capital investment, while managing key operational and clinical risks proportionately • Align site planning with wider service redesign, including ScotCOM and strengthening provision at St Andrews Community Hospital • Ensure future options for the site are developed in a planned, transparent and sensitive way	• SRO meeting held programme scope agreed • Continued delivery against agreed plans

PLANNED ACTIVITIES FOR NEXT REPORTING PERIOD

- Continued work towards site rationalisation with clear plan being developed to migrate services
- Continued work to progress site demolitions

CHALLENGES & OPPORTUNITIES

- None

KEY RISKS & ISSUES

- Projects take time to plan, fund and execute. There is risk the projects could delay the anticipated timeline for service change
- The programme will require support from other directorates and departments (like digital and medical records as an example). There is a risk that they may have insufficient capacity to support the programme

PROGRAMME	Mental Health Estate	**REPORT DATE**	April 2026	
SRO:	Neil McCormick, Director of Property & Asset Management Lynne Garvey, Director of Health & Social Care	**ASSURANCE LEVEL**		Significant
		RAG STATUS		Green

DELIVERABLES	**MILESTONE PROGRESS SINCE LAST REPORT**
• Align estate decisions to the delivery of the Mental Health Strategy and agreed service models • Support continued consolidation of services at Stratheden to improve quality, safety and sustainability • Enable the planned relocation of services to Queen Margaret Hospital to proceed at pace • Create the conditions for long term, purpose built mental health facilities through early planning and option development • Support service transformation, workforce modernisation and the expansion of community-based models of care	• SRO meeting held programme scope agreed • Continued delivery against agreed plans

PLANNED ACTIVITIES FOR NEXT REPORTING PERIOD

- Continued development of plans for the Stratheden site

CHALLENGES & OPPORTUNITIES

- None

KEY RISKS & ISSUES

- Projects take time to plan, fund and execute. There is risk the projects could delay the anticipated timeline for service change
- The programme will require support from other directorates and departments (like digital and medical records as an example). There is a risk that they may have insufficient capacity to support the programme

PROGRAMME	Transport	**REPORT DATE**	April 2026	
SRO:	Neil McCormick, Director of Property & Asset Management	**ASSURANCE LEVEL**		Significant
		RAG STATUS		Green

DELIVERABLES	**MILESTONE PROGRESS SINCE LAST REPORT**
• Commence review of models for a transport hub • Commence development of transport hub • Implement a cost-effective service for renal patients • Develop the tender process for private ambulances and taxis • Review existing taxi spend and develop a plan on how to reduce	• SRO meeting held programme scope agreed • Renal: Patient needs Assessment completed - waiting on Service issuing to patients for completion • Route sourcing for more efficient travel for community transport undertaken. • Discussions with St Johns ambulance for the capacity of potentially taken on more patients

PLANNED ACTIVITIES FOR NEXT REPORTING PERIOD

- Transport Group to be re-established as Programme Board with revised membership
- Electric vehicles (grey fleet) to be delivered for use with Hospital @ Home Staff
- Review of specimens transported to Lothian, possibly using internal transport rather than private
- Pre-planning for a transport hub scoping workshop

CHALLENGES & OPPORTUNITIES

- Pace has been slow to start but is now gaining momentum.

KEY RISKS & ISSUES

- There is a risk that the project does not meet the required savings targets due to budgetary constraints and lack of existing funding to support the project aims.

PROGRAMME	Workforce Redesign – Allied Health Professionals	**REPORT DATE**	April 2026	
SRO:	Gillian McAuley, Executive Director of Nursing Claire Dobson Director of Acute Services Amanda Wong Director of Allied Health Professions	**ASSURANCE LEVEL**		Significant
		RAG STATUS		Green

DELIVERABLES	**MILESTONE PROGRESS SINCE LAST REPORT**

• Identify and baseline the AHP workforce within Fife.
• Develop a AHP workforce plan for Fife
• Enable transformation of all AHP roles
• Development of the following AHP workstreams
  • Transforming roles
  • Early Intervention & Prevention
  • Rehabilitation
	• Held initial engagement meeting and progressed key actions with SROs. Agreed initial steps to hold engagement workshop with AHP leads
	• Discussed reporting for the AHP workstream, agreed that an appropriate forum will be established to drive this work
	• Identified importance of alignment with the forthcoming NHS Fife Nursing, Midwifery, and Allied Health Professional (NMAHP) strategy 'Caring for Fife' due to be launched on Tuesday 12 May 2026. Noted that that whilst this strategy contains elements of workforce, we need to develop a workforce plan for AHPs aligned to national policy, reform agenda, and the NHS Fife NMAHP Strategy

PLANNED ACTIVITIES FOR NEXT REPORTING PERIOD

- Planning for the AHP engagement workshop – programme for session to be developed with session date agreed.
- Commence mapping of the AHP workforce
- Engagement with People and Culture Colleagues as part of the overall workforce Redesign Programme
- Programme Initiation Document (PID) and programme plans, with governance to support delivery of all aspects of the Workforce Redesign Programme to be developed

CHALLENGES & OPPORTUNITIES

- Opportunity to align this work will the imminent NHS Fife NMAHP Strategy 'Caring for Fife' ensuring organisational coherence and alignment of this work

KEY RISKS & ISSUES

- This programme is currently in an early stage of scoping. Risks are being identified and assessed as part of programme planning. There are no risks to identify at this stage

PROGRAMME	Workforce Redesign – Medical	**REPORT DATE**	April 2026	
SRO:	Chris McKenna, Medical Director	**ASSURANCE LEVEL**		Significant
		RAG STATUS		Green

DELIVERABLES	**MILESTONE PROGRESS SINCE LAST REPORT**
• Develop the action plan to deliver the medical workforce strategy aligned to service models, sustainability and quality • Continue work to reduce reliance on agency medical locums through improved workforce planning and establishment stability • Sustain job planning to support productivity, fairness and delivery of service priorities • Strengthen medical workforce pipelines to support recruitment, retention and succession	• Held initial engagement meetings with SRO. • Met with Associate Director of Quality and Clinical Governance. Confirmed that a delivery plan will be developed following the sign-off of the Strategy and there was an opportunity to align the activity of this workstream with the delivery plan.

PLANNED ACTIVITIES FOR NEXT REPORTING PERIOD

- To fully scope how this work can support delivery of the year 1 Medical Workforce Strategic Framework delivery plan.
- To progress overarching programme planning.
- Ensure that the identified savings targets are reported through future meetings of the transformation portfolio.
- Development of Programme Initiation Document (PID,) programme plans, with governance to support delivery of all aspects of the Workforce Redesign Programme.

CHALLENGES & OPPORTUNITIES

- Opportunity to align this work with a range of local and national strategic drivers.

KEY RISKS & ISSUES

- This programme is currently in an early stage of scoping. Risks are being identified and assessed as part of programme planning. There are no known risks identified at this stage.

PROGRAMME	Workforce Redesign – Nursing & Midwifery	**REPORT DATE**	April 2026	
SRO:	Gillian McAuley, Executive Director of Nursing	**ASSURANCE LEVEL**		Significant
		RAG STATUS		Green

DELIVERABLES	**MILESTONE PROGRESS SINCE LAST REPORT**
• Confirmed that the Nursing and Midwifery Programme will be fully aligned to the delivery of the NHS Fife Nursing, Midwifery, and Allied Health Professional (NMAHP) Strategy – *Caring for Fife.* This will be launched on 12 May 2026.	• Held initial engagement meeting with SRO and support requirements for the programme agreed. • A trajectory is in development detailing expected reductions in supplementary staffing spend along with supporting actions underway to enable delivery. • Developed plans to apply the Common Staffing Method (CSM) workforce and workload tools to set out the existing staffing requirements in line with the Health and Care (Staffing) (Scotland) Act 2019. Delivery of this will be supported by the NHS Fife Corporate PMO. • As well as reviewing existing services, the CSM will be utilised to specify staffing requirements for new or changing services. • In line with NMAHP Strategy *Caring for Fife* – continued work with universities to develop workforce pipeline opportunities.

PLANNED ACTIVITIES FOR NEXT REPORTING PERIOD

- NMAHP Strategy (*Caring for Fife)* will be launched on 12 May 2026.
- Develop overarching Programme Initiation Document (PID) programme plans, with governance to support delivery of all aspects of the Workforce Redesign Programme.
- Ensure that the identified savings targets are reported through future meetings of the transformation portfolio.

CHALLENGES & OPPORTUNITIES

- Opportunity to align this work with a range of local and national strategic drivers.

KEY RISKS & ISSUES

- This programme is currently in an early stage of scoping. Risks are being identified and assessed as part of programme planning. There are no known risks identified at this stage.

PROGRAMME	Workforce Redesign – Healthcare Scientists, Pharmacy, and Psychology	**REPORT DATE**	April 2026	
SRO:	Chris McKenna, Medical Director	**ASSURANCE LEVEL**		Significant
		RAG STATUS		Green

DELIVERABLES	**MILESTONE PROGRESS SINCE LAST REPORT**
Healthcare Scientists: • Develop comprehensive workforce strategies aligned to Scottish Chief Scientists paper • Develop an overview of what the NHS Fife healthcare scientist workforce is • Develop an action plan **Pharmacy:** • Delivery of workforce plan **Psychology:** • Delivery of workforce plan • Review of clinical models	• Held initial engagement meeting with programme SRO and Leads. Given the differences between these workforce groups, proposed that they would be managed and reported separately through the Workforce Redesign Transformation Portfolio. Future reports will separate these workforce groups. • Healthcare Scientists – met on 21/04/26 to continue discussion on this work. Confirmed that there is much scoping required for this workforce. • Pharmacy – met 21/04/26 – confirmed that there is already a significant amount of data and knowledge compiled for the pharmacy workforce with national policy expected in summer 2026. • Psychology – met 29/04/26 and confirmed that there is significant work to build on, especially in relation to mental health services.

PLANNED ACTIVITIES FOR NEXT REPORTING PERIOD

- To commence the mapping of the Healthcare Scientist workforce as a priority. This is an area with significant complexity and less advanced workforce planning.
- To progress overarching programme planning.

CHALLENGES & OPPORTUNITIES

- Opportunity to align this work with a range of local and national strategic drivers.

KEY RISKS & ISSUES

- There is a risk due to the complexity of the healthcare scientist workforce that we will take more time to scope and deliver. This will be progressed as priority.

PROGRAMME	Workforce Redesign - Administration	**REPORT DATE**	April 2026	
SRO:	Joy Tomlinson, Director of Public Health David Miller, Director of People & Culture Kirsty MacGregor, Director of Communications & Engagement	**ASSURANCE LEVEL**		Significant
		RAG STATUS		Green

DELIVERABLES	**MILESTONE PROGRESS SINCE LAST REPORT**
• Modernise administrative roles and career pathways to support sustainable, skilled and motivated teams • Continue work with digital tools, technology and standard processes such as Digital Dictation • Continue work on Corporate Admin review • Align administrative capacity with service need, quality and affordability • Support a planned and proportionate approach to administrative workforce growth, aligned to national expectations	• Held initial engagement meetings with SROs. • Met with Director Digital & Information, previous SRO of Business Transformation to understand what projects map over into the Administration programme.

PLANNED ACTIVITIES FOR NEXT REPORTING PERIOD

- Further meeting with SROs scheduled to review and develop programme scope
- Develop baseline mapping of Administration job family
- Development of programme documentation
- Decision on Digital Dictation next steps
- Corporate Admin Review – plan developed regarding PMO Hub and Spoke model

CHALLENGES & OPPORTUNITIES

- A number of digital initiatives are expected to reduce administration effort and create capacity within teams. Consideration required at Board level on how this capacity is utilised or does it contribute to a reduction in headcount

KEY RISKS & ISSUES

- This programme is currently in an early stage of scoping. Risks are being identified and assessed as part of programme planning. There are no known risks identified at this stage.

PROGRAMME	National Business Systems	**REPORT DATE**	April 2026	
SRO:	Susan Dunsmuir, Director of Finance David Miller, Director of People & Culture	**ASSURANCE LEVEL**	⚪	Significant
		RAG STATUS	🟢	Green

DELIVERABLES	**MILESTONE PROGRESS SINCE LAST REPORT**
• Formulise the Business Systems Programme Board • Undertake process mapping to understand existing processes to support the transition to the new systems • Stay engaged with the national programme and provide local support where required • Support early adoption and preparatory alignment where this adds value and reduces future risk • Improve consistency, data quality and process alignment ahead of national implementation • Minimise disruption and maximise benefit realisation from national system deployment	• Held initial engagement meeting with SROs • Informal Programme Board met with agreement that formal governance would be established from May 2026 • Attendance at National Business Systems workshop regarding Board readiness

PLANNED ACTIVITIES FOR NEXT REPORTING PERIOD

- Terms of Reference for the Programme Board developed
- Initial meeting of Programme Board
- Review of National materials with a view to developing the initial draft plan for Fife

CHALLENGES & OPPORTUNITIES

- The specification for the systems is currently being developed, until that specification is known there is limited work which can commence
- NHS Boards may require to release subject matter expertise to the national team to support the development of the system specification which may impact on current business as usual activity

KEY RISKS & ISSUES

- This programme is currently in an early stage of scoping. Risks are being identified and assessed as part of programme planning.

PROGRAMME	Digital & Data	**REPORT DATE**	April 2026
SRO:	Chris McKenna, Medical Director Alistair Graham, Director of Digital & Information	**ASSURANCE LEVEL**	Significant
		RAG STATUS	Green

DELIVERABLES	**MILESTONE PROGRESS SINCE LAST REPORT**

• Establish a clear, prioritised and governed digital portfolio aligned to organisational need
• Deliver the Digital Plan to enable service transformation, productivity and sustainability
• Ensure business intelligence and analytics capability supports planning, performance and assurance
• Improve organisational readiness for digital adoption, recognising system wide dependencies
• Continue to explore the following pilot projects:
  • Hybrid Mail
  • Process Automation
	• Held initial engagement meeting with Programme Lead
	• Met with Director Digital & Information, previous SRO of Business Transformation to understand what projects map over into the Administration programme.

PLANNED ACTIVITIES FOR NEXT REPORTING PERIOD

- Process Automation: Progress with partner to automate candidate processes as proof of concept
- Hybrid Mail: Immunisations service 90,000 bulk mail test commenced
- Further development of the programme plan

CHALLENGES & OPPORTUNITIES

- Director of Digital & Information is leaving NHS Fife. New Lead for the work to be identified.

KEY RISKS & ISSUES

- This programme is currently in an early stage of scoping. Risks are being identified and assessed as part of programme planning. There are no known risks identified at this stage.

NHS Fife

Meeting:	**Fife NHS Board**
Meeting date:	**26 May 2026**
Title:	**Internal Communications Survey Results and Action Plan 2025 /2026**
Responsible Executive:	**Kirsty MacGregor, Director of Communications and Engagement**
Report Author:	**Ruth Lonie, Communications Manager**

Executive Summary:

- NHS Fife has completed its second annual Internal Communications Survey, which ran from Tuesday 30th September 2025 for five weeks closing on Friday 31st October 2025.
- The survey captured feedback from 375 staff across a range of roles and locations.
- The survey assessed the effectiveness of current communication channels, staff engagement levels, and opportunities for improvement. Key findings are set out in relation to Accessibility, Engagement, RTP Communications and Staff Feedback.
- While there are minor variations in some individual survey responses compared to the 2024 survey, the overall trend and themes were broadly consistent. This indicates a level of stability in staff perceptions around internal communications, with recurring strengths and areas for improvement continuing to emerge.
- This paper outlines the survey results, key themes, and initial recommendations. Importantly, several recommendations identified in last year's survey are already being implemented. The latest survey results are helping us build on this progress by refining priorities, addressing persistent challenges and ensuring that future enhancements are aligned with staff needs and expectations and have directly informed the development of the new NHS Fife Staff Communications and Engagement SharePoint Intranet "StaffPoint" which soft launched on 13th May 2026 and will be fully embedded by 30th June 2026.

1 Purpose

This report is presented for:

- Assurance

This report relates to:

- Staff Communications and Engagement

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

- Effective
- Person Centred

2 Report summary

2.1 Situation

NHS Fife's second annual Internal Communications Survey was conducted over 5 weeks, from Tuesday 30th September 2025 closing on Friday 31st October 2025. The online and paper survey gathered staff feedback on the effectiveness of current communication channels, levels of engagement, and opportunities for improvement. The survey explored how staff receive news and information, how informed and engaged they feel, their views on Reform, Transform and Perform (RTP) information and engagement, and staff feedback mechanisms.

This SBAR presents the key findings and initial recommendations based on the responses, aimed at enhancing internal communications to better inform, engage and support staff in their roles.

2.2 Background

The Internal Communications Survey launched on **Tuesday 30th September 2025** running for five weeks until **Friday 31st October 2025**.

The survey was promoted across a range of communications channels including StaffLink, Weekly Update, desktop graphics and directly to teams via managers.

375 members of NHS Fife staff from across a range of roles and bases completed the anonymous survey, a reduction of **8.5%** on the previous year's response rate of **410**. Like the 2024 survey, there are a range of recurring themes and responses.

All the survey returns were completed using the online form, with no requests for alternative or paper formats received.

The survey was broken down into five main areas:

1. **Accessibility** – understanding how staff access news, information and guidance and the current communications channels used
2. **How We Communicate** – understanding how staff feel about the news they receive

3. **Improving Communications** – understanding what improvements staff feel could be made to how we communicate
4. **Transformation** – understanding how staff feel about the way we communicate service reform and transformation
5. **Staff Feedback** – understanding how staff feel about feeding back on staff news and information.

2.3 Assessment

Survey respondents were based across a range of locations in both Acute and Community. Most staff were based at Victoria Hospital **(39%),** with **15%** in Queen Margaret Hospital**, 12%** working in Community Hospitals, **6%** agile working**, 6%** working from community sites, and **4%** based in a GP surgery. Remaining staff worked in other healthcare or community sites.

Staff across various job families took part, with most respondents **(28%)** working within Admin and Professional Services, **23%** working within Nursing and Midwifery, **13%** in Allied Health Professions, **9%** in Support Services and **4%** in Medical.

There was a substantial increase in the number of respondents from Pharmacy Services **(16%)**, a **14%** increase on the previous year. Other respondents were based in Health Sciences, GP Services, and other areas.

Accessibility

We asked staff how easy they found it to access the latest organisational news. **75%** said they found it very easy or easy (an increase of **3%** on the previous year), with **7%** finding it difficult or very difficult (a **4%** reduction on 2024), **18%** were neutral.

The most popular ways to access staff news were largely unchanged from 2024:

- Weekly All Staff Email Update - **22%** (-1%)
- StaffLink app **- 20%**
- Chief Executive Monthly TEAM Update -**16%** (+1%)

Only **9%** received news from their line manager, **7%** via team meetings and **7%** from word of mouth. In addition, **7%** accessed news via desktop graphics, **3%** used the website, **4%** social media and **1%** staff notice boards.

Of those surveyed in 2025, **45%** had no problem accessing news (a reduction of **5%** compared to 2024). Where barriers were faced staff said the biggest issues were:

- Not having enough time during the working day – **33%** (+1%)
- Limited or no access to work email – **4%** (-2%)
- Limited access to desktop/laptop – **3%** (+2%)
- Limited access to mobile devices to access StaffLink – **3% (+1%)**

26% of respondents who had difficulty accessing news said that their line manager did not keep them up to date with organisational news, compared to 24% in 2024.

We asked staff how easy they found it to access the information that helps them to do their job, for example, guidance and procedures. The results saw some improvement from 2024.

- **42%** said they found it very easy or easy (+3%)
- **32%** found it difficult or very difficult (-7%)
- **22%** were neutral (+4%)

There was minor variation in the way most people accessed the information they needed for their job. The top channels were:

- via emails **(20%)**
- direct from their line manager **(18%)**
- via the StaffLink app **(17%)**
- through team meetings **(15%)**
- via the Weekly Update **(11%)**

Whilst **38%** of those surveyed said they had no problem accessing the information they needed, for those who experienced issues the biggest barrier was not having time during the working day **(22%),** infrequent updates from their line manager **(10%)** and infrequent updates at team meetings **(6%).**

How We Communicate

We asked staff if they felt well informed about what was happening in the organisation - **51%** said they felt well informed, **19%** saying they did not (+2%) and **30%** were neutral (-2%).

69% of respondents said that staff news was understandable and relevant (+1%), with **10%** saying it was not (+1%) and **21%** neutral (-2%).

57% said the news they received was communicated in a timely manner (-1%), with **12%** saying it was not (+1%) and **30%** neutral.

47% said news was open, honest, and transparent (+3%), **16%** saying it was not (+2%) and the remaining **42%** neutral (-5%).

Re-form, Perform and Transform (RPT)

We asked staff a series of questions specifically around RTP, how informed they felt and their thoughts on how information and feedback was shared. These questions were new for the 2025 survey.

We asked staff how clearly, they felt news and information on RTP helped them understand organisational goals and priorities, **31%** of staff said news and information were clear, **29%** said it was unclear and **41%** were neutral.

When considering whether RTP news and information recognised the challenges faced by staff along with workload demands, **24%** said it was well recognised, **41%** said it was not and **35%** were neutral.

36% said they found examples of savings and transformation found in news and information to be helpful, **24%** said it was unhelpful and **40%** were neutral.

We asked staff how helpful they found the feedback provided when staff shared ideas or concerns, **31%** said they found it helpful, **15%** unhelpful and **47%** were neutral.

In terms of the RTP and Me newsletter, **32%** said they found it helpful, **15%** said they found it unhelpful and **53%** were neutral.

Improving How We Communicate

We asked staff how we could improve the way news and information was communicated. Staff said they would like to see:

- More targeted communication with specific staff groups/teams – **40%** (+4%)
- Dedicated news/ information for managers to support conversations with teams - **24%**
- The use of alternative ways to communicate ways, e.g. training update, podcast – **22%**

When asked what they would like to see further news focus on respondents said:

- service innovation - **18%** (-1%)
- discounts and promotions - **18%**
- staff success stories - **18%** (+2%)
- health and wellbeing information - **15%**
- wider NHS Fife staff news, for example retirals - **13%** (-1%)
- partner news, for example Fife Council Updates and Information - **14%** (-2%)

We asked staff what other improvements could be made how staff news and information is communicated. The following themes emerged:

- **Improvements to accessibility and usability of staff app** - *"Improve Blink to be more user friendly;" "I feel searching for information in StaffLink is not the easiest*"
- **Volume and relevance of information** – "*There is so much communication, it is difficult to keep on top of it all within a busy clinical role"*
- **Role of managers**: "*Ensure all managers pass on relevant information so staff are aware of any changes"*

Staff Feedback

We asked staff how easy they found it to feedback thoughts and opinions on staff news and information. There was minor change on the previous year – **30%** found it easy, **24%** found it difficult (-2%) and **46%** were neutral (+2%).

56% of staff said they felt confident in leaving feedback **(-6%),** with **44%** saying they did not. Of the respondents who were not confident feeding back, five key themes emerged:

- **Reluctance to feedback if not anonymous** – *"I don't always want everyone to see my personal opinion"*
- **Not knowing where feedback went** – "*It isn't clear whether the feedback goes anywhere or whether it will be responded to"*
- **Concerns feedback was not listened to/acted on** – "*Not sure anything will actually be done"*
- **Concerns around impact of feeding back** – *"I feel feedback may be looked at unfavourably and that would be held against me in future"*
- **Not knowing how to feedback** – "*I don't know how to give it"*

When asked what mechanisms they would normally use to provide feedback, staff said:

- they would use StaffLink (via comment, reaction, or poll) – **26%** (-7%)
- complete a staff survey – **23%** (+1%)
- via their line manager – **19%** (+3%)
- by contacting a dedicated email to leave feedback – **10%** (-4%)

Remaining respondents said they would not feedback or did not know how to.

We asked how we could further improve ways for staff to feedback. Respondents made several suggestions; the main themes were:

- **Support anonymity and confidential feedback** – "*Making feedback anonymous, with option to leave contact info if required"*
- **Highlight feedback received and actions** – "*Share people's feedback with organisation's responses"*
- **Increase the opportunity to feedback –** "*Make it more targeted – staff should have time to voice their opinions and thoughts as ideas from the ground level"*
- **Respond to staff feedback –** "*When someone leaves feedback someone should get back to them positive or negative"*
- **Enhance the culture associated with feedback –** "*Encourage staff to participate in feedback, change the culture of 'it makes no difference what we say'"*

Initial Recommendations

The 2025 Internal Communications Survey has once again provided valuable insight into staff perceptions around news, information, and feedback across NHS Fife. While there are minor variations compared to the 2024 survey, the overall themes remain consistent, highlighting strengths and areas for further improvement. Importantly, work is already underway in several areas identified last year, with the current focus on informing the development of the new SharePoint-based Staff Communications and Engagement intranet "StaffPoint."

The introduction of the new SharePoint-based intranet in May and June 2026 will help to address some of the recurring issues highlighted in the survey, providing a user-friendly platform for news, engagement, and document access, along with improvements to the structure of service information areas and navigation. The new site will enhance staff experience further, reducing information overload and supporting the potential for new feedback mechanisms.

To strengthen manager-led communication, we will look to develop a dedicated managers' hub on the new SharePoint site, providing a one-stop shop for managers on key organisational news and briefing materials. Tailored managers packs will also be developed for key organisational developments to help managers cascade information effectively to their teams.

SharePoint also provides new opportunities for engagement and feedback. A dedicated feedback area would allow staff to share views easily and anonymously, while updates on actions can be incorporated into existing channels such as the Weekly All Staff Update. Communications will continue to support the introduction of any additional feedback opportunities for staff whether digital or in-person and promote a culture of "Speaking-Up" aligned with our wider Speak-up and Whistleblowing engagement activity.

Clevertouch information screens (to replace the ONELAN system) may also provide opportunities to develop an electronic notice board network for staff and public information. This is currently being rolled out across our main hospital sites and areas of high footfall.

Delivering these improvements will require collaboration across multiple areas of the organisation including People and Culture, Digital and Information, Project Management Office and our Speak-Up Co-ordinator as well as Staff Side Colleagues and APF.

This report provides the following Level of Assurance:

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

	amount of residual risk or none at all.	moderate amount of residual risk.		

2.3.1 Quality, Patient and Value-Based Health & Care

Ensuring our staff are well-informed is crucial. Strong internal communications enhance transparency and can help to foster a positive organisational culture. Quality of patient care and safety will continue to be a key factor within the new SharePoint Staff and Engagement intranet "StaffPoint," with continued focus on news and core information.

2.3.2 Workforce

The feedback received from this survey will help us to shape out internal communications going forward and forms an integral part in the development of the new SharePoint Communications and Engagement intranet. The results will help us:

- Build further on internal communications that work well and address areas which can be improved
- Ensure our internal communications are as accessible as possible
- Support staff to feedback

2.3.3 Financial

There are no associated costs with the survey results, however, there are costs associated with the design and development of the new SharePoint Staff Communications and Engagement intranet which have already been agreed with Digital and Information as part of the licencing savings associated with moving from Blink (StaffLink).

2.3.4 Risk Assessment / Management

Whilst there are recommendations for new dedicated areas on SharePoint to support managers and feedback these may not be available on launch and may need to be developed as part of a wider phase post-launch.

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

No associated impact on Equality and Human rights, however, accessibility associated with the new SharePoint intranet is a core part of the project, with an EQIA conducted as part of the project development.

2.3.6 Climate Emergency & Sustainability Impact

No associated impact on Climate Emergency & Sustainability other than a continued commitment to a digital first approach.

2.3.7 Communication, involvement, engagement, and consultation

This year's Internal Communications Survey, along with the results from the 2024 survey have provided a valuable insight into staff thoughts on internal communications. This feedback is being used to inform the development of the SharePoint Staff Communication and Engagement Intranet. As part of our work there will be opportunities for staff to take

part in the development and testing of the new site, ensuring the platform is shaped by user needs and experiences.

2.3.8 Route to the Meeting

This is the first time the results of the 2025 Internal Communications Survey have been presented to ELT and then to APF for information in November 2025.

2.4 Recommendation

This paper is provided to members for:

- **Assurance** – Awareness of the results from the 2025 Internal Communications Survey and assocaited action plan.

3 List of appendices

The following appendices are included with this report:

- Appendix 1 – Staff Survey Questions
- Appendix 2 - NHS Fife Internal Communications Activity Plan 2025/26

Report Contact
Ruth Lonie
Communications Manager
Email ruth.lonie@nhs.scot

Staff Internal Communications Survey

We want all staff to feel well informed and able to easily access news and information that supports you in your role.

It is important that our communications are clear, effective, and reflect our organisational values and objectives. This year's survey is another important opportunity for you to help shape and improve our internal communications and staff engagement. For the 2025 survey we have also created a set of questions specific to communications and information aligned to our work to reform and transform our services. By taking part, you'll be helping us ensure staff news and information are both accessible and beneficial to all colleagues.

This anonymous survey has 27 questions and should take about 5–7 minutes to complete.

Thank you for your time - your feedback is important to us.

Accessibility

We want to understand how you access news, information and guidance, and the current communication channels that you use.

1. How easy do you find it to access the latest staff news that keeps you-up-to-date with what's happening across the organisation/nationally?

    - Very easy – **34%**
    - Somewhat easy – **41%**
    - Neutral – **18%**
    - Difficult – **6%**
    - Very Difficult – **1%**

2. How do you currently view/receive staff news? (please choose all relevant options)

    - StaffLink app (Blink) – **20%**
    - Weekly Update – **23%**
    - Chief Executive TEAM Update – **15%**
    - Desktop graphics – **7%**
    - Staff notice boards – **1%**
    - Direct from my line manager – **9%**
    - Team meetings – **7%**
    - Social media – **4%**
    - NHS Fife website – **3%**
    - Word of mouth – **7%**
    - None of these communication channels – **0%**
    - Other – **0%**

3. Are there any barriers which prevent you from accessing staff news?

    - Limited or no current access to work email – **2%**
    - Limited access to desktop/laptop – **5%**
    - Limited access to smartphone/mobile device to access StaffLink app (Blink) – **4%**
    - There is no time during working hours to keep-up-to-date – **33%**
    - No barriers, I have no problem accessing staff news – **45%**
    - Other – **8%**

4. If you have difficulty accessing staff news yourself, does your line manager keep you up-to-date? For example providing information on briefings, Weekly Update

    - Yes – **27%**
    - No – **26%**
    - Not applicable – **47%**

5. How easy do you find it to access information that supports you do your job? For example latest policies/procedures; guidance; referral information; learning/training; key contacts

    - Very easy – **9%**
    - Somewhat easy – **33%**
    - Neutral – **26%**
    - Difficult – **24%**
    - Very difficult – **8%**

6. How do you currently view/receive information that supports you do your job? (please choose all relevant options)

- StaffLink app (Blink) – **17%**
- Weekly Update – **11%**
- Weekly Training Update – **3%**
- Desktop Graphics – **3%**
- Staff notice boards – **1%**
- Emails – **20%**
- Team meetings – **15%**
- Direct from line manager – **18%**
- Drop-in sessions/face-to-face – **2%**
- NHS Fife website – **3%**
- None of these – **1%**
- Other – **1%**

7. Are there any barriers which prevent you from accessing information that supports you to do your job?

- Limited or no current access to work email – **1%**
- Limited access to desktop/laptop – **4%**
- No access to StaffLink app (Blink) – **1%**
- Infrequent updates from line manager – **9%**
- Infrequent updates at team meetings – **7%**
- There is no time during working hours to keep up-to-date – **28%**
- No barriers, I have no problem accessing staff information – **33%**
- Other – **13%**

How we communicate with you

We want to understand how you feel about the staff news you receive.
Please choose the option that you agree with.

8. I am well informed about what is happening in the organisation and the news that directly affects me.

- Strongly agree – **9%**
- Agree – **42%**
- Neither agree nor disagree – **30%**
- Disagree – **13%**
- Strongly disagree – **6%**

9. The staff news I receive is communicated in a way that is understandable and relevant

    - Strongly agree – **12%**
    - Agree – **57%**
    - Neither agree or disagree – **21%**
    - Disagree – **7%**
    - Strongly disagree – **3%**

10. The staff news I receive is communicated in a timely manner

    - Strongly agree – **10%**
    - Agree – **47%**
    - Neither agree or disagree – **31%**
    - Disagree – **9%**
    - Strongly disagree – **3%**

11. The staff news I receive is open, honest and transparent

    - Strongly agree – **8%**
    - Agree – **39%**
    - Neither agree or disagree – **37%**
    - Disagree – **11%**
    - Strongly disagree – **5%**

Re-form, Transform, Perform (RTP) News and Information

We want to hear your thoughts on how we share information, feedback, and the way we communicate about service reform and transformation.

12. How clearly do news and information about Re-form, Transform and Perform (RTP) help you understand our organisations goals, priorities and your responsibilities?

    - Very Clearly - **5%**
    - Clearly – **26%**
    - Neutral – **41%**
    - Unclearly - **18%**
    - Not at all clearly – **11%**

13. How well do you think our internal news and information about Re-form, Transform and Perform recognises the challenges staff face and the current demands on staff workloads?

    - Extremely well – **3%**
    - Somewhat well – **21%**

- Neutral – **35%**
- Not well – **26%**
- Not at all well – **15%**

14. How useful do you find the examples used in news and information about savings and transformation (for example service changes and efficiency initiatives)?

    - Extremely useful – **5%**
    - Somewhat useful – **31%**
    - Neutral – **40%**
    - Not useful- **15%**
    - Not useful at all – **8%**

15. When staff share ideas or concerns, how helpful do you find the feedback provided (for example, explanations, updates, reasons for decisions)?

    - Very helpful – **6%**
    - Somewhat helpful-**27%**
    - Neutral – **47%**
    - Somewhat unhelpful -**12%**
    - Very unhelpful – **8%**

16. The RTP and Me Newsletter has provided information, news and staff stories on service reform and transformation within NHS Fife, with the last edition issued in March 2025. How helpful did you find the newsletter?

    - Very helpful – **5%**
    - Somewhat helpful – **27%**
    - Neutral - **54%**
    - Somewhat unhelpful – **9%**
    - Very unhelpful – **6%**

Improving how we communicate

What could we do to improve the how we communicate with you?

17. How could we improve the way staff news and information is communicated? (please choose all relevant options)

    - More targeted communication with specific staff groups/teams – **44%**
    - Dedicated news and information for managers to support conversations with teams – **24%**
    - Using different ways to communicate with staff eg training update, podcasts –

22%

- None of the above – **3%**
- Other – **5%**

18. What other improvements could be made to how staff news and information is communicated?

19. In addition to organisational news, what would you like to see more focus on? (please choose all relevant options)

- Staff success stories – **18%**
- Service innovation – **17%**
- Information to support my health and wellbeing – **15%**
- NHS Fife staff news (for example retirals) – **12%**
- Wider community news (for example discounts, promotions and benefits) – **18%**
- Partner news (for example Fife Council road closures) – **12%**
- None of the above – **3%**
- Other – **1%**

Staff Feedback

It is important that you are able to feedback your thoughts and opinions on staff news and information.

20. How easy is it to feedback your thoughts and opinions on staff news and information?

- Very easy – **10%**
- Somewhat easy – **20%**
- Neutral – **48%**
- Difficult – **15%**
- Very Difficult – **7%**

21. Do you feel confident to leave feedback?

- Yes – **56%**
- No – **43%**

22. If you answered no, why do you not feel confident?

23. If you wanted to provide your thoughts/feedback how would you normally do this? (please choose all relevant options)

- Leave a comment on StaffLink app (Blink) – **6%**
- Leave a reaction on StaffLink app (Blink) – **8%**
- Via StaffLink app (Blink) polls – **5%**
- Via Staff Surveys – **24%**
- By contacting dedicated email account eg RTP staff feedback – **6%**
- Via line manager – **22%**
- I don't feedback – **16%**
- Not clear how to feedback – **7%**
- Other – **1%**

24. How could we further improve ways for staff to feedback further?

About you

Knowing a little more about you will help to inform staff feedback further.

25. Are you a manager or team lead?

- Yes – **25%**
- No – **75%**

26. Where is your main base?

- Victoria Hospital – **39%**
- Queen Margaret Hospital – **15%**
- Community Hospital – **12%**
- Community site – **6%**
- GP Surgery – **4%**
- Work from home – **3%**
- Other healthcare site – **7%**
- Agile working – **6%**
- Other – **8%**

27. What area do you work in?

- Admin services (eg HR, finance, reception, switchboard) – **28%**
- Medical (including training) – **4%**
- Nursing and Midwifery – **23%**
- AHPs (including support staff eg HCSW) – **13%**
- Health sciences (eg physiology, biomedical) – **1%**
- Medical support (eg theatre services) – **0%**
- Pharmacy services – **16%**
- Support services eg estates and facilities – **9%**
- Therapeutic services eg psychology – **0%**
- GP services – **0%**
- Other – **4%**

Internal Communications Activity Plan 2026

Staff Engagement and StaffPoint Development

Purpose

To set out a clear, deliverable Internal Communications and Staff Engagement Activity Plan for 2026, grounded in the findings of the Internal Communications Survey 2025, with a focused emphasis on the design, development, embedding and continuous improvement of the new NHS Fife SharePoint intranet “StaffPoint”, and with the next Internal Staff Communications Survey scheduled for October 2026.

Context and key findings

The 2025 Internal Communications Survey shows broadly stable perceptions year-on-year, with persistent strengths and challenges that have directly informed the development of StaffPoint. Key issues for action in 2026 include:

ACCESS	While **75%** find organisational news easy to access, accessing information to do the job remains challenging for a significant minority (**32%**). Lack of time is the main barrier.
MANAGER CASCADE	Only **9%** receive news via line managers, and **26%** of those struggling to access news cited lack of manager updates.
ENGAGEMENT AND TRUST	While **51%** feel well informed and **47%** feel communications are are open, honest and transparent, there are still opportunities to enhance engagement and continue to build trust.
TRANSFORMATION	The new questions highlighted concerns relating to staff workload pressures and time to facilitate change (**41%**).

FEEDBACK CULTURE	Confidence in providing feedback (**56%**), with strong themes around anonymity, visibility of action, and fear of negative consequences.
STAFF ASK	More targeted communications (**40%**), better support for managers, improved usability/search, reduced information overload, and clearer feedback routes.

2026 internal communications aims

By the end of 2026, NHS Fife will:

01 Have StaffPoint embedded as the single, trusted front door for staff news, priority updates and job-critical information.

02 Improve manager-led communication, supported through a dedicated Managers' area and consistent briefing materials and circulation list.

03 Enable clearer, more relevant and more targeted communications, reducing overload and improving usefulness.

04 Establish safe, visible and responsive feedback mechanisms that support a positive speaking-up culture.

05 Strengthen understanding and engagement around transformation priorities, clearly linking organisational goals to staff experience and ownership.

2026 workstreams at a glance

#	Workstream	Timeline
1	StaffPoint launch, transition and embedding	**Nov 2025 – Jul 2026**
2	“Information to do my job” StaffPoint area	**Jun – Sep 2026**
3	Manager-led communication & cascade	**Aug – Oct 2026**
4	Targeted & relevant communications	**Jul – Dec 2026**
5	Feedback, engagement & speaking-up	**Jul – Dec 2026**
6	Transformation communications plan	**Jul – Dec 2026**
7	SharePoint document management system	**Aug – Oct 2026**

Workstreams and key activity

1 StaffPoint launch, transition and embedding

NOV 2025 – JUL 2026

- Embed StaffPoint following soft launch (13 May 2026) and full transition from Blink (StaffLink) by Friday 26 June 2026, and further development over the summer.
- Ensure accessibility remains central, building on the EQIA completed as part of the development of StaffPoint.
- Continued user testing post-launch and a dedicated StaffPoint user survey in July 2026 to help embed the new intranet.

2 Information to do my job

JUN – SEP 2026

- Further enhance structure, navigation and service information areas on StaffPoint to improve the user experience.
- Continue to prioritise high-use content and simplify journeys for staff with limited time.

3 Manager-led communication & cascade

AUG – OCT 2026

- Develop a Managers' area on StaffPoint as a one-stop shop for key organisational news and briefings (noting this will be developed post-launch).
- Introduce targeted manager briefing packs for major organisational developments to support more consistent cascade.

4 Targeted & relevant communications

JUL – DEC 2026

- Introduce more targeted communications approaches aligned to staff groups and roles, responding to staff feedback on relevance.
- Use StaffPoint as the core content platform, with existing communications channels increasingly signposting back to it.

5 Feedback, engagement & speaking-up

JUL – DEC 2026

- Implement a dedicated, easy-to-use feedback area on StaffPoint with options for anonymity.
- Improve visibility of organisational responses through regular "You said / We did" updates via existing channels.
- Align with wider Speak-Up and Whistleblowing engagement activity to strengthen confidence and culture, with annual focus on "Speak-up" Week in September.

6 Transformation communications

JUL – DEC 2026

- Improve clarity and accessibility of Transformation and Sub National Planning information on StaffPoint, clearly linking priorities, examples of change and impacts on staff.
- Strengthen feedback loops so staff understand how ideas and concerns are considered and acted upon.

7 SharePoint document management system

AUG – OCT 2026

- Digital and Information to establish clear governance around SharePoint Document Management to enable Service ownership of dedicated content areas on StaffPoint.
- Establish clear publishing standards to ensure intuitive navigation, search and content curation of service documentation — reducing duplication and ensuring compliance aligned with information governance and records management standards.

Measurement and review

- Progress will be assessed against 2025 survey baselines, including ease of access to information, perceptions of being informed, confidence to feedback, and clarity of transformation communications.
- The Internal Staff Communications Survey in October 2026 will provide formal evaluation of impact and inform 2027 priorities.

Dependencies and risks

- Some StaffPoint features (e.g. Managers' area, enhanced feedback form) will require phased development post-launch.
- Successful delivery depends on cross-organisational collaboration with Digital & Information, People & Culture, PMO, Speak-Up leads, and Staff Side / APF colleagues.

NHS Fife

Meeting:	**Fife NHS Board**
Meeting date:	**26 May 2026**
Title:	**NHS as a Population Health Organisation: Developing a prevention-focussed system**
Responsible Executive:	**Joy Tomlinson, Director of Public Health**
Report Author:	**Rishma Maini, Consultant in Public Health**

Executive Summary:

- This report introduces the concept of the NHS as a Population Health Organisation (PHO) and how it relates to delivery of the Population Health Framework (PHF), Service Renewal Framework (SRF) and wider public sector reform.
- This approach may be used to better understand how NHS Fife can develop our ambition to create value through prevention and ensure improving population health is a priority in all we do.
- Examples of local work aligned to this national agenda include:
  - Fife Health and Social Care Partnership's Prevention and Early Intervention Strategy which supports delivery of NHS Fife's Population Health and Wellbeing Strategy
  - Pilot on Preventative Spend Approach
- This report seeks to inform and provide a moderate level of assurance regarding Fife's approach to Population Health and the base created to continue to build and deliver on the PHF and SRF.

1 Purpose

This report is presented for:

- Discussion

This report relates to:

- Annual Delivery Plan
- National policy
- NHS Board Strategic Priority: To Improve Health & Wellbeing

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

- Person Centred

2 Report summary

2.1.1 Situation

This report introduces the concept of the NHS as a Population Health Organisation (PHO) and outlines the actions required to support this shift, with examples of existing work in NHS Fife that already aligns with this approach

2.2 Background

The NHS plays a key role in Scotland's population health system, working with local authorities, Health and Social Care Partnerships, Community Planning Partnerships, and community groups to provide accessible, equitable, value-based care. In addition to delivering healthcare, NHS organisations play an important anchor role in communities as an employer, commissioner and procurer of services.

To improve overall health, the NHS must shift from reactive and treatment-focused services to a collaborative, prevention-oriented approach that reduces inequalities and delivers value-based care. This has been widely recognised as necessary within key policy documents published in recent years. It has however been challenging to progress changes at the same time as addressing significant system pressures. The Framework document brings together these concepts as a means of supporting the NHS and other organisations to develop into becoming Population Health Organisations (PHOs).

The PHF, SRF and Public Service Reform Strategy (PSR) all call for an increased focus on prevention and the redesign of governance and accountability structures. The PHF is clear that the NHS needs to shift from a focus on treatment-focused care to a population health model.

The PHO Framework was developed with input from the Board Chairs Improving Population Health Group (IPHG). The Framework highlights the key areas for action in SRF and PHF which will support NHS Boards and Health and Social Care Partnerships to build a prevention focussed system. A Maturity Matrix has been developed with input from the King's Fund; this will allow local areas to develop a shared understanding of how far the local system is focussed on population health. The Framework is being shared with national groups and the aim is to shape and refine this further for use in local systems.

2.3 Assessment

The purpose of the Framework is to support NHS Boards to develop as PHOs. This aligns with the ambitions of NHS Fife's Population Health and Wellbeing Strategy (2023-2027) which has multiple strategic objectives aimed at improving healthcare delivery, workforce development, sustainability, and population health outcomes.

To become a PHO, the NHS needs to:

- Focus on prevention and early intervention, not just treatment.
- Use data to understand population needs, inequalities and risks.
- Design services around what keeps people well, not only what treats them when they are unwell.
- Work closely with partners (local authorities, Health and Social Care Partnerships, third sector, communities) to address wider causes of poor health such as poverty, housing, education and employment.
- Target resources where they will have the greatest impact, especially for people and communities experiencing the worst health outcomes.
- Measure 'value' according to patient outcomes.
- Create the vision, language and strategy and keep prevention and Public Health at the top of all agendas.

Diagram 1 summarises the six inter-dependent components required for NHS Boards to function as PHOs.

Diagram 1:



The PHO framework and associated guidance provide more detail on specific actions required behind each of these components. Work is ongoing to refine this, the version attached was shared with Public Health and Wellbeing Committee in March 2026 (Appendix 1) and it is anticipated the final version will be shared in coming weeks.
In addition, there has been work to consider alignment with the blueprint for good governance. This demonstrates how the principles of becoming a PHO can be further embedded (Appendix 2). Work is also ongoing nationally to develop a self-assessment framework which can be used to track progress and maturity in becoming a PHO (NB: this work is in progress but available on request).

The PHF highlights two initial priorities and the first of these is 'Embedding Prevention in our Systems'. This means developing mechanisms that prioritise addressing inequalities and improving prevention within planning, delivery, budgets and accountability.

There is already work underway in Fife which aligns with each of the six components in diagram one above. This paper highlights the theme of prevention and opportunities to build our response in Fife. Examples where NHS Fife is already undertaking work which is progressing this dimension of becoming a PHO are provided below.

Prevention spend approach

The PHF, SRF and PSR strategy all highlight the need to review and refresh our approach to preventative investment, preventative budgeting and accountability for preventative spend. To that end, the Scottish Government has initiated a preventative spend project in collaboration with Health Board Directors of Finance to identify and track preventative spend within health boards as part of a broader effort to estimate preventative spend across the Scottish Budget by Summer 2026. This involved conducting pilots to test financial guidance and budget tagging approaches in selected health boards, aiming to inform future budgeting processes focused on prevention.

Health boards were invited to participate in pilots running from November 2025 to March/April 2026 to apply budget tagging approaches, offering local insights and helping shape wider Scottish Budget guidance on preventative spend. NHS Fife has participated in the pilot. Pilot outputs will include detailed analysis of preventative spend by level and service, a report on findings and feedback, refined guidance, and data tables. These will inform an aggregate estimate of preventative spend in the health boards budget line and support local decision-making.

Prevention and early intervention strategy

Fife Health and Social Care Partnership is one year into implementation of its three-year Prevention and Early Intervention Strategy. The three-year delivery plan was presented to Public Health and Wellbeing Committee on 10th November 2025. This paper included an overview of a Baseline Assessment survey which has been piloted with 10 services so far. This self-assessment survey will gather information on Prevention and Early Intervention Activity across H&SCP services next year. The self-assessment survey was shared at a national event on 16th December 2025 highlighting work underway that will support implementation of the Population Health Framework six months after the launch. It was selected as a case study presented alongside examples from Boards across Scotland. The Fife H&SCP self-assessment approach will also support implementation of the PHO framework, allowing services to assess their own progress.

In addition, the Prevention and Early Intervention strategy guides efforts to shift focus towards preventing health and social care challenges before they arise, making early

intervention standard practice. The strategy supports integrated planning, commissioning, and everyday practice. Everyone has a role to play; feedback from SG's Citizen Panel (2024) results included a question where 62% said they were involved in discussing what they can do to promote good health and prevent ill health in the future. (hisengage.scot/informing-policy/citizens-panel/fourteenth-panel-report/).

So far, progress has been made in:

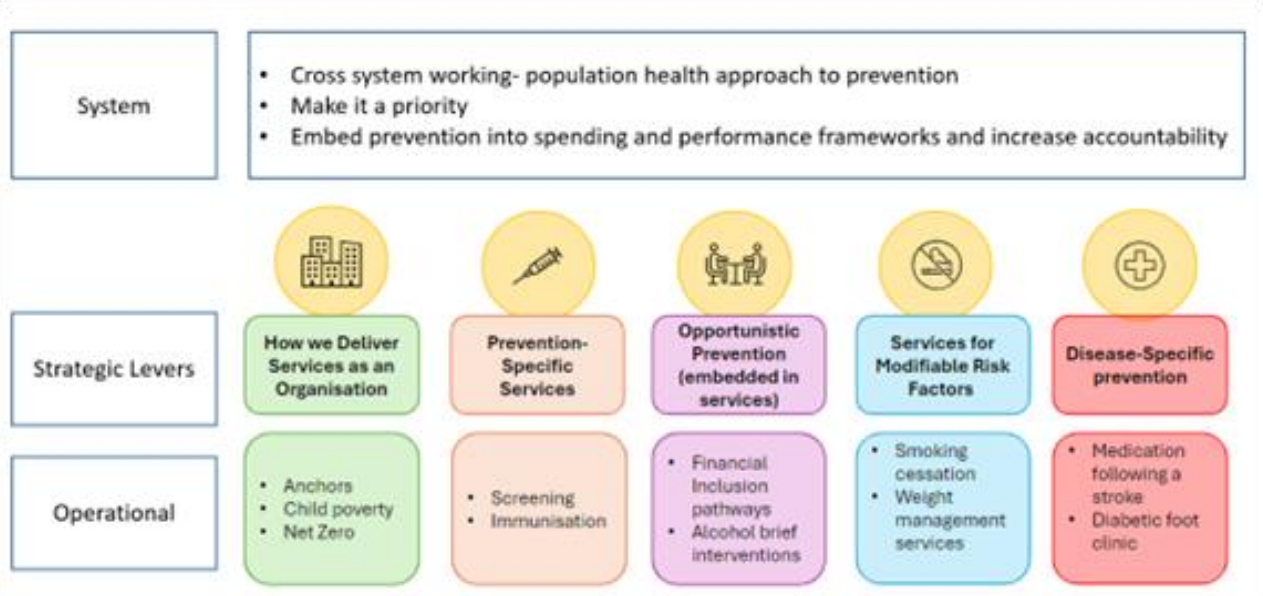
- establishing governance and strategic oversight and operational delivery sub-groups,
- engaging stakeholders through communication and briefing sessions,
- completing a baseline assessment survey
- developing a performance framework, and;
- delivering staff training programs with measured outcomes related directly to prevention and early intervention.

NHS Grampian has shared its approach to using the PHO framework, embedding prevention in health and care services. Maximising prevention in care pathways is one of six priorities in the Grampian Health Equity Plan 2024 – 2029. They have chosen to apply this to work on cardiovascular disease for the following reasons:

- High burden and cost: CVD is the second largest cause of disease burden and death in Scotland, costing the NHS around £889m per year, with wider societal costs of ~£2.3bn annually.
- Impact on people and services: The working-age population is at risk, affecting staff wellbeing and service delivery.
- Clinical pressure: CVD accounts for around 7% of inpatient stays; stroke ambulance conveyances have increased by 41% since 2013, and poorly controlled blood pressure leads to cancelled operations.
- Strong prevention opportunity: Around 1.3 million people in Scotland have high blood pressure, yet only 24% are treated and controlled, highlighting scope for prevention aligned with Realistic Medicine and better balance across finance, people, clinical care and prevention.

Diagram 2 below provides a framework for embedding prevention in health and care services for Health Boards and IJBs to adapt and use.

Diagram 2:



Burden of Disease in Fife and learning from NHS Fife Hackathon

An SBAR on the Burden of Disease in Fife was presented to the Population Health and Wellbeing Board on 10th November (Appendix 3). Cardiometabolic conditions were acknowledged to be significant contributors to the burden of disease in Fife.

A number of the ideas generated from the recent Fife Hackathon recognised the opportunity to strengthen prevention to address the increasing burden of disease from long-term conditions. There is therefore an opportunity to undertake a similar deep dive learning exercise to that carried out by NHS Grampian using cardiovascular disease as a key focus.

Challenges and risks

This report is presented for discussion noting that there is already a strong strategic commitment to prevention and the concepts set out in the PHO in Fife. This initial scoping paper provides a Moderate Level of Assurance:

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

2.3.1 Quality, Patient and Value-Based Health & Care

Becoming a PHO supports improved quality by shifting focus from reactive treatment to proactive, preventative and value-based care. This approach aligns with realistic medicine and person-centred care, ensuring that services are designed around population need, clinical effectiveness, and what matters most to people and communities to ensure resources are used wisely and deliver outcomes that matter.

2.3.2 Workforce

A PHO needs a workforce that is supported to focus on prevention and to work well across teams and organisations. This includes helping both clinical and non-clinical staff understand how their roles contribute to improving health and reducing inequalities. In NHS Fife, this is being supported through closer working with the Health and Social Care Partnership, staff development linked to prevention and early intervention, and greater collaboration across sectors.

2.3.3 Financial

Shifting towards a PHO supports move towards better financial and clinical sustainability by prioritising preventative investment and value-based decision-making. Preventing ill health and intervening earlier reduces downstream demand on high-cost acute and crisis services.

NHS Fife's participation in the Scottish Government preventative spend pilot represents an important step in improving transparency, accountability and understanding of how resources are currently allocated across prevention, early intervention and treatment. This will support more informed investment decisions and alignment with national and local expectations on preventative budgeting.

Over time, embedding a population health approach will support improved prioritisation of resources, helping to balance immediate service pressures with longer-term system sustainability.

2.3.4 Risk Assessment / Management

National forecasts predict that the burden of disease in Scotland will increase by 21% over the next 20 years without intervention. Overall, the risks associated with not shifting towards a population health approach - continued rising demand, widening inequalities and financial pressure - are considered greater than the risks of transformation.

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

This approach directly supports duties under the Equality Act, children's rights, and Scotland's commitment to reducing health inequalities.

As an anchor institution, NHS Fife also has a wider role in supporting community wealth building, fair employment, ethical procurement and sustainable commissioning, all of which contribute to improved population health and reduced inequalities.

2.3.6 Climate Emergency & Sustainability Impact

Becoming a Population Health Organisation supports NHS Scotland's climate and sustainability ambitions by prioritising prevention, reducing avoidable activity, and supporting more sustainable models of care.

Preventative and early intervention approaches can reduce reliance on high-carbon, resource-intensive acute care and support a shift towards community-based, low-carbon pathways. Improved population health also strengthens system resilience to climate-related risks.

2.3.7 Communication, involvement, engagement and consultation

This paper has been developed by the Public Health team following consultation with the Prevention and Early Intervention Strategy team, Head of Primary and Preventative Care Services and NHS Fife Director of Finance. The feedback has informed the development of the content presented in this report.

2.3.8 Route to the Meeting

- NHS Fife Executive Leadership Team, 08 January 2026
- Public Health and Wellbeing Committee, 02 March 2026

The Public Health and Wellbeing Committee discussed the recommendations within this paper and it was agreed that a worked example would be helpful, engaging with existing clinical networks to ensure continuity across primary and secondary care. The Committee requested feedback from the national preventive spend pilot once this is made available.

2.4 Recommendation

This paper is provided to members for discussion of the national PHO approach:

- **Discussion** – This report provides a Moderate Level of Assurance.
  Board members are asked to:
  - **Agree** ambition to embed prevention as a core system principle.
  - **Agree** to receive to consider a worked example of prevention, using cardiovascular disease as focus.

3 List of appendices

The following appendices are included with this report:

- Appendix No. 1, Framework for NHS as a Population Organisation
- Appendix No. 2, Becoming a Population Health Organisation – through the lens of the Blueprint for Good Governance in NHS Scotland (v1).
- Appendix No. 3, NHS Fife Burden of Disease report (v0.7).

Report Contact

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The NHS as a Population Health Organisation

This paper is for NHS Boards and can be shared with leaders in the wider system. It may also be of interest to Health and Social Care Partnerships. The purpose is to support the development of the NHS as a Population Health Organisation by:

- Creating a shared understanding of the concept and how it relates to delivery of both the Population Health Framework, Service Renewal Framework and wider reform
- Being clear on the actions required.

Background

The NHS plays a key role in Scotland's population health system, working with local authorities, HSCPs, CPPs, and community groups to provide accessible, equitable, value-based care. In addition to delivering healthcare, NHS organisations play an important anchor role in communities as an employer, commissioner and procurer of services.

To improve overall health, the NHS must shift from treatment-focused services to a collaborative, prevention-oriented approach that reduces inequalities and delivers value-based care. This means evolving into a Population Health Organisation.

Why change

The Population Health Framework (PHF), Health and Social Care Service Renewal Framework (SRF), and Public Service Reform Strategy (PSR) all call for an increased focus on prevention and the redesign of governance and accountability structures The PHF is clear that the NHS needs to shift from a focus on treatment-focused care to a population health model.

We are seeing a rise in the prevalence of long-term conditions and multi morbidity, along with an increasing gap between our least and most deprived communities. If we are to create a Scotland where people live longer, healthier more fulfilling lives and have a sustainable health service, we need to rebalance our health and care system.

This means working together to prevent illness, reduce inequalities, and provide sustainable, value-based health and care—transforming the NHS into a Population Health Organisation.

Delivering the areas of improvement outlined below will shift the NHS to become a population health organisation focused on improving outcomes and delivering consistently against the shared reform ambition. It will enable the NHS to build the capabilities and ways of working in line with the population health framework, service renewal framework and wider reform to:

- **Prevention-Focused System**
  Shift health and social care towards prevention and early intervention, embedding accountability for outcomes across governance, planning, and resource allocation.

- **Social and Economic Factors**
  Tackle the root causes of health inequalities by addressing poverty, education, employment, and housing, while fostering community wealth building and inclusive economic growth.

- **Places and Communities**
  Create sustainable, health-enabling environments by integrating services locally, strengthening community planning and role of place.

- **Enabling Healthy Living**
  Shape environments and services that support communities to lead healthier choices.

- **Equitable Health and Care**
  Deliver person-centred, value-based care focused on outcomes and grounded in realistic medicine, ensuring fair access and collaboration with communities.

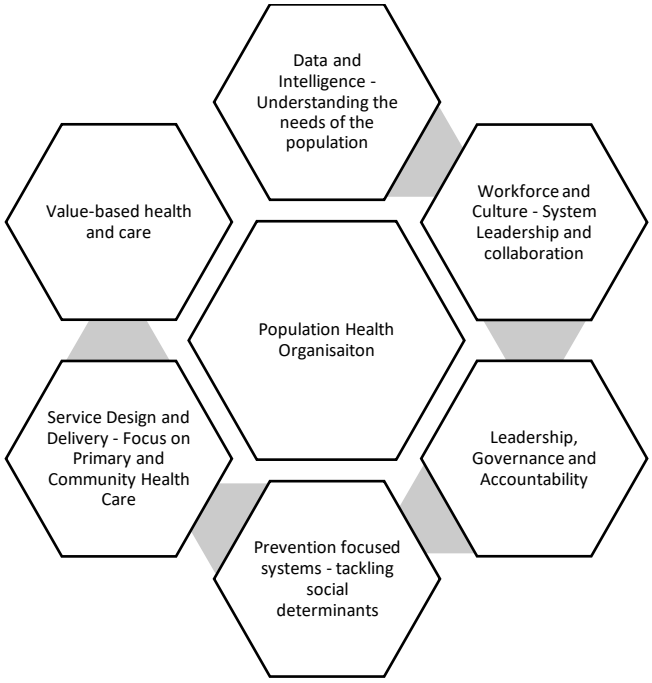
NHS Boards as population health organisations will increasingly strengthen their role as anchor institutions and population health leaders, working in partnership with Local Government, Community Planning, HSCPs and communities to deliver systemic change.

This document sets out areas to support Health Boards and IJBs make the changes required to make this shift to become a Population Health Organisation.

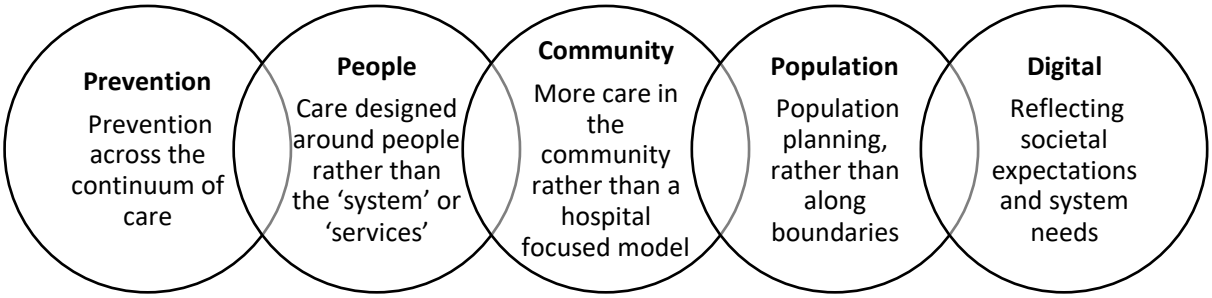
Becoming a Population Health Organisation

Becoming a Population Health Organisation requires embedding a focus on prevention and a reduction in inequalities in all that we do from our approach to leadership and strategic partnerships, across finance, planning and performance, to our use of data and digital technologies.

It means working in partnership to improve the health and wellbeing of the whole population, achieving health equity, and delivering value based, sustainable health and care. There are six key components to this approach as outlined below:



These components complement and are underpinned by the principles for renewal set out in the SRF, shown in the figure below



Data and Intelligence - Understanding the needs of the population

The NHS must use data more consistently to better understand our population's needs and assets. We need to identify the gap between the most and least deprived areas and target those most at risk.

Does the Board understand local referral, waiting times and admission patterns, analysed by key inequalities indicators, are there shared targets for reducing variation? Can we share data across the system and track why some patients are missing from services? If not, there's room for improvement.

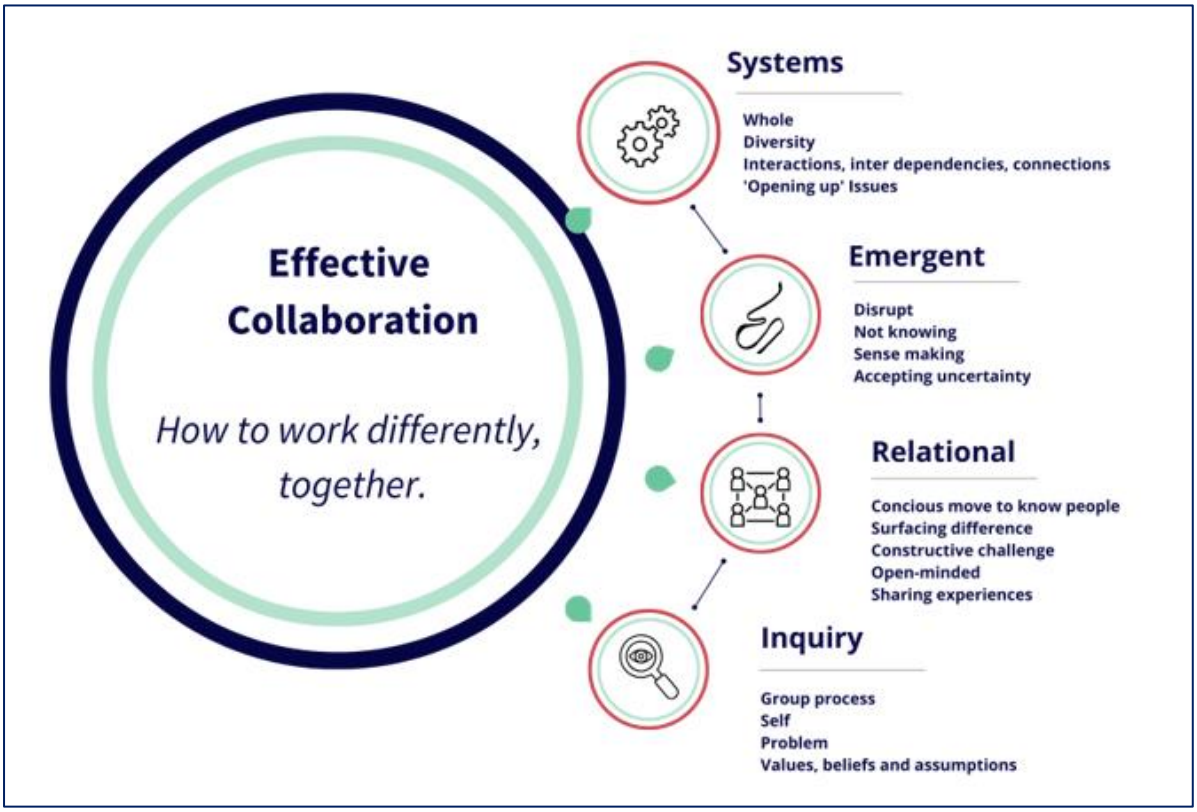
PHO Actions:

- To understand the needs of the population means building a shared, evidence-informed picture. This requires the NHS to develop its data and intelligence capabilities to determine how it can deliver improvements in:
- Identify health and wellbeing needs by understanding variations and recognising upstream determinants such as poverty, housing, education, employment, and environmental factors.
- Analyse and interpret patterns, trends, and risks, including both current and future projections, with a particular focus on inequalities.
- Ensure that the lived experiences of individuals and the voice of the community are central to planning and decision-making processes, complementing data and intelligence.
- Collaborate with Community Planning partners and the wider health and social care sector to enhance data integration and sharing, optimise the use of data and intelligence in local service planning and delivery, and promote effective collaboration and coordinated action.

Workforce and Culture - System Leadership and collaboration

The NHS needs to understand itself as more than a set of services (primary care, OP clinics, secondary care) to a player in the whole system; not only looking at the individual who attends for care but the health of the whole population.

Working together is essential to tackle challenges that cannot be solved by one organisation, sector, or community alone to improve the health of the population and tackle inequalities. The Edinburgh Future's Institute, a partner in the Scottish Prevention Hub, suggests the following are key to collaborative leadership.



As a Population Health Organisation, the NHS has a system leadership role to play in the local population health system and through health care planning, regional and national collaborations to optimise health care provision for the population.

System collaboration is complex; we need to pay attention to collaborative leadership in practice and enablers of system change. In doing so, we will build capability and capacity for this work which will require a change in the culture of services in the NHS. In other words, creating the conditions for change.

PHO Actions:

- Strengthen collaborative leadership among senior leaders and Community Planning Partnerships by embedding the Prevention Hub's ten system enablers—such as shared purpose, distributed leadership, and open dialogue—to establish environments that support change and empower local teams to champion prevention-focused initiatives.

- Equip leaders with the capabilities to engage effectively with diverse partners, fostering system working through appreciation of differences, reciprocal learning, trust-building, and leadership behaviours that promote alignment across organisations and sectors.

- Co-design healthcare services with stakeholders, ensuring they are tailored to the needs of specific groups and disease conditions. Integrate care models through collaborative planning and data sharing, to support a comprehensive, whole-system approach to service redesign and prioritise a shift towards prevention.

- Develop the skills and competencies of Health and Social Care staff through continuous learning, partnership working, and reflective practice so staff can drive organisational improvement, fulfil strategic ambitions, and deliver improved outcomes in prevention, health enhancement, and value-based care.

Leadership, Governance and Accountability

'Clinical governance' is the term used to cover corporate responsibility for health care quality and outcomes. 'Health governance' is the term used to cover the contribution of the whole health economy to improving the population's health. Board agendas should have an appropriate balance of health improvement including the strategic management of health care services for health gain.

PHO Actions:

- Establish clear accountability mechanisms for population health outcomes by developing and implementing metrics for prevention, equity, and value-based results, accompanied by key performance indicators. These should align with both the population health framework and the service renewal framework as integral elements of core governance.

- Integrate prevention into board strategies and governance structures, ensuring transparent reporting of progress and leveraging insights for ongoing improvement. Strategic objectives should explicitly address prevention, and all committees and subgroups should evaluate not only organisational performance but also population-level outcomes.

- Adopt evidence-based decision-making, utilising local insights and impact assessments to guide resource allocation. The prioritisation process should leverage the new NSS prioritisation framework, which incorporates principles regarding the impact on health inequalities and early intervention.

- Ensure that preventative expenditure is appropriately weighted in policy development to drive the necessary shift in public policy and outcomes, with a commitment to increasing the proportion of spending directed towards prevention.

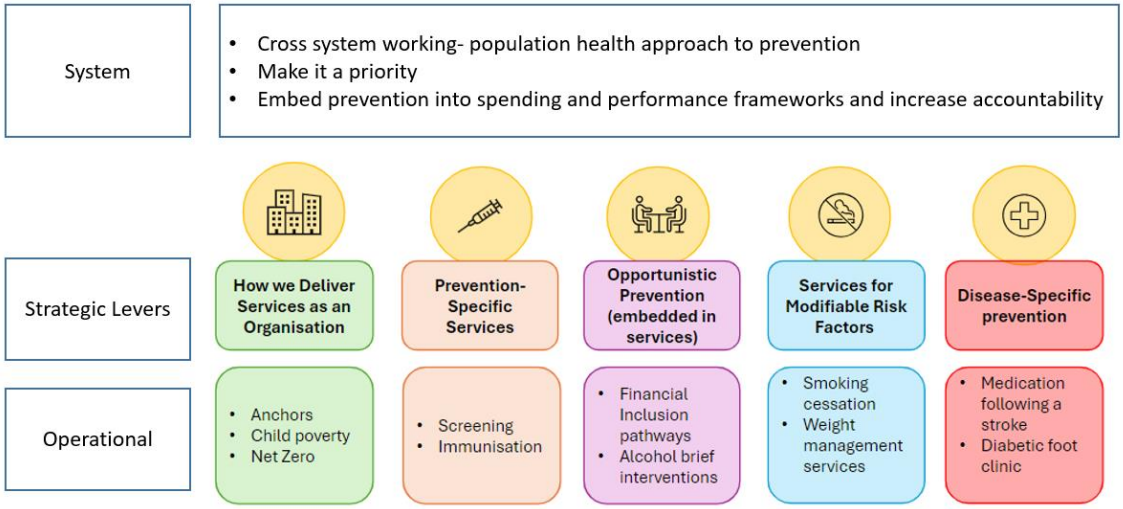
- Maintain outward accountability to other organisations and communities by collaborating with local authorities and community planning partners. Align efforts to address health, inequality, and prevention through joint approaches to governance, funding, and accountability.

Prevention focused systems - tackling social determinants

The strength in having a prevention-focussed system is in the activity we can deliver in partnership. To embed prevention within our system we must consider what we are trying to prevent and where the levers are to act on this.

For example, Local Authorities have more influence over the determinants of health and Health Boards have more influence on minimising the harms following disease diagnosis. As a PHO it will shift more towards stopping illness from arising or worsening.

The following figure provides a framework for embedding prevention in health and care services for Health Boards and IJBs to adapt and use.



Those who are most adversely affected by poorer health outcomes are those who can benefit the most from preventative action. By acting on health inequalities we will in turn be taking preventative action.

PHO Actions:

- Integrate prevention within decision-making processes throughout the organisation. Take deliberate, targeted action to embed prevention opportunities into services already provided and across all interactions with partners, public and staff.

- Enable health and social care staff to actively participate in and benefit from prevention initiatives—thereby positioning the NHS not only as a Public Health Organisation (PHO), but also as a central hub for prevention for staff, patients, partners, and visitors.

- Enhance the NHS's Anchors and Community Wealth Building efforts, income maximisation services, and influence on socio-economic environments, while

working to minimise environmental impacts and foster healthy living environments.

- Systematically evaluate, identify, and address healthcare inequities across all services, including consideration of alternative models of care. Ensure equitable access and deliver culturally competent services focused on populations at highest risk of adverse outcomes.

Service Design and Delivery – Shift to Primary and Community Health Care

Health systems with strong primary care are better for population health – they have better outcomes, are more equitable, and are more cost effective. Increasing specialisation drives more procedures and interventions while generalist care can hold more in the community and reduce costs through management without specialist intervention.

PHO Actions:

- Funding, workforce, and performance policies are aligned with the goal of shifting the health and care system's focus toward primary and community health and care.

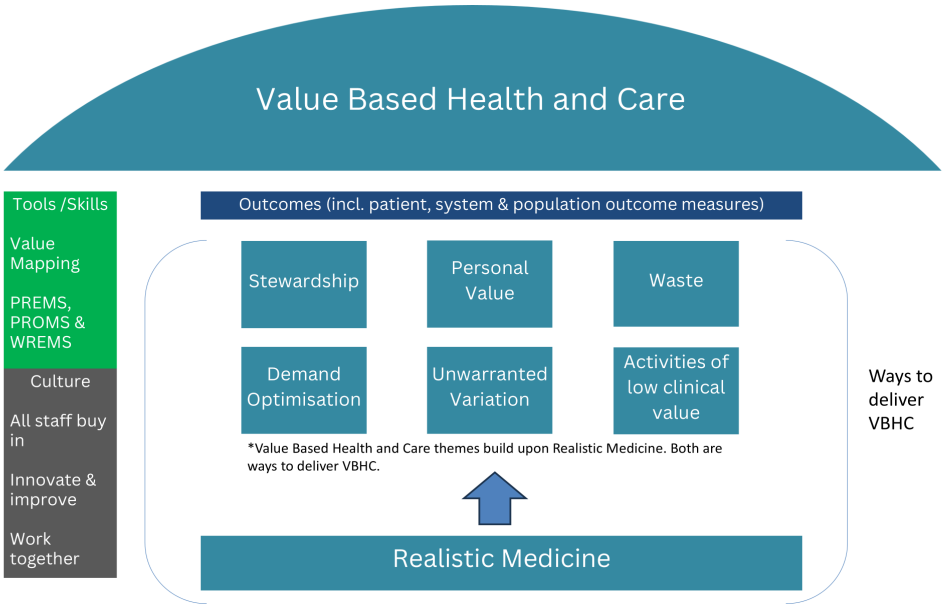
- Resources are being reallocated to support community-based, preventative models, with particular attention to individuals with significant needs, for example, through proportionate universalism.

- Efforts are being made to improve continuity of care by collaborating with HSCPs, CPPs, local authorities, and communities to facilitate anticipatory care and integrated care pathways.

- Service delivery is moving toward joint commissioning, involving co-design and co-delivery of services with communities to ensure they address local needs effectively.

Value-based health and care

Value-based health and care is an approach to health care that leads the organisation to increase the value from health service activity and is essential to optimise the health of the population from a limited resource.



PHO Actions:

- Implement Realistic Medicine principles to facilitate shared decision-making and stewardship, enabling individuals to actively participate as partners in their own healthcare.
- Collaborate with clinicians to promote responsible resource management, ensuring accountability for resource utilisation and balancing individual care with population health needs.
- Identify and address unwarranted variations in outcomes, access, and quality of care.
- Establish an outcomes-focused approach to clinical practice that supports comprehensive assessment of the value delivered by interventions.
- Demonstrate measurable progress in organisational efforts to disinvest from low-value interventions and reduce unnecessary waste.
- Allocate resources for digital solutions in population health management and ensure that digital opportunities to enhance health outcomes are fully leveraged.

Blueprint key areas	PHO component	Framework Board members can use to seek assurance
Active approach: While an active approach is required to deliver good governance in healthcare, it should be recognised that the NHS is only one of a range of organisations that impacts on the health of the population. Therefore, NHS Boards must also consider how they can influence and interact with the other bodies that have an impact on the delivery of quality healthcare	System focussed and collaborative Governance and accountability	Does the plan take a whole system approach? For example does the data used to support planning consider the whole pathway from community to hospital?
Collaborative approach The NHS works closely with national and local government, integration authorities, independent (primary care) contractors, the private sector, the third sector, charities, academia, communities and citizens to deliver healthcare in a joined up, person centred manner. Consequently, the governance of the organisations that interact with the NHS have a direct impact on population health and the delivery of healthcare services and this must be recognised when designing the governance approach for NHS Boards.	System focussed and collaborative Governance and accountability Focus on primary and community health care Value based health and care	To what extent is the service working with partner organisations to further enhance prevention actions? Are there opportunities or has consideration been given to using resources differently to achieve the aim of delivering more preventative approaches in the community?
Functions – Setting the Direction: Board Members are responsible and accountable for setting the overall strategy and direction of the organisation. They are also	Understand the needs of the population	Is there evidence that planning is underpinned by an assessment of the population's health needs?

responsible for encouraging and facilitating innovation, driving change and transforming service delivery to better meet the expectations and needs of their key stakeholders	Prevention and tackling social determinants Value based health and care	Is there evidence that population health trends and health inequalities have been considered and factored into the plan/decision? How much of the proposed budget for this plan will be spent on preventative action? What plans are in place to monitor or evaluate the impact of the proposals on health inequalities? How is the organisation outcomes focussed so that the value of activity is understood?
Functions: Stakeholder engagement To deliver good governance NHS Boards also need to respect and pursue the rights and interests of all the stakeholders in the healthcare system and effective stakeholder engagement is required to establish and maintain public confidence in the organisation as a public body	System focussed and collaborative	How have the voices of people with lived experience of inequalities been used to inform the plan/strategy/decision? How has patient feedback been used to inform the decision / plan?
Staff governance standard Ensure that their actions maintain and promote the health, safety and wellbeing of all staff, patients and carers	System focussed and collaborative	How have staff been engaged with in developing the strategy/plan? Have staff views informed the decision making process?

Influencing culture	Value based health and care	Is a culture of financial stewardship being developed in the organisation

Understanding the Burden of Disease in Fife

How the NHS Fife Population Health and Wellbeing Strategy aligns to our population health needs.

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Version 0.2 (DRAFT FOR DISCUSSION)

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Contents

Executive Summary 1
Background and Purpose 2
Summary of Findings 2
Table 1: Top 10 Causes of Ill Health and Early Death in Fife, 2019 2
Table 2: Data for Key Metrics by locality 3
Interpretation and Key Insights 6
Alignment to the Population Health and Wellbeing Strategy 7
Strategic Actions and Governance 7
Table 3: Mapping of Disease Burden Categories to Fife Strategies and Governance Mechanisms 8
Conclusions and Recommendations 11

Executive Summary

The paper presents a summary of the burden of disease across Fife and its relationship to the strategic objectives outlined within the Population Health and Wellbeing Strategy (2023–2028). It highlights key trends, inequalities, and areas of opportunity to strengthen prevention and early intervention.

The analysis identifies cardiometabolic disease, cancer, musculoskeletal disorders, mental health, alcohol and drug use, respiratory disease, and dementia as the leading contributors to morbidity and premature mortality in Fife. We then map strategic actions and governance structures that address these areas, demonstrating a coherent alignment between need and response.

Background and Purpose

Understanding the burden of disease across Fife provides the foundation for effective population health planning. Drawing on the Scottish Burden of Disease Study (2019), the 2022 Census, and a range of local and national data sources, this analysis quantifies health loss and highlights inequalities between Fife's localities. It also shows how this intelligence directly informs NHS Fife's strategic and commissioning approach.

Summary of Findings

For Fife as a whole, 64% of overall health loss was due to early death and 36% to ill-health in the population. Table 1 shows the top 10 specific causes of ill-health and early death in Fife.

Table 1: Top 10 Causes of Ill Health and Early Death in Fife, 2019

	Ill health
1	Low back and neck pain
2	Depression
3	Headache disorders
4	Anxiety disorders
5	Osteoarthritis
6	Diabetes mellitus
7	Cerebrovascular disease
8	Other musculoskeletal disorders
9	Alcohol use disorders
10	Age-related and other hearing loss

	Early Death
1	Ischaemic heart disease
2	Lung cancer
3	Alzheimer's disease and other dementias
4	Cerebrovascular disease
5	Other cancers
6	Drug use disorders
7	Chronic obstructive pulmonary disease
8	Other cardiovascular and circulatory diseases
9	Colorectal cancer
10	Self-harm and interpersonal violence

In Table 2, we have broadly categorised the top ten causes of burden in Fife of illness and early death into the following: **cardiometabolic disease, cancer, musculoskeletal, mental health, alcohol, drugs, respiratory disease, dementia.** Key metrics relating to these are available by Scotland, Fife and locality. However, a much broader analysis has been undertaken, some of which included analysis by deprivation, however this data was not available for all conditions.

Table 2: Data for Key Metrics by locality

	Data Type	Time Period	NHS Fife	City of Dunfermline	Cowdenbeath	Glenrothes	Kirkcaldy	Levenmouth	North East Fife		South West Fife	Scotland
All Conditions												
Has a long-term illness, disease or condition **Source:** *Census 2022*	% of respondents	2022	23.4	21.4	24.4	25.0	23.3	25.1	22.5		23.7	21.4
Cardiometabolic												
CHD hospitalisations **Source:** *ScotPHO*	Age-sex standardised rate per 100,000	2021/22 to 2023/24	325.6	282.8	382.5	362.9	311.4	384.7	287.0		328.3	326.8
Early deaths from CHD, aged <75yrs **Source:** *ScotPHO*	Age-sex standardised rate per 100,000	2021 to 2023	56.8	43.5	63.8	55.0	67.6	79.5	46.5		52.3	54.5
Population admitted to hospital with CHD **Source:** *LIST*	% of population	2023/24	4.6	3.8	5.5	5.1	4.8	5.4	4.0		4.6	4.7
CHD – patients ever diagnosed with CHD **Source:** *GP data*	Rate per 100 patients	April 2025	3.7	3.3	4.1	3.7	3.6	4.4	East 2.9	West 3.9	3.8	3.7
Cerebrovascular disease – patients who have ever had astroke and TIA **Source:** *GP data*	Rate per 100 patients	April 2025	3.0	2.6	3.2	2.9	2.9	3.2	East 2.6	West 4.1	3.0	2.6
Diabetes – patients who have diabetes **Source:** *GP data*	Rate per 100 patients	April 2025	6.9	6.6	7.8	7.5	6.7	8.2	East 4.5	West 6.7	7.1	6.1
Cancer												
Population admitted to hospital with Cancer (all) **Source:** *LIST*	% of population	2023/24	5.5	5.1	5.4	5.7	5.6	5.8	5.4		5.7	5.3
Cancer registrations (new)	Age-sex standardised	2020 to 2022	593.7	557.0	629.2	588.8	607.4	627.1	558.5		630.1	629.7

	Data Type	Time Period	NHS Fife	City of Dunfermline	Cowdenbeath	Glenrothes	Kirkcaldy	Levenmouth	North East Fife		South West Fife	Scotland
Source: *ScotPHO*	rate per 100,000											
Early death from all cancers, aged <75 years **Source:** *ScotPHO*	Age-sex standardised rate per 100,000	2021 to 2023	139.1	126.6	152.8	151.6	137.2	167.6	120.6		139.7	142.4
Cancer – patients ever diagnosed with cancer (all) **Source:** *GP data*	Per 100 patients	April 2025	4.0	3.7	3.7	3.8	4.0	4.1	East 3.9	West 5.3	4.6	3.9
Alcohol and Drugs												
Alcohol-related hospital admissions **Source:** *ScotPHO*	Age-sex standardised rate per 100,000	2023/24	696.7	663.2	851.3	775.4	961.0	741.7	444.0		565.6	548.5
Alcohol-specific deaths **Source:** *ScotPHO*	Age-sex standardised rate per 100,000	2019 to 2023	19.9	18.6	21.6	22.3	21.5	32.9	13.1		16.0	21.8
Drug-related hospital admissions **Source:** *ScotPHO*	Age-sex standardised rate per 100,000	2021/22 to 2023/24	273.9	203.7	316.3	345.5	430.3	536.4	110.3		121.0	181.2
Respiratory Disease												
Population admitted with COPD **Source:** *LIST*	% of population	2023/24	2.3	1.8	3.3	2.6	2.3	3.2	1.5		2.1	2.0
COPD patient hospitalisations **Source:** *ScotPHO*	Age-sex standardised rate per 100,000	2021/22 to 2023/24	196.6	147.0	263.7	210.2	232.0	302.2	129.8		168.9	210.1
COPD – patients with COPD **Source:** *GP data*	Rate per 100 patients	April 2025	2.9	2.4	4.0	3.2	2.7	4.2	East 1.5	West 2.7	2.7	2.5

	Data Type	Time Period	NHS Fife	City of Dunfermline	Cowdenbeath	Glenrothes	Kirkcaldy	Levenmouth	North East Fife		South West Fife	Scotland
Musculoskeletal												
Population admitted with arthritis **Source:** *LIST*	% of population	2023/24	6.6	5.5	7.3	7.3	7.0	7.9	5.9		6.4	5.6
Rheumatoid arthritis – patients ever diagnosed with rheumatoid arthritis **Source:** *GP data*	Rate per 100 patients	April 2025	0.8	0.7	0.9	1.0	0.9	1.0	East 0.6	West 1.0	0.8	0.8
Mental Health												
Prescribed drugs for anxiety/depression/Psychosis **Source:** *ScotPHO*	% of population	2023/24	22.2	19.5	24.9	24.6	23.3	25.9	19.4		22.0	20.9
Psychiatric inpatient hospitalisations **Source:** *ScotPHO*	Age-sex standardised rate per 100,000	2021/22 to 2023/24	229.2	215.6	218.3	260.8	241.1	233.3	227.9		210.9	216.1
Depression – patients ever diagnosed with depression **Source:** *GP data*	Rate per 100 patients	April 2025	17.7	19.4	18.5	18.6	15.9	17.7	East 13.3	West 18.5	19.4	15.0
Self-reporting of a mental health condition **Source:** *Census 2022*	% of respondents	2022	11.9	11.1	13.3	12.8	12.0	13.1	11.0		11.1	11.3
Dementia												
Population admitted to hospital with Dementia **Source:** *LIST*	% of population	2023/24	0.9	0.8	1.2	1.0	0.9	1.0	0.8		0.7	0.8

Interpretation and Key Insights

Table 2 shows considerable variation between Fife localities we have drawn out some key trends and comparisons of note. Although this table shows variation by locality, Fife and Scotland, where possible, analysis by deprivation has also been undertaken but was not possible for all conditions due to limitations with data availability. Therefore, we have mentioned inequalities where these are particularly stark and possibly masked by locality analysis.

Long-term conditions

- Based on the 2022 census, 23.4% of the population of Fife had a 'long-term illness, disease or condition'.

Cardiometabolic disease

- Levenmouth and Cowdenbeath have the highest rates of **coronary heart disease** (CHD) and the North-East Fife (East) cluster had the lowest.
- As of 2025, the rate of patients Fife recorded as having **diabetes** (excluding gestational diabetes), was slightly higher than the Scottish average.
- Over 2023/24, the incidence rate of **cerebrovascular disease** in Fife was higher than the rate seen across Scotland.

Cancer

- When combined **all cancers** are the most common cause of death in Fife, accounting for a quarter of all deaths.
- Fife has had premature all cancer mortality rates that are similar to Scotland for the last 15 years and both Fife and Scotland have seen falls in these rates in this time.

Musculoskeletal

- In 2024 there were 22,197 referrals to all Allied Health Professional Musculoskeletal Specialities (excluding the Musculoskeletal Advice and Triage Service).

Mental health

- 12% of people in Fife reported that they had a **mental health** condition which had lasted or was expected to last at least 12 months in the 2022 Census; this was higher than the figure for Scotland at 11.3%.

Alcohol and Drugs

- **Alcohol-related** admissions rates in the most deprived areas in Fife were five times higher than the rates in the least deprived areas.
- The highest rate of **drug-related** hospital admissions was seen in the most deprived areas of Fife. This was 20 times higher than the least deprived areas.[18]

Respiratory disease

- Individuals living in the most deprived areas of Fife were over five times more likely to have a hospitalisation due to **chronic obstructive respiratory disease** (COPD) compared to those in the least deprived areas.

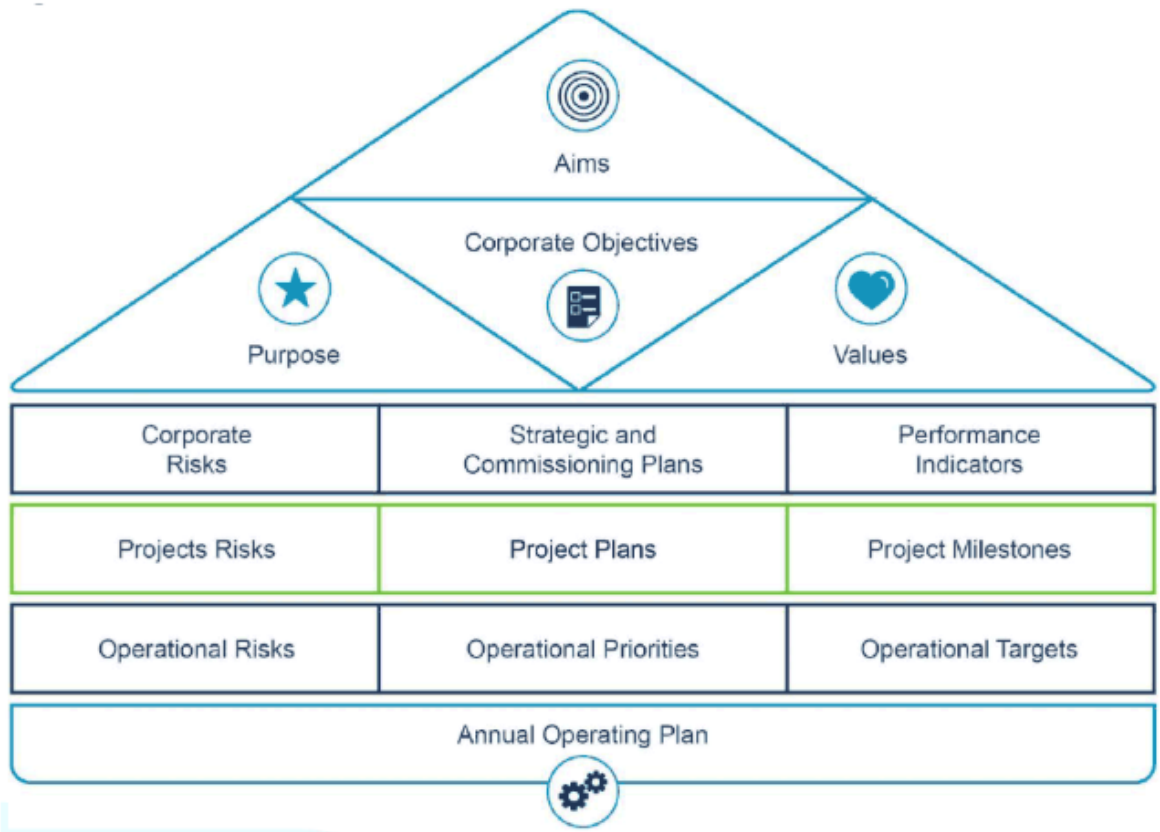
Dementia

- Deaths from **Alzheimer's disease** in 2023 were higher than the rate for Scotland.

The data underscores the need for targeted prevention and place-based approaches, highlighting variation between the different localities.

Alignment to the Population Health and Wellbeing Strategy

NHS Fife's planning and commissioning cycle ensures that strategic intent is translated into improved health outcomes. The process is iterative - grounded in evidence, informed by performance data, and responsive to population needs. The following graphic illustrates the relationship between data, strategic objectives, delivery plans, and governance.



Blueprint for Good Governance, [NHS Scotland - blueprint for good governance: second edition - gov.scot]

Strategic Actions and Governance

Table 3 summarises the alignment between the major disease categories and corresponding strategic actions, priorities of the Population Health and Wellbeing strategy, governance mechanisms, and other performance reporting frameworks. This demonstrates how NHS Fife is delivering against the key priorities identified through the burden of disease analysis.

Table 3: Mapping of Disease Burden Categories to Fife Strategies and Governance Mechanisms

Burden of Disease Priority Areas	Specific Condition	Alignment to the Population Health and Wellbeing Strategy	Fife Strategic Approach	Monitoring and Governance
Cardiometabolic	Ischaemic heart disease	Priority 1: Improve Health and Wellbeing Priority 2: Improve the quality of health and care services	• Fife H&SCP Primary Care Strategy • Local implementation of Scottish Government's Women's Health Plan which includes a commitment to reduce inequalities in health outcomes related to cardiac disease for women. • Fife H&SCP Prevention and Early Intervention strategy • Fife Heart Disease Managed Clinical Network with subgroups on Prescribing, Cardiac Rehabilitation, Heart Failure and Patient Participation	Smoking cessation performance reported via Integrated Quality and Performance Report (IPQR) for NHS and Fife H&SCP Primary Care Strategy Status at March 2025: *With a focus on sustainability and quality, a rolling programme of work is being progressed including the implementation of a Fife wide communication and engagement plan* Fife HSCP Prevention and Early Intervention Strategy Status at March 2025: *the IJB have approved the Prevention and Early Intervention Strategy. A rolling programme of work is being progressed via delivery groups and key leads.*
	Cerebrovascular disease		• Fife H&SCP Prevention and Early Intervention strategy • Fife Stroke Managed Clinical Network with subgroups on Acute Stroke Clinicians, Thrombolysis & Thrombectomy Governance, Acute and Community Rehabilitation and Living with Stroke	
	Diabetes		• Fife H&SCP Prevention and Early Intervention Strategy • Fife Diabetes Managed Clinical Network with subgroups on Prescribing, Education, SCI-Diabetes, Type 1 Diabetes and Patient Focus	
Cancer	Lung cancer	Priority 2: Improve the quality of health and care services	• NHS Fife Cancer Framework Strategy • Lung cancer optimal pathway	NHS Fife Cancer Framework Status at March 2025: *Working to finalise the refreshed NHS Fife Cancer Framework which will align with the Population and Wellbeing Strategy and 10-year Cancer Strategy.*
	Colorectal cancer		• NHS Fife Cancer Framework Strategy • Colorectal optimal pathway	
	All other cancers		• NHS Fife Cancer Framework Strategy • South East Scotland Cancer Network (SCAN)	

Understanding the Burden of Disease in NHS Fife and the Alignment to the Population Health and Wellbeing Strategy

Burden of Disease Priority Areas	Specific Condition	Alignment to the Population Health and Wellbeing Strategy	Fife Strategic Approach	Monitoring and Governance
Alcohol and drugs	Alcohol use disorders	Priority 1: Improve Health and Wellbeing	• Fife Alcohol and Drug Partnership (ADP) Strategy	Indicators reported via NHS and H&SCP IPQRs ADP Annual Report 2024-2025 presented to July IJB meeting
	Drug use disorders		• Fife Alcohol and Drug Partnership Strategy (ADP) • Full Implementation of Medication Assisted Treatment (MAT) Standards	Indicators reported via NHS and H&SCP IPQRs ADP Annual Report 2024-2025 presented to July IJB meeting Fife Alcohol and Drug Partnership Strategic Plan (2024-2027) status at March 2025: *implementation is progressing well. Take Home Naloxone programme remains on track with over 50 training sessions taking place within the Fife localities.*
Musculoskeletal	Low back pain	Priority 2: Improve the quality of health and care services	• No identified strategy/strategic approach	No Update.
	Osteoarthritis		• No identified strategy/ strategic approach	
	Musculoskeletal disorders		• No identified strategy/ strategic approach	
	Other		• Physical Activity for Health: Scotland's National Framework • Local context from the recent benchmarking exercise (1st October 2025)	
Mental Health	Depression	Priority 1: Improve Health and Wellbeing Priority 2: Improve the quality of health and care services	• Fife H&SCP Mental Health & Wellbeing Strategy 2026-2029 with the following strategic priorities: Talking about mental health; Prevention, early intervention and wellbeing; Improved response to mental health distress and crisis; Support, care and treatment that is easy to access and makes and difference and Harnessing technology (using technology in helpful ways)	Strategy approved 29/9/25, Year 1 Delivery Plan still to be signed off Reporting via H&SCP governance routes Status of the Fife Mental Health and Wellbeing Strategy at March 2025: *the Mental Health and Wellbeing Strategy is currently*
	Anxiety		• Fife H&SCP Mental health & wellbeing strategy 2026-2029	

Burden of Disease Priority Areas	Specific Condition	Alignment to the Population Health and Wellbeing Strategy	Fife Strategic Approach	Monitoring and Governance
				progressing through the governance process, expected to be reviewed by the IJB in 2025-26.
	Self-harm & Interpersonal violence		• Self-harm: Planned Action Plan for Fife aligned to national Self Harm Strategy and Action Plan 'Supporting with Compassion' as per Priority 3 of Mental Health & Wellbeing Strategy • Fife Suicide Prevention Action Plan overseen by Fife Suicide Prevention Multiagency Core Group aligned to national Suicide Prevention Strategy "Creating Hope Together" which works collaboratively to build a whole society approach to address the social determinants of health which have the greatest link to suicide risk. • Interpersonal violence: no standalone strategy identified	No identified Strategic Lead for Self-harm work at this point Health Promotion Service Manager is Strategic Lead in Fife H&SCP for Suicide Prevention Reporting on via H&SCP governance routes
Dementia	Alzheimers and other dementias	Priority 2: Improve the quality of health and care services	• Scottish Dementia strategy	Status of the Fife Dementia Strategy at March 2025: *the Fife Dementia Working group has been established to consider how the national strategy will be implemented locally.*

Conclusions and Recommendations

This analysis confirms that the Population Health and Wellbeing Strategy is well aligned with Fife's disease burden. However, gaps remain, particularly in relation to musculoskeletal conditions, where no comprehensive strategic approach exists.

Strengthening prevention and early intervention across cardiometabolic, respiratory, and mental health pathways will yield the greatest population health gains. Nationally, there are plans to develop an analytical framework for the recently published 10 year Population Health Framework, which will enable continued tracking of progress. In particular, work to address health inequalities remains central to the delivery of the Population Health and Wellbeing Strategy if we are to successfully improve the health and wellbeing of our citizens.

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Meeting:	**Fife NHS Board**
Meeting date:	**26 May 2026**
Title:	**Digital and Information – Delivery Plan 2026-27**
Responsible Executives:	**Chris McKenna, Medical Director/Deputy Chief Executive**
Report Author:	**Alistair Graham, Director of Digital and Information**

Executive Summary

- Presents the Digital & Information Delivery Plan 2026–27 for Fife NHS Board discussion and assurance, in response to requests for clearer linkage between digital activity, organisational priorities and the 2026/27 Transformation Plan.
- Demand vs capacity is the central constraint: Confirms digital demand exceeds available resource and funding, so disciplined prioritisation and expectation management continue and will be necessary during the year.
- Key programmes balancing local and national requirements remain a focus with capacity being made available in support of remote monitoring platforms, business systems programme, and GP IT, while maintain pace with eRostering and HEPMA implementations.
- A prioritisation model is in place, the continues to be developed, using a prioritisation matrix to assess new and existing requests consistently, with additional weighting where proposals demonstrate direct cost-saving benefit.
- Work is structured into a pragmatic delivery pipeline and groups activity into National Must Haves, Local Must Haves, Local Should Haves, and Pipeline/Unprioritised requests, with stage gates from discovery through to delivery and transition into operations.
- Framework principles shape how delivery will be achieved and anchors delivery to convergence of applications/platforms, architectural standards, benefits realisation, product/service design and lifecycle management, and stronger use of data insight/analysis.
- The paper provides a moderate level of assurance at this stage, following the direct engagement with Acute and HSCP SLTs and transformation leadership to refine priorities, strengthen alignment, and keep the plan adaptive to operational pressures.

1 Purpose

This report is presented for:

- Discussion
- Assurance

This report relates to:

- Annual Delivery Plan
- Emerging issue
- Government policy / directive
- National Health & Wellbeing Outcomes / Care & Wellbeing Portfolio
- NHS Fife Strategic Priorities

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

As part of the presentation of the Digital Framework to governance groups, further details of a delivery plan were requested to provide additional assurance that the digital activities being executed and planned were linked to the organisations requirements and were routed to the portfolios associated Transformation Plan for 2026/27.

In addition, the mechanism used to support prioritisation of activities was requested, recognising that the demand for digital requests often exceeded the available resource and finance to progress all requests. This approach is detailed in Figure 1 below.

The following report provides the initial assessment of known, planned and requested programmes or projects and outlines the additional prioritised requirements from the Senior Leadership Teams within Acute and HSCP and Transformation Programme SROs to further inform the plan and ensure the correct priorities are established.

The paper is provided for Fife NHS Board for discussion and assurance.

2.2 Background

NHS Fife continues to operate in a period of sustained financial, operational and workforce pressure. Rising demand for services, demographic change, workforce

constraints and national financial expectations require a continued focus on improving productivity, redesigning services and ensuring that the resources available to the organisation are used in the most effective way possible. The requirement for extended digital capabilities, the development of an agile approach to supporting change, the ambition to develop more innovative ways of working, and the need for a refreshed and modern operating model, were outlined in the Digital Framework document and are embedded in the approach outlined in this paper.

The key principles in the Digital Framework and noted below, are designed to support strategic priorities and the current operational pressure. These key principles are: -

- **Application & Platform Convergence** – a commitment to review and reduce the number of applications and platforms, collaborate with suppliers to converge into a simpler user experience, and thereby lower development and support costs and reduce risk.
- **Architecture Review & Standards** – continuous architectural oversight across hardware, software, networks, data and cloud to ensure the design remains right for Fife, with frameworks that enable efficient processing, storage and transmission of data—key enablers of sustainable operations and future interoperability.
- **Value & Benefits Realisation** – a requirement that services deliver measurable, sustainable improvements aligned to organisational goals, using agreed methodologies to sustain and enhance benefits over time.
- **Service & Product Design / Product Management** – emphasis on standardised service/product design and lifecycle management that reduces duplication and encourages reuse, supporting convergence and maintainability.
- **Data Insight & Analysis** – recognition that better data (and AI over time) underpins productivity, informed prioritisation and population health management, reinforcing sustainable, value-led decision-making.

In order to support delivery of the range of change initiatives a number of commissioning routes are considered and require to be developed further in line with NHS Fife's Transformation Plans.

The key routes are: -

National Mandate and Required Programmes – the route for these projects is presented via a range of national and sub national groups but are mainly endorsed by Board Chief Executives. They include large major programmes, commissioned by Scottish Government and delivered by Public Services Division Scotland or through consortium of Boards operating as a collective. Increasing, this same route is utilised by ANIA for innovation priorities and is seen as a method to determine the priority for Boards, often in conflict to existing local priorities and plans.

Sub National Change Initiatives – through the key priorities requested of the Sub National planning, digital changes will be expected in support of Digital Front Door, Business Services Programme, Unscheduled Cadre, Orthopaedic Elective Care Services and Remote and Rural. Many of these will be in support of the enablement of the national mandates, but some will require consideration of associated capability, such as extending data sharing and support the mobility of staff groups working across Boards. These requirements will be determined through the models of care being developed on an East/West basis.

Transformation Plans – through the 14 programmes, demands for extended or new digital capability will be required. The use of the outlined 1st level governance groups, identified within the Transformation Plan 2026-27, will be key to supporting ranking of change activities and to ensure greater synergy in combining the associated changes in support of transformation.

Strategic Product Roadmaps – our key digital services, (TrakCare, Patientrack, Clinical Portal, Morse and Patient Hub), need to provide consistent roadmap development, to incorporate clinical operational requirements through the building of digital functions required by clinical services. The development of these key systems will enhance the maturity in our Electronic Health Record and support the provision of clinical data to clinical teams, no matter the care setting - physical or virtual. These developments included proposals, feature enhancements, quality and performance improvements, and operational fixes, all managed against a defined product lifecycle with clear ownership. Due to the significant use of these existing products demand requests span day-to-day incidents and service requests through to strategic changes set by the product's roadmap and benefits case.

Service or Departmental Requests – many of our services rely on their own specialty specific system, across clinical and corporate areas, which require critical lifecycle activities to take place, along with request for new system and digital capabilities. These requests are often in specific response to funding availability or due to the need replacement needs or supplier changes. Against the backdrop of the planned activities in support of national and local transformation, they remain challenging to support in a timely manner, with the available funding and resource levels. Many of the systems end up failing behind lifecycle standards and present risk and vulnerability to the digital estate and risk increased levels of unavailability for clinical teams.

The current resources available to support change initiatives, within Digital and Information is: -

- 3 Programme Managers (1 Dedicated to HEPMA)
- 5 Senior Programme Managers
- 3 Project Managers

Recognising that demand exceeds capacity then the process of prioritisation and ranking becomes key. Additional engagement activities with Acute, HSCP SLTs and Corporate

teams is key and has been completed to determine the correct prioritisation and to manage expectation, when additional requests are received.

The framework intends to continue to develop on the work completed throughout 2025-26 to support additional digital change capacity being developed in other programme settings. The work undertaken by the Transformation function and through the HSCP Programme Office have allowed a range of colleagues to gain critical experience in supporting the implementation of digital capabilities. These experiences will be translated into a digital change training programme, detailing and outline the required steps that need to be undertaken to assess and govern the introduction of a new system.

The current assessment for a new request, in support of prioritisation is through the model shown below in Figure 1. This model allows for an initial assessment of any request received and informs onward discussion internally within Digital and Information, with the requestor and to inform discussions with the commissioning groups, to support prioritisation discussions. The model is also adapted to respond to existing pressures within the system, i.e. projects that have demonstrated a benefit to direct cost savings, have received an additional weighting.

Figure 1 - Digital Prioritisation Matrix

Strategic Alignment		Corporate Objective		Operational Need		Scale of Impact on Services		Scale of Impact on System Lifecycle		Scale of Impact on Risk, Security and Compliance		Adverse Impact	
How closely does the work support strategic priorities? Improve Health and Wellbeing Improve the quality of health and care Improve staff experience and wellbeing Deliver value and sustainability		Has the request been linked with a Corporate Objective?		Significance of the request in facilitating and maintaining service/business continuity		Costs savings, Improved efficiencies, Productivity gain, Increased revenues.		Extent of the impact on the operational capability and service delivery		Extent of impact on legislative requirements, high risk mitigations, cyber assessments and vulnerabilities.		Consequences of not undertaking change, considering: Patient experience Objectives / Project Injury (physical and psychological) to patient / visitor / staff/ Complaints / Claims Service / Business Interruption Staffing and Competence Financial (including damage / loss / fraud) Adverse Publicity / Reputation	
3	Linked to a local and national strategies	3	All 4	3	Very High	3	All 4	3	Very High	3	Very High	3	Very High
2	Linked to a local strategy and / or national strategy	2	2 - 3	2	High	2	2 - 3	2	High	2	High	2	High
1	Linked to a local strategy but not a key priority	1	1 - 2	1	Medium	1	1 - 2	1	Medium	1	Medium	1	Medium
0	Not linked to any strategies	0	No Objectives	0	Low	0	No Impact	0	Low	0	Low	0	Low

2.3 Assessment

Taking these considerations into the current framework, the following section outlines the current planned activities throughout 2026-27, while linked to the portfolios where benefits are identified. The activities are described as: -

- National Must Haves (Can't move)
- Local Must Haves (Shouldn't move)
- Local Should Haves (Will move)
- Pipeline or Un-prioritised Requests (May never reach go)

The stages associated with the activities cover the summary items below and form gateways allowing projects and changes to proceed through governance arrangements: -

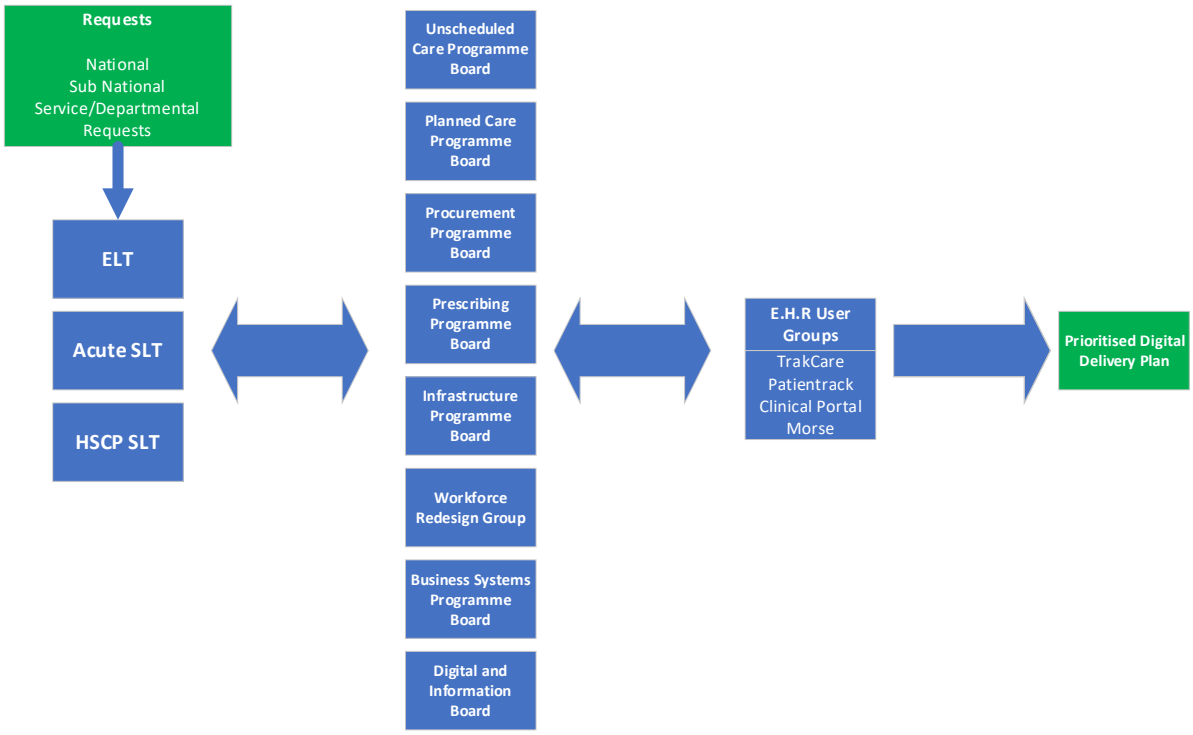
Pipeline/Discovery – where activities may be undertaken in support of the assessment of the request, the scale of change, funding, benefits and return on investment assessment. Items within this category have no plan for delivery at this stage. Often at this stage, existing systems will be identified that have the capability being requested.

Scoping Assessment – having passed some initial discovery stage and being a candidate to warrant prioritisation, the project begins to be developed into a set of co-ordinated tasks to form a project and identify resource, finance, planning requirements to support deliver. Project will undergo governance assessment at this stage, including architecture and technical compliance, information governance assessment, information security and records management compliance. New system can take 4 to 6 months to move through the process, for a range of reasons.

Build/Delivery – the project will begin to execute the co-ordinate tasks to deliver the project and change required, with continual assessment on the risk associated with the benefit profile. In many cases testing is a key requirement of this stage, to evidence save adoption and operation prior to implementation along with a detailed approach to change management including education, training and readiness assessments.

Complete – project then move to close, with a planned handover of responsibilities to support the running and operating of the solution and ensure lifecycle activities are clearly determined to maintain the capability inline with the required standards.

The flow of requests and prioritisations, leading to the adaptive digital delivery plan, is being enhanced by the following model: -



Planned Delivery – National Must Haves

Portfolio View

	Projects					Benefit Realisation				
	Pipeline/Discovery (Requires Prioritisation)	Scoping / Assessment	Build/Delivery	Complete	Commissioning Source	Transformation	Planned Care	Urgent & Unplanned Care	Primary and Community Care	Corporate
National Must Haves			Openeyes - Community		Primary Care					
			Openeyes - Acute		Planned Care					
			Scan for Safety		Planned Care					
			LIMS Phase 1 & 2		Various					
			New Child Health System		Community Care					
			PACs		Various					
			eRostering		Corporate					
			Infix (Theatre Utilisation System)		Various					
				TrakCare Upgrade Waiting Times	Various					
		GP IT			Primary Care					
		GP Order Comms			Primary Care					
		Business System Replacement (Eess, SSTS, eFinancials)			Corporate					
			National Digital Front Door - WPA		Planned Care					
		National Digital Front Door - Migration			Planned Care					

Timeline View

	Project	Commissioning Source	Apr-26	May-26	Jun-26	Jul-26	Aug-26	Sep-26	Oct-26	Nov-26	Dec-26	Jan-27	Feb-27	Mar-27
National Must Haves	Openeyes - Community	Primary Care	■	■										
	Openeyes - Acute	Planned Care	■	■	■	■	■	■	■	■	■	■	■	■
	Scan for Safety	Planned Care	■	■	■									
	LIMS Phase 1 & 2	Various	■	■	■	■	■	■	■	■	■	■	■	■
	New Child Health System	Community Care	■	■	■									
	PACs	Various	■	■	■	■	■	■						
	eRostering	Corporate	■	■	■	■	■	■	■	■	■	■	■	■
	Infix (Theatre Utilisation System)	Various	■	■	■	■	■							
	TrakCare Upgrade Waiting Times	Various	■											
	GP IT	Primary Care	■	■	■	■	■	■	■	■	■	■	■	■
	GP Order Comms	Primary Care	■	■	■	■	■	■	■	■	■	■	■	■
	Business System Replacement (Eess, SSTS, eFinancials)	Corporate	■	■	■	■	■	■	■	■	■	■	■	■
	National Digital Front Door - WPA	Planned Care	■	■										
	National Digital Front Door - Migration	Planned Care	■	■	■	■	■	■	■	■	■	■	■	■

Planned Delivery – Local Must Haves

Portfolio View

	Projects					Benefit Realisation				
	Pipeline/Discovery (Requires Prioritisation)	Scoping / Assessment	Build/Delivery	Complete	Commissioning Source	Transformation	Planned Care	Urgent & Unplanned Care	Primary and Community Care	Corporate
Local Must Haves			eObs - Patientrack - NEWS2 Update		Various					
		eObs - Bed Side Monitoring - Welch Allyn Roll Out			Various					
			PatientHub - Digi Letters		Planned Care					
			PatientHub - Waiting List Validation		Planned Care					
			PatientHub - Appointment Notice		Planned Care					
			PatientHub - Waiting Well (Phase 1)		Planned Care					
	Trak - Results Reconcilliation (Paused)		Patient Focussed Booking		Planned Care					
			HEPMA		Various					
			Hybrid/Bulk Mail		Transformation					
		System Integration - Bulk Mail (Trak, Morse, RIS & WVW)			Transformation					
		Virtual Wards Remote Monitoring/Phase 1 - Doccla			Unscheduled Care					
		Virtual Wards Remote Monitoring/Phase 2 - Doccla			Unscheduled Care					
				Hospital @ Home SkyResponse - Phase 1	Unscheduled Care					
			EHR - Morse Community Realtime		Commuity Care					
		EHR - Pre/Post-Op Assessment Tool (Morse & Patient Hub)			Planned Care					
		EHR - Morse Redesign / Improvement Work			Community Care					
		EHR - Op-Note Replacement (Morse)			Various					
		EHR - Electronic Growth Charts (Morse)			Various					
		Internal Referrals / GP Real Time Advice / FNC+ (CC)			Various					
	SDEC Phase 2									
	eObs - Patientrack Extension/RoadMap (Maternity / ED)									

Timeline View

	Project	Commissioning Source	Apr-26	May-26	Jun-26	Jul-26	Aug-26	Sep-26	Oct-26	Nov-26	Dec-26	Jan-27	Feb-27	Mar-27
Local Must Haves	eObs - Patientrack - NEWS2 Update	Various	■	■	■	■	■	■	■					
	eObs - Bed Side Monitoring - Welch Allyn Roll Out	Various							■	■	■	■	■	■
	PatientHub - Digi Letters	Planned Care	■	■	■	■	■	■	■	■	■	■	■	■
	PatientHub - Waiting List Validation	Planned Care	■	■	■	■	■	■	■	■	■	■	■	■
	PatientHub - Appointment Notice	Planned Care	■	■	■	■	■	■	■	■	■	■	■	■
	PatientHub - Waiting Well (Phase 1)	Planned Care	■	■	■	■								
	Patient Focussed Booking	Planned Care	■	■	■	■	■	■	■	■				
	HEPMA	Various	■	■	■	■	■		■	■	■	■	■	■
	Hybrid/Bulk Mail	Transformation	■	■	■									
	System Integration - Bulk Mail (Trak, Morse, RIS & WVW)	Transformation	■	■	■	■	■							
	Virtual Wards Remote Monitoring/Phase 1 - Doccla	Unscheduled Care	■	■	■	■	■	■						
	Virtual Wards Remote Monitoring/Phase 2 - Doccla	Unscheduled Care				■	■	■	■	■	■	■	■	■
	Hospital @ Home SkyResponse - Phase 1	Unscheduled Care												
	EHR - Morse Community Realtime	Community Care	■	■	■	■								
	Trak - Results Reconcilliation (Paused)	Planned Care												
	EHR - Pre/Post-Op Assessment Tool (Morse & Patient Hub)	Community Care	■	■	■	■								
	EHR - Morse Redesign / Improvement Work	Various		■	■	■	■	■	■	■				
	EHR - Op-Note Replacement (Morse)	Various					■	■	■	■	■	■	■	
	EHR - Electronic Growth Charts (Morse)	Various	■	■	■	■								
	Internal Referrals / GP Real Time Advice / FNC+ (CC)	Planned Care												
	SDEC Phase 2	Unscheduled Care												
	eObs - Patientrack Extension/RoadMap (Maternity / ED)	Various												

Delivery Plan - Local Should Haves

Portfolio View

	Projects					Benefit Realisation				
	Pipeline/Discovery (Requires Prioritisation)	Scoping / Assessment	Build/Delivery	Complete	Commissioning Source	Transformation	Planned Care	Urgent & Unplanned Care	Primary and Community Care	Corporate
Local Should Haves			Dragon Medical One		Transformation					
			Cardiology - AI Imaging		Planned Care					
			Office 365 - SP / CoPilot		Transformation					
			Automation Programme		Transformation					

Timeline View

	Project	Commissioning Source	Apr-26	May-26	Jun-26	Jul-26	Aug-26	Sep-26	Oct-26	Nov-26	Dec-26	Jan-27	Feb-27	Mar-27
Local Should Haves	Dragon Medical One	Transformation												
	Cardiology - AI Imaging	Planned Care												
	Office 365 - SP / CoPilot	Transformation												
	Automation Programme	Transformation												

Pipeline

	Projects					Benefit Realisation				
	Pipeline/Discovery (Requires Prioritisation)	Scoping / Assessment	Build/Delivery	Complete	Commissioning Source	Transformation	Planned Care	Urgent & Unplanned Care	Primary and Community Care	Corporate
Pipeline / Business Requests	Cancer Tracking System				Planned Care					
		Inphase (Datix Replacement)			Corporate					
	RESPECT App				Unscheduled Care					
	New Portering System				Corporate					
	Clinical Portal Development				Various					
	WvW - UCPN				Planned Care					
	Orthopaedics - eTrauma App				Unscheduled Care					
	Badgernet - Neonatal EPR				Various					
	Rheumatology - Blood Monitoring System	:			Community Care					
	Integrated Digital Health and Care Record				Various					
			National - ANIA - Type 2 Diabetes App		Planned Care					
			National - ANIA - Type Diabetes Remission		Planned Care					
	National - ANIA - CYP2C19 Genotype Testing				Planned Care					
	Clinical Portal - Prison System Connections				Various					
	Optometry - Sci-Gateway Referrals				Primary Care					
	Outpatient Booking / Check-In System				Planned Care					
	GP MSK System				Primary Care					
	New EEG & EMG Equipment				Planned Care					
	Oral Maxilo Facial 3D Scanner				Planned Care					
	Adastra Extract to Sci-Store				Unscheduled Care					
	Occupational Health System Replacement				Corporate					
	Patient Funds System Replcaement				Corporate					
	MEG System Assessment				Corporate					
	Cardiology - Sentinel Information Management System				Planned Care					
	Cardiology - 206 Echopac Plugin				Planned Care					
	Cardiology - Outsourcing Ambulatory Monitoring				Planned Care					
	ServiceNow Replacement				Corporate					
	Pharamcy Administration Systems				Corporate					
	Public Health - Immunisation - Digital Consent				Primary Care					
	National - Fleet Management System				Corporate					

The approach outlined and resulting delivery plan continues to be developed.

Examples of key project communications are included in Appendix 1 for interest.

Through the key engagements with the Acute and HSCP SLTs and corporate functions, additional in year priorities have been identified. These emerging priorities include: -

- Cancer Tracking Systems and Pathway Development including MDTs
- InPhase – Datix Replacement Programme
- eTrauma App Implementation
- Rheumatology Blood Monitoring Implementation
- Enhancements to the OOH/FNC system Adastra
- Badgernet Improvement Plan – Neonatal/Maternity
- MEG System Implementation
- Pharmacy Core System Implementations
- Patient Fund Finance System replacement
- Results Reconciliation functionality

The resourcing requirement to include these activities within the in-year delivery plan are being scoped and will be considered by ELT

At this stage a moderate level of assurance is provided.

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

2.3.1 Quality, Patient and Value-Based Health & Care

The aims which were clearly outlined in the Digital Framework, focus on the ambitions laid out in several key strategies and plans at a local, sub national, and national level. The preparation of the Digital Delivery Plan allows for correct alignment to our revised strategies and the ambitions contained within them, as required by our senior leadership groups and the Transformation Plans.

Each of the project or change items will continue to be assessed to detail the benefits profile and their contribution to improved patient outcomes, sustainability and improved experience for staff.

Engagement will be key to successful delivery of the digital delivery plan, as the chages are more effective when service led and allows critical success factors to be met. A revised clinical

leadership model will be a key feature of the delivery plan, ensuring increased focus on clinical safety of design, operational capability, and ongoing review of digital systems.

2.3.2 Workforce

The *Digital Framework 2025–2028* recognises the delivery plan becomes enabled by enhancing the support provided to staff to develop their digital confidence. The framework outlines structured engagement and co-design approaches to ensure staff are involved in shaping solutions that meet operational needs.

A key focus as an enabler to the deliver plan is the digital skills development through the National Digital and Data Skills Framework and leadership programmes, helping staff adapt confidently to new technologies and ways of working. By reducing system complexity, improving integration, and introducing automation, the framework aims to free up clinical time and reduce administrative burden, improving staff experience and wellbeing. However, these changes carry risks, including digital fatigue if implementation is not phased appropriately, potential disruption during system transitions, and challenges in maintaining capacity for training attendance alongside operational pressures. The work undertaken with Transformation team during 2025-26 also helps to develop digital change capacity across areas of NHS Fife.

Financial constraints impacting resource availability limits delivery pace, while reliance on national programmes introduces dependency risks. To mitigate these, the report outlines revised prioritisation approach, phased delivery and robust engagement, ensuring staff are supported throughout the transformation process.

For Digital and Information Staff, the revised model outlined in the Framework, will provide an opportunity to revise the operating structures that have been established since 2014. The development of small operational teams, that have niche skills and technology stewardship, the management structure required to support these organisational units, and the continued development and requirement to provide staffing levels in support of compliance and governance activities, prevents a progressive and agile service being delivered.

2.3.3 Financial

Key financial risks are managed within the Digital and Information budgets and are associated with the delivery plan. These include: -

- A range of National decisions and projects come with additional costs for implementation and operating of digital solutions. Elements of significance include Microsoft Licencing, National Programme and System costs e.g. Infix, Digital Dermatology, Adastra. In addition, national suppliers have increased costs significant at times of renewal.
- The financial commitments and decision taken in relation to these above items, along with agreed Business Case activities, result in the inconsistent recover of budget to offset spend levels incurred by Digital and Information on behalf of NHS Fife.

- The levels of available capital for infrastructure replacement, will begin to erode the performance, capacity and available of the core infrastructure used to deliver digital services, result in poor end user experience and the periodic loss of access or system in both a clinical and corporate setting.

Any associated cost of delivery and operating costs, associated with the delivery plan will be considered as the project move through the phases of pipeline and scoping/assessment. This allows for business case or return on investment decisions to be made as part of the gateway reviews.

2.3.4 Risk Assessment / Management

The risk management approach continues to be maintained via the Corporate Risk Register, with additional risk reporting and presentation being provided to the Information Governance and Security Steering Group and Digital and Information Board.

A formal risk appetite and tolerance statement was agreed by the Digital and Information Board, which has allowed a refreshed reporting of Risk controls and mitigations.

The governance arrangements and risk management approach of the Transformation Plan 2026-27 will also ensure appropriate risk management activities are undertaken.

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

Each relevant programme of work is subject to an EQIA along with specific system EQIAs related to the digital solutions.

The commitment to considering digital inclusions remains a key feature of the framework and will also be transferred to provide support to staff in support of their adoption of digital systems and reduce digital inequality, by tackling the factors that limit use.

2.3.6 Climate Emergency & Sustainability Impact

Consideration of the Scottish Public Sector Green ICT Strategy forms part of the activities associated with the procurement and operation of systems.

A continued and sustained reduction in use and reliance on paper and on methods to reduce energy consumption are key elements of digital operations.

2.3.7 Communication, involvement, engagement, and consultation

- A range of NHS Fife staff have had input to the digital delivery plan for 2026-27.

- Early versions of the framework and roadmap were presented to the Area Clinical Forum. With further engagement recognised.
- Further engagement with SLTs has been completed.
- Transition activities to the Transformation Governance are in progress and support the plans and necessary prioritisation.

2.3.8 Route to the Meeting

- Executive Leadership Team – March 2026
- HSCP SLT – April 2026
- Acute SLT – May 2026

2.4 Recommendation

This paper is provided to members for:

- **Discussion**
  Fife NHS Board may wish to discuss the approach outlined and the content of the delivery plan.
- **Assurance**
  Moderate assurance is presented in relation to the digital delivery plan, due to the demand exceeding capacity and the requirement to remain agile to operational requirements.

3 List of appendices

Appendix 1 – Example Programme Communications

Report Contact
Alistair Graham
Director of Digital and Information
Email – alistair.graham1@nhs.scot

Appendix 1 - Example Project Communications

HEPMA

Complete your HEPMA training today

Users should complete the appropriate training relevant to their role. E-Learning training is available to complete now on TURAS Learn - get started here.

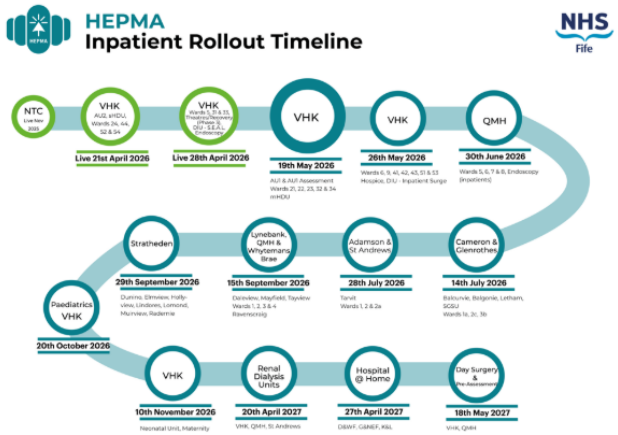
If you have used HEPMA in another health board within the last 12 months there is no requirement to complete further e-learning or classroom training, Instead, complete a 'HEPMA - Medical Staff Training Self Declaration' request on the IT Service Desk.

The level of access given will be role-based and include Medicines Administration, Prescribing, Pharmacy, Admin and Clerical, Anaesthetist and View Only.

To support staff, a number of in-person training sessions have been scheduled to support Medicines Administration and Prescribers. Medicines Administration can book their space here, and Prescribers can book their space here.

More information about HEPMA can be found here.

see less



Cyber Assurance

Staff Guidance

All staff are asked to:
- Remain vigilant for unexpected or unsolicited emails, even where these appear to come from NHS colleagues or trusted organisations
- Avoid clicking links or opening attachments unless the message is expected and verified
- Be cautious of emails requesting login activity or urgent action
- Report suspicious emails using the 'Report Phishing' function in Outlook or contact the IT Service Desk

If you believe you may have clicked a suspicious link or provided login credentials, please contact the IT Service Desk immediately.

Ongoing vigilance from staff plays a key role in protecting NHS Fife systems, services and patient data.

At present, there is no evidence that NHS Fife systems or data have been compromised. This communication is being issued as a precautionary awareness measure to support staff vigilance and reduce cyber risk.

Thank you for your continued support.
NHS Fife Cyber Security Team

see less



Patient Hub

Introducing more services to Patient Hub

To improve efficiency and replace our current paper system, more services will be soon be using Patient Hub.

Patient Hub is our secure online portal that allows patients to engage with us digitally regarding their appointments.

Patients with a registered mobile phone number and/or email address will automatically be registered with this service.

Patients can opt out if they do not want their information shared by contacting their specialty.

As well as the services already live, the following services/specialities will be using this feature from 22nd April 2025:
· Ophthalmology
· Haematology
· Orthoptics
· Child Services (Vision Clinic)

Find out more about Patient Hub here: Patient hub | NHS Fife

see less



MyCare

MyCare.scot coming to all patients from 15th April 2026

For internal circulation only - MyCare.scot is a new government programme which will be available to all people ages 18 and over in Scotland from 15th April 2026.

Due to the Scottish election and temporary restrictions, MyCare.scot is not being actively promoted at this time. The information shared is for staff awareness only, to help colleagues understand the service. Staff are asked not to promote MyCare.scot locally, but can respond to questions and discuss it if asked. You can find out more about this here.

This will be web-based service that will allow patients to view:

- Demographics
- Medications (name and date prescribed only)
- Allergies
- COVID & Flu Vaccinations
- Health and Care services near them

The above data is retrieved via Emergency Care Summary. These features are a starting point and will be expanded in future. Users will sign in using their scot.gov account, those without a scot.gov account will have to create one.
The service is designed to:

- Improve access and navigation across health and social care
- Reduce administrative burden on services
- Support more personalised, preventative and proactive care
- Complement, not replace, existing nondigital access routes

Patients will be advised to contact a National Contact Centre (NCC) if they have any queries relating to their data.

MyCare.scot represents a shift in how access to care is designed and governed in Scotland. It brings digital access into the core of service delivery, with implications for clinical pathways, information governance, communications, and public trust. Find more information on the initiative here.

CoPilot

Get more out of Microsoft Word & Excel with M365 Copilot

Apply now to be part of the proof of concept for the more advanced, licensed version of Copilot - Deadline midnight 7th April 2026

Many staff members may already use Copilot (free version) to assist their work day.
We're thrilled to announce the proof of concept of the licensed version, Microsoft 365 Copilot - your new AI-powered assistant designed to supercharge productivity and make

...see more



Hybrid Mail

Put your service forward to take part in the Hybrid Mail trial

We've been trialling a new Hybrid Mail initiative within the organisation as part of our ongoing transformation work to improve efficiency and reduce printing and postage costs for patient letters. Early results from Audiology and Public Dental Health show promising time and cost savings, as well as less manual processes for staff.
Hybrid Mail uses an external print and postage provider who manages the full process - printing letters, inserting them into envelopes, and passing them to Royal Mail for delivery.
A recent campaign in Audiology, involving 242 appointment letters, saved the team 5 hours of staff time and £179 in printing and postage costs.
One staff member involved in the testing shared their experience:
"The process is quick and efficient. A lot of time was saved not having to manually fill envelopes."

Can your service take part?

At this stage, the Hybrid Mail system is only available for services that do not generate letters through TrakCare or WinVoice.
If your service meets this criteria and you're interested in testing the platform, please complete this form: Hybrid Mail Trial Application – Fill in form

What's next?

Development work is underway to extend Hybrid Mail to services that generate letters through TrakCare and WinVoice. We'll share further updates as this transformation continues and more services become eligible.

see less



Infix

NHS Fife goes live with Infix in Urology and Breast

We're delighted to share that **NHS Fife is now live with the Infix theatre scheduling system in Urology and Breast services** - an important milestone in our journey to modernise how we plan and manage elective care.

Infix is a nationally developed system designed specifically for NHS Scotland, helping teams move away from manual, paper-based processes and towards **more consistent, data-driven theatre scheduling. By going live in these two specialties, NHS Fife i** ...see more

How it works



Seamless integration



Digital waiting list management



Theatre scheduling Generation

NHS Fife

Meeting:	**Fife NHS Board**
Meeting date:	**26 May 2026**
Title:	**Mental Health & Wellbeing Strategy Update**
Responsible Executive:	**Lynne Garvey, Director of Health and Social Care**
Report Author:	**Karen Marwick, Head of Complex and Critical Care**

Executive Summary:

This report updates the Board on progress across mental health services, including delivery of Year 1 of the Mental Health and Wellbeing Strategy (2026–2029), and highlights key developments supporting transformational change.

The Strategy and Year 1 Delivery Plan were approved by the Integrated Joint Board on 29th September 2025. RAG ratings have been applied, with Year 1 concluding in September 2026 and a full progress update to IJB is scheduled for 25th November 2026.

The Mental Health and Wellbeing Strategy Implementation Group has met twice (most recently 9th April 2026) and agreed to develop a single visual to map activity against timescales.

The Board is asked to note progress and take assurance on oversight, reporting and implementation of the Year 1 Delivery Plan, recognising current resource and funding constraints.

1 Purpose

This report is presented for:

- Assurance

This report relates to:

- NHS Board Strategic Priorities:
    1. To Improve Health and Wellbeing
    2. To Improve Quality of Health and Care Services

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

To support the ongoing transformation and improvement of mental health services across Fife, the Mental Health and Wellbeing Strategy was approved by the Integrated Joint Board (IJB) on 29th September 2025.

Since approval, activity has focused on establishing the foundations for delivery. This has included working with key stakeholders and strengthening engagement with staff, patients, carers and communities.

We remain committed to delivering our ambition that, by 2028:

- People can access timely, compassionate support
- A stronger, expanded community-based offer
- Reduced reliance on inpatient beds
- A strong, supported and sustainable workforce, with reduced reliance on supplementary staffing
- Clear, easy-to-follow pathways
- Environments that are welcoming and safe

Together, these ambitions set out a clear shift towards a more community-focused, sustainable and person-centred mental health system. They are intended to improve access, quality and long-term outcomes, while responding to current service pressures and workforce challenges.

2.2 Background

The Mental Health and Wellbeing Strategy and Year 1 Delivery Plan were approved by the Integrated Joint Board (IJB) on 29th September 2025. Approval has re-energised services and provided direction to progress transformational change, with strengthened governance and a single reporting structure that incorporates Mental Health Redesign Programme.

The Strategy sets out a shift towards a more community-focused, sustainable and person-centred system of mental health support across Fife, reducing reliance on inpatient care and strengthening pathways across primary care, community, third sector and hospital services. Delivery is being progressed in a challenging operating context, including increasing demand and complexity of need, ongoing workforce pressures, and financial constraints.

Year 1 (to September 2026) focuses on establishing the foundations for delivery, strengthening involvement and engagement with staff, patients, carers and communities, baselining data and performance, and progressing tests of change. This approach is intended to build momentum and enable scalable service redesign over the remaining years of the Strategy.

RAG ratings have been applied to the Year 1 Delivery Plan to support monitoring and assurance. Progress is overseen through the Mental Health and Wellbeing Strategy Implementation Group (MHWSIG) and reported through agreed governance routes, with a full progress update to the IJB scheduled for 25th November 2026.

2.3 Assessment

Our ambition is to deliver high-quality, sustainable, and person-centred services that improve access, outcomes, and experience for service users. To achieve this, work is

progressing to develop an enhanced and expanded community-based offer, enabling more care to be delivered closer to home. This approach is intended to support early intervention, reduce escalation of need, and improve overall patient outcomes.

Developments have been mapped within Appendix 1, which illustrates the roadmap from December 2024 onwards. From the roadmap, there are several items to highlight to the Board which demonstrate activity and progress made.

In 2025 examples of enhanced community activity:

Distress Brief Intervention (DBI) Project - The DBI service is making a difference to people in distress across Fife. DBI is provided by Scottish Action for Mental Health (SAMH) on behalf of FHSCP and provides two weeks of immediate, compassionate support to people in distress. The project has been completed and rolled out across all localities. The business case demonstrated an excellent evaluation of the service and secured long-term funding to sustain and embed the service into business as usual. DBI provides an early intervention approach that can prevent distress from escalating. Without this, opportunities for early intervention may be missed, potentially leading to more severe mental health needs in the longer term. This example evidences collaborative working with partners to deliver services locally, with early intervention and prevention at its heart.

North East Fife test of change – Fife's Mental Health and Wellbeing in Primary Care Settings Project (MHWPCCS) was established to support the Scottish Government's vision for a stronger community-based multidisciplinary response to people experiencing mental health and wellbeing challenges. This includes improving access to the right profession, in the right place, at the right time, and improving outcomes and experiences for people and for those who deliver services. In 2025, a test of change took place within North East Fife to explore how services work together across health, social care, third sector and community settings. The test of change achieved meaningful outcomes, including increased understanding of available services, stronger professional connections, and greater confidence in local mental health supports. The test of change has strengthened locality models and increased peoples awareness of services, with services reporting they feel better equipped to guide people to the right support at the right time. Based on this success, proportionate based approaches are being taken forward across all localities, recognising that models may require adaptation rather than direct replication.

The Mental Health Response Car (MHRC) test of change - the MHRC was introduced in response to increasing mental-health-related incidents and the need for a more therapeutic, person-centred alternative to traditional emergency pathways. Operating overnight from Friday to Sunday with a mental health nurse and a Scottish Ambulance Service (SAS) paramedic, the model improved access to appropriate out-of-hours (OOH) support and strengthened partnership working between NHS Fife, Fife Council, SAS, and Police Scotland. The test of change demonstrated clear benefits in improving the multi-agency response to individuals experiencing mental health crisis. Discussions are ongoing regarding the options appraisal and the long-term sustainability of the service. There is agreement on the value of the MHRC, but it cannot proceed in the current format. Further engagement with partner organisations is required to explore and secure appropriate funding and commitment to workforce, if the MHRC is to be viable and sustainable going forward.

Inpatient wards from 2024 – 2028

Hospital bed provision per capita within NHS Fife Mental Health services is higher than in any other Board in Scotland. Significant bed modelling has been undertaken to support our ambition to reduce reliance on inpatient provision. Appendix 1 outlines the progress made

to date, demonstrating a shift towards a more preventative and recovery-focused model of care.

10 beds have been removed from the footprint since 2024, following the redaction of older adult beds in Cairnie Ward. Our bed base in 2024 across Mental Health services was 215 beds over four hospital sites and 16 wards. The expected footprint by 2028 is three hospital sites, 13 wards and 176 beds, a total reduction of 39 beds across MH services.

Appendix 2 details the starting position for older adult, rehabilitation and Urgent & Unscheduled Care (UCAT) with the anticipated benefits of reducing beds within inpatient areas and associated workforce release.

Mental Health Urgent Care (UCAT) redesign has proposed structured three-phase delivery plan, with a clear focus on strengthening the pathway including physical relocation of UCAT to Victoria Hospital and longer term implementation of a new clinical model to enable crisis support. This builds on an extensive SBAR development, options appraisal and programme governance. The full phased model is currently going through governance routes, but agreement has been reached with Head of Service to move into initial active implementation.

Phase 1 (in delivery) improved partnership working within the Victoria Emergency Department is now in place. This enables real-time closer collaboration with ED and building towards alignment with Primary Care (UCSF/NHS 24) in phase 2. Key achievements to-date include direct referral from ED triage to UCAT delivering a more efficient pathway, weekly joint leadership huddles, ongoing bi-monthly governance forum, and participation in the “PAIR-ED UP” (Participation Action Research Project led by ED, a study involving MH pathways and experiences in ED). This phase strengthens interface working and is creating a more responsive, joined-up approach to urgent mental health presentations through the ED.

Phase 2 (ready for implementation) achieves co-location of UCAT within Victoria Hospital, aligning UCAT with UCSF and ED clinical activity. This supports opportunity to optimise pathway integration maximising efficiency including potential for remodelling of UCAT aligned to Mental Health Liaison and widening scope to integrate with Phase 3 (creation of new crisis support service).

Phase 3 (planning stage) will deliver the Mental Health crisis support clinical model necessary to support shifting balance of care form hospital to community (contribution to 'alternatives to admission'). Building on co-location of UCAT at VHK alongside UCSF and ED, this implements a new crisis intervention team to enhance front-door response, expanding alternatives to admission, providing timely crisis support to improve clinical outcomes. The model is ready to be scaled according to funding realignment.

Appendix 1 also sets out planned community service enhancements, including development of a community rehabilitation model. This is expected to bring Health and Social Work staff together in integrated teams, with Senior Social Workers supporting admission prevention and timely discharge into the community. The model will enable a reduced inpatient bed base and expand provision beyond rehabilitation to step-up/step-down care, supported by enhanced community services and an expanded Community Rehabilitation Team (CRT). Further work is required to develop the workforce model and define multidisciplinary team requirements. A paper will be presented to MHWSIG before the end of the year.

This integrated model of working has already been applied within Learning Disabilities services, two Senior Social Workers have already been appointed as part of the community

model of care, supporting more timely patient journeys in low-secure settings and strengthening community provision to prevent admissions and provide more responsive wrap-around support.

The roadmap illustrates our commitment to support alternatives to hospital admission and our investment in community services, while acknowledging the requirement to realise anticipated benefits to invest in community services.

In addition to work within mental health services there have been other positive developments for awareness:

Levenmouth Verification group - Levenmouth Verification group was established as a test of change in November 2023 based on the previous 'Home First Approach used in Community Care Services' and has become business as usual within the Levenmouth locality. The group identify individuals who frequently attend the Emergency Department and using a collaborative multi agency approach identifies potential areas of additional support as a preventative to further attendances. This support may include sign posting to other services including third and independent sector to support early interventions that are timely, more appropriate and patient focused. Our Community Mental Health Teams have been part of this piece of work since the beginning and it has been invaluable for improving patient outcomes, service networking and a deeper understanding of other services.

Fife's Alcohol and Drug Partnership ('Fife ADP') – Fife ADP is strengthening low-threshold, community-based support by expanding "one-stop shop" access and providing trauma-informed, relationship-based early intervention that links people to holistic help wherever they are in their journey. The approach consolidates and coordinates existing Tier 2 activity to release capacity and improve responsiveness, acting as a system navigator that enables smooth movement between different providers and tiers, supported by in-reach and outreach (e.g., custody/prison, hospital and Home First) and stronger connections into wider services (e.g., dental and sexual health). Alongside direct support, the model includes training for the wider workforce (primary care, pharmacy, justice and partners) to improve system awareness, reduce harm, promote recovery and save lives. Recommissioning is currently being progressed through a contract rather than SLA.

Finally, there is a commitment to ensuring that care is delivered within environments that are welcoming and safe, supporting both therapeutic engagement and compliance with safety and quality standards. It is recognised there are resourcing and financial constraints, but work continues to progress across our mental health estate. In addition, an updated strategic assessment was submitted to Scottish Government setting out our long-term ambition for the mental health estate.

Appendix 3 highlighting the timeline, dependence and data to support activity across mental health services.

MHWSIG Year 1 Delivery Plan

The Fife Mental Health and Wellbeing Strategy was approved by the Integrated Joint Board (IJB) on 29th September 2025, along with the Year 1 Delivery Plan. The delivery plan has been reviewed and RAG statuses applied. Appendix 4 details the nine completed actions from the delivery plan.

The SMART objectives that have been fully delivered, demonstrating good progress across service improvement, engagement, workforce, and data development. Key achievements include completion of work to identify barriers for marginalised groups and unpaid carers,

with findings now informing service adaptations; successful implementation and evaluation of a Test of Change to improve service integration; and the full rollout of the Distress Brief Intervention (DBI) service across Fife. In addition, workforce actions within the IJB Workforce Strategy have been completed, and a comprehensive suite of data dashboards have been developed and embedded within the Mental Health Data and Insight Hub, strengthening data-driven decision making. Collectively, these achievements evidence delivery against strategic priorities and provide a firm foundation to support ongoing service redesign and improved access to mental health support.

A full update on the delivery will be presented to IJB on 25th November 2026, via Governance route (MHWSIG 24th September, MH oversight Group 6th October, Strategic Planning 3rd November, NHS Fife Board 24th November).

Fife NHS Board is asked to note the progress to date and take assurance that processes are in place to progress delivery of the strategic ambitions.

This report provides the following Level of Assurance:

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

2.3.1 Quality, Patient and Value-Based Health & Care

The Mental Health and Wellbeing Strategy provides a comprehensive, integrated approach for the planning and delivery of mental health services and support across Fife over the next few years. This is a challenging landscape with increased demand for health and social care services, financial pressures, and an ageing population with more complex needs and reducing healthy life expectancy, particularly women. Shifting the balance of care, with a greater emphasis on prevention and early intervention, and alternative approaches, such as increased use of digital tools and technologies and/or peer support practitioners, will ensure that individuals can access high quality care and support when needed.

2.3.2 Workforce

Ongoing work is being undertaken to strengthen the multidisciplinary team (MDT) including the development and effective deployment of Advanced Nurse Practitioner (ANP) roles. This approach supports a more sustainable workforce model, enabling services to maximise the skills mix within teams and improve continuity of care. This will support and optimise workforce utilisation and reduce reliance on supplementary staffing across services.

2.3.3 Financial

Financial delivery is being managed through the strategic plan and finances will be managed within the existing financial envelope and strengthened to ensure changes can take affect within available resource.

2.3.4 Risk Assessment / Management

There is a risk to the ongoing safety, resilience, and sustainability of mental health services across four distinct sites due to persistent staffing pressures, environmental safety concerns including ligature risks, and the limitations of an aging estate. These factors may undermine the ability to maintain safe staffing levels, deliver high-quality care, and ensure therapeutic environments for patients and staff.

A risk register is in place with escalation and reporting routes via the Mental Health and Wellbeing Strategy Implementation Group. There are no escalated risks at present.

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

The Mental Health and Wellbeing Strategy is committed to eliminating discrimination by addressing stigma and ensuring inclusive, round-the-clock support. It promotes equality of opportunity through person-centred, community-based care and digital inclusion, while fostering good relations via awareness campaigns, peer support, and active community engagement. These efforts aim to create a more compassionate and accessible system that empowers individuals and strengthens social cohesion.

In tackling socio-economic disadvantage and inequalities of outcome, the strategy acknowledges the profound impact of poverty, poor housing, digital exclusion, and caring responsibilities on mental health. It supports ethical commissioning practices that encourage independence, resilience, and self-care, while ensuring that those unable to self-manage due to external pressures or ill health still receive high-quality, person-centred care. By collaborating with community partners and investing in peer support and lived experience roles, the strategy seeks to improve outcomes and reduce disparities for vulnerable groups.

An Equality Impact Assessment has been completed and was presented to Fife Integration Joint Board on 29th September 2025 and approved.

2.3.6 Climate Emergency & Sustainability Impact

Environmental impacts are considered during strategic planning, service planning and service delivery. No additional environmental impact is anticipated.

2.3.7 Communication, involvement, engagement and consultation

There have been extensive engagement activities in the development of the Mental Health and Wellbeing Strategy in addition, a lived experience group has been set up and will be embedded within any further consultation and engagement activities.

Within the implementation phase, the engagement approach is inform to ensure realistic expectations as detailed within appendix 5. Communications and Participation and Engagement colleagues continue to support the delivery and attend the MHWSIG.

2.3.8 Route to the Meeting

This is the first consideration of this paper.

2.4 Recommendation

This paper is provided to members for:

- **Assurance** - This report provides a Moderate level of assurance. Members are asked to note the progress to date and the planned update to the IJB in November 2026.

3 List of appendices

Appendix 1 Roadmap December 2024 onwards

Appendix 2 Supporting data for priority areas being reconfigured

Appendix 3 Timeline, estate dependencies and supporting data

Appendix 4 Completed Year 1 strategic objectives

Appendix 5 Engagement for priority services rationale and approach

Report Contact

Karen Marwick
Head of Complex and Critical Care
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Roadmap December 2024 onwards

Fife Health & Social Care Partnership

Engagement with staff, patients and carers is of an Inform nature

2025
Strategy Published with clear direction for MH services over the next 3 years
- Redaction of Cairnie Ward (-10 Older Adults beds)
- DBI service available across Fife
- NE Fife ToC, How Services Work Together
- MH response car ToC evaluated

2024 Footprint
4 Hospital sites, 16 wards
215 beds (Adult, Older Adult, LD, Rehab and IPCU)

2025 to May 2026
- Reduction of Dunino (Rehab) beds from 18 to 8
- Older Adult Service options developed to enhance community offer
- Urgent and Unscheduled Care clinical model developed
- Lived Experience Network Launched

Current Footprint
4 Hospital sites, 15 wards
205 beds (Adult, Older Adult, LD, Rehab and IPCU)

May to Oct 2026
- ToC Urgent and Unscheduled Care Service to re-locate to Victoria Hospital
- Older Adult preferred option agreed through governance route
- Increase referrals to the Wells and Link Life Fife embedding Community Led Support Services in mental health pathways.

Oct 2026
Ravenscraig Ward (acute admission unit) transition to QMH W1

Oct to Dec 26
Rehab service model to support enhancement of community offer agreed through governance route

2027
Elmview or Muirview closed dependent of chosen option (Older Adults – circa 18 beds)
Enhanced community offer

Jan 2027
Rehab services move to Levendale co-locating with community services at Lynebank
Enhanced Rehab Community Offer
(Dunino at Stratheden closed)

2028

Ambition by 2028
- People can access timely & compassionate support
- Increased and enhanced community offer
- Reduced reliance on inpatient beds
- Strong well supported sustainable workforce with reduced reliance on supplementary staffing
- Easy to follow clear pathways
- An environment which is welcoming & safe

Expected 2028 Footprint
3 Hospital sites, 13 wards
176 beds (Adult, Older Adult, LD, Rehab and IPCU)

As beds reduce staff redeployed to fill vacancies on wards and community services to reduce need for supplementary staffing

Supporting data for priority areas being reconfigured

Fife Health & Social Care Partnership

	Starting Position	Apr-Jun 26 Current position	Jul-Sep 26	Oct-Dec 26	Jan-Mar 27	Apr-Jun 27	Jul-Sep 27	Oct-Dec 27	Jan-Mar 28
Older Adults	88 beds (3 wards at Stratheden & 2 QMH) (Redaction of Cairnie ward (10 beds) 2025)	78 beds (2 wards at Stratheden & 2 QMH) (-10) 182.24 WTE funded 154.41 WTE actual	Outcome of options appraisal will determine bed numbers and anticipated benefit					Circa 60 beds TBC (-circa 18) (1 ward at Stratheden and 2 at QMH) 153.24 WTE (-1) anticipated planned funded	*Anticipated Benefits £1,977,272 £1,585,130 – Budget Releasing £392,412 – Cash releasing (supplementary staffing reduction)*
Rehabilitation	18 beds at Stratheden	11 beds at Stratheden (-7) 44.26 WTE funded 41.05 WTE actual			8 Beds at Lynebank (-3) (co-locating with community services) 29.05 WTE planned funded (-12 to transfer to community support)	*Anticipated Benefit £766,761 £71,761 – Budget releasing £695,000- Cash releasing (supplementary staffing reduction)*			
Urgent & Unscheduled		26.37 WTE funded 22.37 WTE actual 37.81 WTE planned funded (increase of 11.44 WTE band 3)							

Colour Key Data

- Beds
- Staffing
- Anticipated benefits

Through a stepped process of redesign and reconfiguration the balance of resources are being transitioned, from being heavily weighted to inpatient settings to services and supports being delivered in community settings. This work is being progressed through the Clinical Service Review and Redesign Project supported by the PMO team.

High number of vacancies – staff will be engaged with as models are progressed, they will have the opportunity to transition to vacancies with their preferences supported where possible (formal consultation for will be minimum of 30 days)

Timeline, Estate Dependencies and Supporting Data

Fife Health & Social Care

	Apr-Jun 26	Jul-Sep 26	Oct-Dec 26	Jan-Mar 27	Apr-Jun 27	Jul-Sep 27	Oct-Dec 27	Jan-Mar 28
Strategy		Annual report drafted	Report through governance	IJB 25 Nov				
Mental Health Service Redesign Programme	Determine scope of programme beyond CSR&R project; Close MHWPCCS project		Programme Business Case Updated & Agreed	Deliver Programme				
Clinical Service Review and Redesign (CRS&R) Project	SBAR finalised; Preferred option through approvals and governance; SBAR developed and agreed	Test of Change – UCAT to VKH; Engagement, consultation and transition to preferred model **planned**; Consultation & implementation of service model		Evaluate Test of Change & Progress New Clinical Model	**Phased transition** to preferred model (with staff redeployed to MH OA areas where there are vacancies); Evaluation of service model	Evaluate New Clinical Model; Evaluation of service model		
Estates refurbs and moves (CSR&R dependencies)	QMH Ward 1 &2 works; Levendale works		Transition Ravenscraig to W1; Decant Dunino to Levendale; Dunino closes	W4 works (W4 decanted to Ravenscraig)		Reinstate W4; Muirview works		
Supporting Data (bed numbers and staffing)	78 beds (2 wards at Stratheden & 2 QMH) (reduced from 88 bed with Cairnie closure); 11 bed at Stratheden (reduced from 18); 26.37 WTE funded 22.37 WTE actual; 182.24 WTE funded 154.41 WTE actual; 44.26 WTE funded 41.05 WTE actual	Outcome of options appraisal will determine whether Muirview or Elmview is closed and anticipated benefits; 37.81 WTE planned funded (increase of 11.44 WTE band 3)	8 Beds at Lynebank (-3); 29.05 WTE planned funded (-12 transfer to community support)	*Anticipated Benefit £766,761 £71,761 – Budget releasing £695,000- Cash releasing (supplementary staffing reduction)*			Circa 60 beds TBC (-circa 18) (1 ward at Stratheden and 2 at QMH); 153.24 WTE (-1) anticipated planned funded	*Anticipated Benefits £1,585,130 – Budget Releasing £392,412 – Cash Releasing (Supplementary Staffing Reduction)*

Colour Key for Priorities

- Urgent & Unscheduled
- Older Adults (OA)
- Rehabilitation

High number of vacancies – staff will be engaged with as models are progressed, they will have the opportunity to transition to vacancies with their preferences supported where possible (formal consultation will be minimum of 45 days for OA and a minimum of 30 days for Rehab and UCAT)

Completed year one strategic objectives

SMART Objective	Update
Identify barriers for marginalised groups and produce a report with recommendations to inform service adaptations and improve access to mental health support	Report has been written and findings are being used to inform MH service improvements and changes.
Engage with at least 20 unpaid carers of individuals with mental health issues through structured conversations or surveys, in collaboration with local support networks, to identify unmet needs and inform the development of relevant support services	Engagement completed, findings indicated focus should be on young carers and transitional pressures.
Implementation of a Test of Change in North East Fife, holding at least six stakeholder meetings to identify service integration opportunities and disseminated learning.	ToC completed and evaluated, with learning disseminated and recommendations agreed and being progressed.
Review and develop strategies to address social isolation in one locality, including awareness campaigns, training, and resources.	ToC completed in North East Fife and tools have been developed, promoted and shared on website.
Identify and implement a small set of key management indicators (e.g., referrals, waiting times, treatment duration) to monitor flow through the mental health system and estimate unmet need, supporting data-informed service planning.	Indicators developed and available through 2 dashboards - Inpatient / Occupancy Dashboard - Demand, Capacity, Activity and Queue (DCAQ) Dashboard
Secure funding for the Distress Brief Intervention (DBI) programme and roll out DBI across all key pathways in Fife, increasing trained referrers and referrals to DBI Level 2, and ensuring compliance with national suicide prevention targets.	DBI service has been fully rolled out across Fife, is substantively funded and has transitioned to business as usual.
Monitor progress on the Fife IJB Workforce Strategy Action Plan, including: • MHO capacity strategy • International psychiatry recruitment • Activity Coordinator recruitment • MHO training pathway improvements	All actions detailed in objective have been completed.
Expand the NHS Fife Electronic Health Record/Digital Hub to include Community and Mental Health Services, ensuring patient care information is digitally accessible and supports integrated decision-making.	Dashboards developed as detailed above and now sit on the Mental Health Data and Insight Hub.
Align the development of new data dashboards with the HSCP Performance Framework and NHS Fife/Fife Council priorities, enabling improved decision-making, service delivery, and long-term health outcomes through enhanced data insights.	Mental Health data and information incorporated into the Partnerships systems.

Engagement for priority services - rationale and approach

Fife Health & Social Care Partnership

Inform considered appropriate & proportionate

- The strategic case for change is largely fixed and non-negotiable
- Planned changes are in response to known safety risks, environmental limitations and regulatory requirements where delay or inaction would increase harm
- In this context, higher level engagement approaches (such as Consult or Involve) would risk creating unrealistic expectations about the ability to influence fundamental decisions

A clear focus on

- Early, clear and accessible communication about what is changing, why change is necessary and how it will be implemented
- Transparency about decision making boundaries, including what can and cannot be influenced
- Supporting understanding and preparedness, rather than seeking feedback on the strategic need for change
- Patient centred engagement with patients and families directly impacted through regular meetings and correspondence with clinical leads to address individual needs & ensure appropriate mitigations

NHS Fife

Meeting:	**Fife NHS Board**
Meeting date:	**26 May 2026**
Title:	**Consolidation and Revision of the Corporate Risk Register**
Responsible Executive:	**Professor Christopher McKenna, Medical Director**
Report Author:	**Professor Christopher McKenna, Medical Director Dr Shirley-Anne Savage, Associate Director of Quality & Clinical Governance**

Executive Summary

- This paper presents a revised Corporate Risk Register (CRR) for NHS Fife, consolidating the register from up to 23 risks to 15 strategic, thematic risks.
- The revised CRR aligns with best practice by focusing solely on risks with material strategic impact, removing duplication, and ensuring operational risks are managed at directorate level. Strengthened governance arrangements have been introduced for the escalation and removal of risks.
- Each risk is now clearly aligned to an Executive Director and Board Committee, with enhanced coverage of statutory duties, including Equality Impact Assessments and protected characteristics. Pandemic preparedness has been incorporated into wider organisational resilience.
- The streamlined CRR strengthens assurance, improves Board scrutiny, and supports more effective monitoring and mitigation of NHS Fife's most significant risks.
- Members are asked to discuss and consider approval of the revised Corporate Risk Register.

1 Purpose

This report is presented for:

- Discussion and Approval

This report relates to:

- Annual Delivery Plan
- Emerging issue
- Local policy
- NHS Board / IJB Strategy or Direction / Plan for Fife
- NHS Fife Board Strategic Priorities
    - To Improve Quality of Health & Care Services
    - To Deliver Value and Sustainability
    - To Improve Health & Wellbeing
    - To Improve Staff Experience and Wellbeing

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

Why Change Is Needed
NHS Fife's Corporate Risk Register currently contains 19 risks, many of which overlap or focus on operational issues. This volume reduces clarity and weakens strategic oversight. National guidance emphasises that corporate risk registers should be concise, strategic, and aligned to organisational objectives.

Reducing the register to approximately 15 strategic risks will enhance Board assurance, improve prioritisation, and strengthen alignment with key priorities such as health inequalities, workforce sustainability, digital transformation, and financial resilience. This refinement supports more effective governance and ensures the CRR remains proportionate and fit for purpose

2.2 Background

Purpose and Function of the Corporate Risk Register (CRR)
The Corporate Risk Register provides a structured overview of NHS Fife's most significant risks that may affect delivery of organisational objectives. It enables the Board and senior leadership to maintain effective governance by ensuring high-level risks are identified, assessed, monitored, and supported by appropriate mitigation.

The CRR informs decision-making, resource allocation, statutory compliance and provides assurance to stakeholders and regulators. It is a dynamic tool, updated regularly to reflect changes in the internal and external environment. Further updates were made to the risk framework to support the strengthened governance arrangements proposed in this paper.

2.3 Assessment

Maintaining the Integrity of the Corporate Risk Register
The Corporate Risk Register must remain a strategic tool focused on risks that materially affect NHS Fife's ability to deliver its objectives and statutory duties. Including operational risks would dilute strategic focus, duplicate directorate-level registers, and reduce the Board's ability to scrutinise the most significant threats. New risks should only be added where they clearly meet corporate-level criteria and cannot be managed operationally.

Governance for Escalation and Removal of Risks from the CRR
A strengthened governance framework will ensure only risks of corporate significance are included in the CRR.

Escalation will occur only where risks have strategic impact, span multiple services, require Board-level oversight, or cannot be mitigated at operational level. All additions must be reviewed by the Executive Director, ELT, the relevant Board Committee, and approved by the Board.

Removal will occur where strategic relevance has reduced, mitigation is effective, the risk is absorbed into a broader theme, or governance review confirms it no longer requires corporate oversight. All removals must be documented and approved through established processes.

Strategic Priorities and Risk Appetite
The revised CRR aligns with NHS Fife's four strategic priorities: improving quality, delivering value and sustainability, improving population health, and enhancing staff experience. Each consolidated risk is mapped to these priorities.
Risk appetite has informed the design of the CRR, recognising the Board's willingness to accept moderate risk in areas such as innovation, while maintaining low tolerance for risks affecting patient safety, statutory compliance, or equity of access. This distinction supports proportionate risk-taking and robust assurance.

Determining Risk Level
Risk levels are assessed using a standard 5×5 matrix to evaluate likelihood and impact, producing a severity rating that guides the required level of oversight. Higher-rated risks receive active Board scrutiny, while lower-rated risks are managed operationally. Risk scores are reviewed regularly to reflect changes in controls, mitigations, and external conditions. The updated Healthcare Improvement Scotland matrix will be embedded in the Strategic Risk Framework in 2026. (Appendix 1).

Rationale for Consolidating Corporate Risks
Consolidating the CRR into 15 strategic risks will improve clarity, reduce duplication, and strengthen alignment with organisational priorities. It enhances monitoring capacity, supports more agile review, and ensures key themes, such as health inequalities, workforce sustainability, digital resilience, and equality, remain visible within a streamlined framework. The current 19 risks and four proposed new risks will be consolidated into 15.

The following are updated risk definitions.

1. Health Inequalities (previously risk 1 and 2)
There is a risk that NHS Fife does not develop and implement an effective strategic approach, including the ambitions and delivery of the population health and wellbeing strategy, to reduce health inequalities and achieve equitable improvement in health and wellbeing outcomes. This could result in continued disparities in health and wellbeing between the most and least deprived communities in Fife, and failure to deliver the most effective clinical and support services for the population.

2. Whole system capacity (risk 6)
There is a risk that NHS Fife may be unable to deliver safe, effective, and timely care to the population due to sustained unscheduled care pressures, workforce capacity challenges, and demand exceeding current service and discharge capacity. This may adversely impact patient outcomes, waiting times standards, and the ability to manage planned and unplanned admissions, particularly at the Victoria Hospital.

3. Waiting times (risk 7 and 8)

There is a risk that patient outcomes may be adversely impacted due to NHS Fife's challenges in meeting cancer waiting times standards and broader waiting times targets. These challenges stem from increasing patient referrals, complex cancer pathways, service capacity constraints, and ongoing unscheduled care pressures that exceed current operational capacity.

4. Quality and safety (risk 9, 22 and proposal to include core skill training)

There is a risk that NHS Fife may be unable to consistently deliver safe and high-quality care due to ineffective governance arrangements, whole-system pressures, and reduced workforce availability. In addition, failure to ensure staff compliance with core training requirements may further compromise the organisation's ability to prevent hospital-acquired harm (e.g. falls, pressure damage, infections, and medication errors), recognise and respond to risks, and provide assurance on the quality and safety of care delivered to the population.

5. Financial (risk 13 and 14)

There is a risk that NHS Fife may not achieve its statutory financial targets or deliver the required financial improvement and sustainability programmes due to operating in an extremely challenging financial context both locally and nationally. This includes risks to recurring transformation and efficiency savings delivery, demand impact on cost increases, continued reliance on non-recurring and reducing funding support packages, and the ability to balance budgets in year and over the medium term, which may impact service delivery and strategic priorities.

6. Capital funding (risk 25)

There is a risk that insufficient capital funding may limit NHS Fife's ability to deliver on the priorities set out in the Population Health and Wellbeing Strategy. This could lead to deterioration of the asset base, including built estate, digital infrastructure, and medical equipment, increased maintenance costs and reduce the organisation's capacity to undertake essential change programmes, requiring careful prioritisation and management of limited capital resources.

7. Primary care (risk 10 and 24)

There is a risk that increasing demand, workforce and financial pressures, and inadequate premises may compromise the sustainability and quality of Primary Care services in Fife. In addition, ongoing access issues and deregistration of NHS patients in general dental practices may lead to adverse effects on oral and wider health outcomes for the population.

8. Staff Wellbeing (risk 12 included proposal to add PDPR compliance)

There is a risk that staff wellbeing, engagement and development may be negatively impacted due to persistently high sickness absence (particularly mental health-related absence), mixed early support and intervention, and variable quality of people leadership including varied application and monitoring of Personal Development Planning & Review (PDPR). This may reduce the extent to which staff feel supported, developed and able to thrive at work and, in turn, impact the delivery of safe, effective and high-quality care.

9. Substance use (risk 23)

There is a risk that people experiencing problem substance use may have a poor patient experience and face increased morbidity and mortality due to NHS Fife being unable to provide rapid and appropriate access to treatment and care. This may be driven by funding and capacity constraints, limiting the availability of timely interventions, harm reduction services, and recovery support, and potentially exacerbating health inequalities and demand on acute services.

10. Digital Sustainability (risk 18)

There is a risk that NHS Fife may be unable to sustain the financial investment required to deliver its Digital Framework & Innovation Strategy and the national mandated programme requirements. This could limit the organisation's ability to drive transformation across health and social care, and adversely affect the availability, reliability, and development of digital systems that support clinical services in the treatment and management of patients.

11. Cyber Security (risk 17)

There is a risk that NHS Fife could be impacted by a targeted and sustained cyber-attack, which may compromise the availability, integrity, or confidentiality of digital systems and information essential to delivering healthcare services. Such an incident could disrupt clinical operations, delay patient care, limit the operations of key suppliers, damage public trust, and require significant recovery efforts, particularly if cyber resilience measures are not sufficiently robust or resourced.

12. Workforce planning (risk 11 and 19)

There is a risk that NHS Fife may be unable to retain, support, and develop a skilled and sustainable workforce due to limited workforce supply, system pressures, and inconsistent embedding of the Personal Development Planning & Review (PDPR) process. This may affect staff wellbeing, reduce opportunities for training and development, and ultimately impact the delivery of safe, effective, and high-quality healthcare services.

13. Climate Change (risk 4)

There is a risk that if NHS Fife does not establish robust management arrangements and allocate sufficient resources, it may fail to meet the requirements of the 'Policy for NHS Scotland on the Global Climate Emergency and Sustainable Development (Nov 2021)'. This could hinder progress toward net-zero targets, limit the organisation's ability to deliver sustainable transformation across health and social care, and adversely impact the resilience and efficiency of clinical and support services.

14. Equality and Diversity (new risk)

There is a risk that NHS Fife may not meet its Equality, Diversity, and Inclusion commitments if resources, leadership focus, and organisational engagement are insufficient. This could undermine statutory duties, including the effective use of Equality Impact Assessments (EqIAs), and lead to inequitable outcomes for individuals with protected characteristics under the Equality Act 2010.

15. Mental Health (new risk)

There is a risk to the ongoing safety, resilience, and sustainability of mental health services across four distinct sites due to persistent staffing pressures, environmental

safety concerns including ligature risks, and the limitations of an aging estate. These factors may undermine the ability to maintain safe staffing levels, deliver high-quality care, and ensure therapeutic environments for patients and staff.

Structure and Design
The current design of the CRR has become unwieldy and at times difficult to read due to the flow across and down the document. The revised document has been trialled where each risk is reflected on a single page, with a focus on the effectiveness of the mitigating actions. The completed documents are attached in Appendix 2.

Governance
The CRR will be reviewed regularly at ELT, mitigating actions will be assessed and ELT's review date will be recorded within the document.

Each of the risks will be reviewed and scrutinised at the appropriate committee including Audit and Risk and assurance of the oversight of ELT and the committees given at each Board meeting.

The Flashcard at Appendix 3 gives the summary of the risks to 21 April 2026.

Risk-to-Committee and Director Alignment

Risk Title	Board Committee	Executive Director Lead
Health Inequalities	Public Health & Wellbeing Clinical Governance	Director of Public Health
Whole System Capacity	Finance, Performance & Resources Clinical Governance	Director of Acute Services/ Director of Health & Social Care Partnership
Waiting Times	Finance, Performance & Resources Clinical Governance	Director of Acute Services
Quality and Safety	Clinical Governance Staff Governance	Medical Director/ Nurse Director
Financial Sustainability	Finance, Performance & Resources	Director of Finance
Capital Funding	Finance, Performance & Resources	Director of Finance/ Director of Property and Asset Management
Primary Care	Public Health & Wellbeing Clinical Governance	Director of Health & Social Care Partnership/ Medical Director
Staff Wellbeing	Staff Governance	Director of People & Culture
Substance Use	Public Health & Wellbeing Clinical Governance	Director of Health & Social Care Partnership
Digital Sustainability	Clinical Governance	Director of Digital & Information

	(PP&R from 1/06/26)	
Cyber Security	Clinical Governance (PP&R from 1/06/26)	Director of Digital & Information
Workforce Planning	Staff Governance	Director of People & Culture
Climate Change & Sustainability	Finance, Performance & Resources	Director of Property and Asset Management
Equality and Diversity	Staff Governance	Executive Nurse Director
Mental Health	Public Health & Wellbeing	Director of Health & Social Care Partnership

This report provides the following Level of Assurance:

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

2.3.1 Quality, Patient and Value-Based Health & Care

Effective risk management supports delivery of all strategic priorities. Applying the principles of realistic medicine ensures a more holistic approach to patient care- focussing on the outcomes and experiences that matter to patients, their families and carers.

2.3.2 Workforce

Effective management of workforce risk 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

Robust financial risk management supports strategic priorities, particularly in delivering value and ensuring long-term sustainability.

2.3.4 Risk Assessment / Management

Management and oversight of the corporate risks continue to be maintained through close monitoring of agenda, work- plans, and clear governance through appropriate groups and committees.

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

Risks are suggested in the new CRR for equality and diversity and health inequalities.

2.3.6 Climate Emergency & Sustainability Impact

Climate and sustainability impact does form elements of risk for NHS Fife to manage, specifically, new Corporate Risk 13 - Climate Change

2.3.7 Communication, involvement, engagement and consultation

This paper reflects engagement with the Executive Directors in the development of the suggested new CRR.

2.3.8 Route to the Meeting

ELT: 30 April 2026
Board Committees: May 2026
Audit & Risk Committee: 14 May 2026

2.4 Recommendation

The revised Corporate Risk Register (CRR) provides significant assurance that NHS Fife has a robust and strategically aligned approach to risk management. Through the consolidation of risks into a focused set of 15 thematic areas, the organisation has strengthened its ability to monitor, mitigate, and respond to the most critical threats to service delivery, statutory compliance, and population health outcomes.

Members are asked to discuss and consider approval of the revised Corporate Risk Register.

3 List of appendices

Appendix 1: National Risk Matrix
Appendix 2: Documents template for each risk
Appendix 3: CRR Flashcard

Report Contact
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Email shirley-anne.savage@nhs.scot

Impact & Likelihood Assessment Matrix

Category	Negligible (1)	Minor (2)	Moderate (3)	Major (4)	Extreme (5)
Injury/Illness ***(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.	Injury requiring medical treatment. Injury (RIDDOR reportable) that results in >7 days incapacitation for routine work. Consideration of Organisational Duty of Candour.	Long term incapacity/disability requiring medical treatment. Specified RIDDOR injury; occupational disease or dangerous occurrences with/without a ≥ 7-day incapacitation for routine work. E.g. – Fractures, amputation, crush, serious burns. Consideration of Organisational Duty of Candour.	Any adverse event leading to death(s). Major permanent physical incapacity. RIDDOR reportable work-related fatality. Consideration of Organisational Duty of Candour.
	Psychological impact with no wellbeing support required.	Psychological impact with signposting to wellbeing support.	Psychological impact requiring short term wellbeing support.	Psychological impact requiring medium-term wellbeing support.	Long-term psychological impact. Critical impact on wellbeing, co-ordinated response, and referral to support services.
Healthcare Experience ***(Impact on how our stakeholders experience our organisation)***	Reduced quality experience.	Unsatisfactory experience – readily resolvable.	Unsatisfactory experience/clinical outcome with potential for short term effects.	Unsatisfactory experience /clinical outcome with potential for long-term effects.	Unsatisfactory experience/clinical outcome continued permanent effects.
	Locally resolved verbal complaint or observations.	Justified written complaint.	Multiple justified written complaints.	Multiple justified complaints with problem themes emerging, informed from more than one source.	Complex justified complaints with serious problem themes from more than one source.
Transformation & Innovation ***(Impact on our ability to deliver change & innovation across our organisation)***	Barely noticeable reduction in scope, quality or schedule of change programme or project.	Minor reduction in scope, quality or schedule of change programme or project.	Moderate reduction in scope, quality or schedule of change programme or project.	Significant change to scope, quality or schedule of change programme or project, resulting in significant changes to projected outcomes.	Inability to meet scope, quality or schedule of change programme or project.
Service Delivery / Business Interruption ***(Impact on our ability to deliver efficient & effective services)***	Interruption to service/process that does not impact on delivery of services.	Short term disruption to service/process with minor impact on services.	Medium term disruption to service/process with unacceptable impact services, impacting on departmental business continuity plans being enacted.	Long-term/sustained loss of service/process which has serious impact on delivery of services, resulting in major service wide continuity plans being enacted.	Permanent loss of core service/facility/process resulting in a significant knock-on effect to other services. Major organisation wide contingency planning enacted.
Workforce ***(Impact on our staff wellbeing, competency & levels)***	Temporary reduction in staffing levels/skills mix or any escalations fully mitigated with no impact on service delivery or care quality.	Short-term reduction in staffing levels/skills mix (1 week) or escalations mitigated with no impact on service delivery or care quality due to work prioritisation/delay.	Medium term reduction in staffing levels/skills mix (1 month), or escalations unable to mitigate resulting in missed care.	Long term reduction in staffing levels/skills mix (>1month) or, multiple escalations unable to mitigate resulting in missed care and patient harm.	Loss of key/high volumes of staff or, system wide escalations unable to mitigate resulting in patient harm and impacting care standards.
	Staff unable to network with other professionals.	Staff unable to carry out complementary / non-essential training.	Staff unable to carry out training required by the organisation (including training that improves function of the organisation).	Staff unable to carry out statutory / mandatory/role specific training or maintain competency levels.	Staff are unable to carry out any training / maintain competency levels which impact on the function of the organisation.
	No use of supplementary staffing.	Increased usage of supplementary staff.	Reliance of supplementary staff in a few areas.	Reliance on supplementary staff in multiple areas.	Unsustainable reliance on supplementary staff across the organisation.
	Negligible impact on staff wellbeing.	Minor impact on staff wellbeing, requiring peer support.	Moderate impact on staff wellbeing, requiring line manager support in a few areas.	Major impact on staff wellbeing, requiring referral to support services in multiple areas.	Extreme impact on staff wellbeing, requiring co-ordinated response and referral to support service across the organisation.

Category	Negligible (1)	Minor (2)	Moderate (3)	Major (4)	Extreme (5)
Financial ***(Impact through unplanned cost/reduction of available finances)*** ***%'s used may vary depending on size of Board and are to act as a guide.***	Some adverse financial impact but not sufficient to affect the ability of the service /department to operate within its annual budget. Scale of impact experienced is ≤1% of Directorate Impact OR 0.1% of Board Annual Budget.	Adverse financial impact affecting the ability of one or more services/ departments to achieve their annual financial balance. Scale of impact experienced is 2-5% of Directorate Impact and or multiple Directorates OR 0.2 – 0.5% of Board Annual Budget.	Significant adverse financial impact affecting the ability of one or more directorates to achieve financial balance. Scale of impact experienced is 6-10% of Directorate impact and or multiple Directorates OR 0.6 - 1% of Board Annual Budget.	Unable to achieve annual financial balance given scale of funding gap and savings requirements across the full Board. Scale of impact experienced is 11 - 20% of Directorate Impact and or multiple Directorates OR 1.1 to 2% of Board Annual Budget across Full Board Impact in year. Potential for Scottish Government involvement/escalation.	Significant aggregated financial impact affecting the long-term financial sustainability of the organisation. Scale of impact experienced is >2% of Board Annual Budget Potential for Scottish Government escalation.
Compliance ***(Impact on business controls to comply with industry rules, regulations and sustainability)***	Report/ Audit that identifies minor compliance/quality issues. No change to level of Board Assurance.	Report/Audit that identifies a small number of compliance/quality issues. No change to level of Board Assurance.	Report/Audit that identifies a challenging number of compliance/quality issues. Minimal reduction on Board Assurance.	Report/ Audit that identifies a significant number of compliance/quality issues stating a low compliance rating/critical rating. Reduced level of Board Assurance.	Report/Audit that identifies a Zero/ Severely critical rating in relation to Compliance/Quality. Significant reduction in level of Board Assurance.
	No compliance/permit impact. No Regulatory involvement.	Minor non-compliance/permit impact (Regulatory advisory letter).	Moderate non-compliance/ permit impact that results in Regulator Involvement. (Notice of Contravention issued)	Major non-compliance/ permit impact that results in Regulator Enforcement action and /or Fines (Improvement Notice)	Extreme non-compliance/ permit impact that results in Regulator Enforcement action and /or Fines (Prohibition Notice/Prosecution/Public Register)
Public Confidence ***(Impact on public confidence of the organisation)***	Some concerns from individuals, local community groups and media (including social media)– short-term (< 1 day).	Ongoing concerns raised by individuals, local media, social media, local communities, and their representatives – long-term (≤1 week).	Ongoing concerns raised by individuals, local media, social media, local communities, and their representative – long-term (>1 week).	Significant impact on public confidence in the organisation that either results in a decline in uptake/use of services, or from concerns raised by national organisations / scrutiny bodies and short-term (< 1 week) national media coverage.	Critical impact on staff, public and stakeholder confidence in the organisation resulting from an external investigation/ public enquiry or through prolonged (>1 week) national / international concerns and media coverage or being scrutinised by parliament.
Health Inequalities ***(Impact could create/increase Health Inequalities across the Population)***	Negligible impact on health inequalities as measured by patient access and patient outcomes.	Minor impact on health inequalities as measured by patient access and patient outcomes.	Moderate impact on health inequalities as measured by patient access and patient outcomes.	Serious exacerbation of health inequalities as measured by patient access and patient outcomes.	Critical exacerbation of health inequalities as measured by patient access and patient outcomes.
	No issues with access to service or differential/inequitable outcomes across the population.	Some differences in service access and / or outcomes for different population groups identified.	Restricted access and / or different outcomes for different population groups identified.	Significant access and / or differential health outcomes for different population groups identified.	Extensive barriers to services and /or inequity in outcomes for different population groups.
	Compliance with equalities legislation.	Unlikely to result in inequity of access/ outcomes.	May result in inequity of outcome or legislation non – compliance.	Likely to result in impact on equity of outcome and/or legislation non – compliance.	Will result in failure to comply with equalities legislation.

Likelihood – What is the likelihood of the risk occurring?*

*There is no need to use all sections of each descriptor below, these are for a guide only.

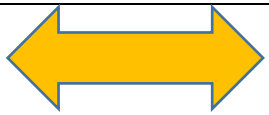
Rare (1)	Unlikely (2)	Possible (3)	Likely (4)	Almost Certain (5)
It is assessed that the risk is very unlikely to happen. Will only occur in exceptional circumstances.	It is assessed that the risk is not likely to happen. Unlikely to occur but potential exists.	It is assessed that the risk may happen. Reasonable chance of occurring - has happened before on occasions.	It is assessed that the risk is likely to happen. Likely to occur - strong possibility.	It is assessed that the risk is very likely to happen. The event will occur in most circumstances.
≤10% chance that the risk may occur.	11-37% chance that the risk may occur.	38-64% chance that the risk may occur.	65-89% chance that the risk may occur.	>90% chance that the risk may occur.
A potential 5–10-year event.	A potential for a 2–5-year event.	A potential for an annual event.	A potential for a quarterly event.	A potential for frequent occurrence e.g., daily/weekly/monthly.

LIKELIHOOD						
	5	Medium 5	High 10	High 15	Very High 20	Very High 25
	4	Medium 4	Medium 8	High 12	High 16	Very High 20
	3	Low 3	Medium 6	Medium 9	High 12	High 15
	2	Low 2	Medium 4	Medium 6	Medium 8	High 10
	1	Low 1	Low 2	Low 3	Medium 4	Medium 5
		1	2	3	4	5
		IMPACT				

Risk Number	Risk Title	Risk Owner: Director of Public Health
1	Health Inequalities	Primary Committee: PHWC

Risk Description	Strategic Priority: Improve Health and Wellbeing

There is a risk that NHS Fife does not develop and implement an effective strategic approach, including the ambitions and delivery of the population health and wellbeing strategy, to reduce health inequalities and achieve equitable improvement in health and wellbeing outcomes. This could result in continued disparities in health and wellbeing between the most and least deprived communities in Fife, and failure to deliver the most effective clinical and support services for the population.

Risk Level	High 12 (Likelihood 4 x Consequence 3)
Target Level	Medium 9 (Likelihood 3 x Consequence 3) By 31/03/2027
Trend	
Risk Appetite Status	Hungry Below

Controls	Mitigating Actions	Date reviewed ELT	Date reviewed Committee
1st line Corporate Objective Delivery Regular Review of risk 2nd line Delivery of the PHWC 3rd line Specified delivery groups including: Anchors Programme Board Tackling Poverty Preventing Crisis Prevention and Early Intervention Oversight group Inclusion Health Network	**Deliver the Child Poverty Action plan** Implement the agreed actions which take a wide partnership approach to tackling child poverty. **Development of Anchors Strategic Plan** Includes actions to support pathways into employment and reporting to track spend on local businesses. **Refresh the Fife Partnership 10-year plan** Aim to refresh plan with a focus on the Marmot principles **Continue to deliver NHS Fife's Population Health and Wellbeing Strategy** Strategy supports collaborative working to prevent ill-health and reduce inequalities. **Deliver the Prevention and early intervention Strategy** Actions aim to shift focus towards preventing health and social care challenges before they arise, making early intervention standard practice. **Scope work around NHS Fife as a Population Health Organisation (PHO)** Identify progress and align work against PHO framework **Prevention Spend** NHS Fife has participated in a pilot by Scottish Government to tag preventative spend. **Develop an Inclusion Health Network** Network to provide a focal point for a range of partners working with inclusion health groups, including the Third sector.	30/04/2026	11/05/2026

Risk Number	Risk Title	Risk Owner: Director of Acute Services & Director of Health and Social care Primary Committee: FPR
2	Whole System Capacity	

Risk Description	Strategic Priority: Improve Quality of Health and Care Services

There is a risk that NHS Fife may be unable to deliver safe, effective, and timely care to the population due to sustained unscheduled care pressures, workforce capacity challenges, and demand exceeding current service and discharge capacity. This may adversely impact patient outcomes, waiting times standards, and the ability to manage planned and unplanned admissions, particularly at the Victoria Hospital.

Risk Level	Very High 20 (Likelihood 5 x Consequence 4)
Target Level	High 16 (Likelihood 4 x Consequence 4) By 31/03/2027
Trend	
Risk Appetite Status	Open Above

Controls	Mitigating Actions	Date reviewed ELT	Date reviewed Committee
1st line Departmental meetings Weekly System Flow Group IPQR Scrutiny at ELT Performance Review Performance Assurance Forum Mult-agency escalation arrangements aligned to OPEL, enabling coordinated system-wide response during periods of sustained pressure **2nd line** Integrate Unscheduled Care Programme Board IPQR scrutiny at the FP&R committee **3rd line** CfSD Unscheduled Care scrutiny Twice yearly review by Scottish Government Whole-system capacity oversight through HSCP/ Acute services governance, with routine escalation of system pressure, delayed discharge and community capacity risks to ELT/ IJB and Board	OPEL framework – process and action cards Length of Stay meetings with actions Verification of delayed discharge DWD programme Transformation of unscheduled care	30/04/2026	05/05/2026

Risk Number	Risk Title	Risk Owner: Director of Acute Services
3	Waiting Times	Primary Committee: FPR

Risk Description	Strategic Priority: Improve Quality of Health and Care Services

There is a risk that patient outcomes may be adversely impacted due to NHS Fife's challenges in meeting cancer waiting times standards and broader waiting times targets. These challenges stem from increasing patient referrals, complex cancer pathways, service capacity constraints, and ongoing unscheduled care pressures that exceed current operational capacity.

Risk Level	Very High 20 (Likelihood 5 x Consequence 4)
Target Level	High 16 (Likelihood 4 x Consequence 4) By 31/03/2027
Trend	
Risk Appetite Status	Open Above

Controls	Mitigating Actions	Date reviewed ELT	Date reviewed Committee
1st line Departmental meetings Weekly Cancer Escalation meeting Bi weekly Fife Waiting Times Group Monthly Scheduled Care Group Acute Cancer Services Delivery Group IPQR Scrutiny at ELT Performance Review Performance Assurance Forum **2nd line** Integrated Planned Care Board NHS Fife Cancer Governance and Strategy Group IPQR scrutiny at the FP&R committee **3rd line** CfSD Scheduled Care scrutiny CfSD Cancer scrutiny Cancer Performance and Delivery Board Twice yearly review by Scottish Government	Trajectory setting through Demand, Capacity, Activity, Queue processes Continued focus on long waiting patients Maximising use of existing resources Targeting non-recurring monies to additional activity to improve waiting times	30/04/2026	05/05/2026

Risk Number 4	Risk Title: Quality and Safety	Risk Owner: Medical Director Primary Committee: CGC

Risk Description	Strategic Priority: Improve Quality of Health and Care Services

There is a risk that NHS Fife may be unable to consistently deliver safe and high-quality care due to ineffective governance arrangements, whole-system pressures, and reduced workforce availability. In addition, failure to ensure staff compliance with core training requirements may further compromise the organisation's ability to prevent hospital-acquired harm (e.g. falls, pressure damage, infections, and medication errors), recognise and respond to risks, and provide assurance on the quality and safety of care delivered to the population.

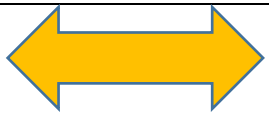
Risk Level	Medium 9 (Likelihood 3 x Consequence 3)
Target Level	Medium 6 (Likelihood 2 x Consequence 3) By 31/03/2027
Trend	
Risk Appetite Status	Open Below

Controls	Mitigating Actions	Date reviewed ELT	Date reviewed Committee
1st line Departmental CG meetings Mental health quality group IPQR data scrutiny at ELT Monthly IPC meetings 2nd line Scrutiny of quality data at CGC Regular assurance reporting to CGC Bimonthly CGOG meetings Bimonthly MHOG meetings Bimonthly PCOG meetings Bimonthly Acute CG meetings Bimonthly HSCP QMAG meetings Falls action group Pressure ulcer group SAER oversight panel 3rd line HIS Inspections/ MWC Inspection	Implementation of NEWS2 Implementation of Welch Alywn Monitors Introduction of regular SAER learning Newsletter Review of learning processes and review of OLG Pressure ulcer improvement work Falls improvement work HIS Maternity action plan Weekly medicine safety bulletin Sourcing of an electronic system for capturing safety data underway starting with IPC	30/04/2026	01/05/2026

Risk Number	Risk Title	Risk Owner: Director of Finance
5	Financial	Primary Committee: FPR

Risk Description	Strategic Priority: Deliver Value and Sustainability

There is a risk that NHS Fife may not achieve its statutory financial targets or deliver the required financial improvement and sustainability programmes due to operating in an extremely challenging financial context both locally and nationally. This includes risks to recurring transformation and efficiency savings delivery, demand impact on cost increases, continued reliance on non-recurring and reducing funding support packages, and the ability to balance budgets in year and over the medium term, which may impact service delivery and strategic priorities.

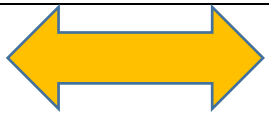
Risk Level	Very High 20 (Likelihood 5 x Consequence 4)
Target Level	High 16 (Likelihood 4 x Consequence 4) By 31/03/2027
Trend	
Risk Appetite Status	Open Above

Controls	Mitigating Actions	Date reviewed ELT	Date reviewed Committee
1st Line		30/04/2026	05/05/2026
Monthly budget monitoring, forecasting & challenge	In-year recovery actions to maintain ≤1% RRL		
Monthly savings tracking and confidence scoring	Targeted action in high-risk cost areas		
In-year cost containment controls	Run-rate monitoring to identify slippage		
Directorate recovery plans for variances	Maximise recurring benefit from mitigations		
Procurement controls and framework compliance			
Capital spend control within CRL			
2nd line	Strengthened savings governance and accountability		
ELT oversight	In-year contingency options maintained		
Transformation governance and escalation	Ongoing demand and productivity focus		
System-wide financial reporting	Medium-term transformation progression		
FP&R Committee scrutiny	Ongoing refinement of system-wide savings plans		
Board-approved MTFP with risk scenarios	Alignment with sub-national and national programmes		
Regular Scottish Government engagement			
3rd line			
Internal Audit financial management &sustainability reviews			
External Audit assurance on controls			
Audit & Risk Committee scrutiny on controls	Delivery of audit actions		
External benchmarking and peer challenge	Strengthened financial governance		
Scottish Government plan scrutiny	Independent assurance to Board		

Risk Number	Risk Title	Risk Owner: Director of Property & Asset Management Primary Committee: FPR
6	Capital Funding	

Risk Description	Strategic Priority: Deliver Value and Sustainability

There is a risk that insufficient capital funding may limit NHS Fife's ability to deliver on the priorities set out in the Population Health and Wellbeing Strategy. This could lead to deterioration of the asset base, including built estate, digital infrastructure and medical equipment, increased maintenance costs and reduce the organisation's capacity to undertake essential change programmes, requiring careful prioritisation and management of limited capital resources.

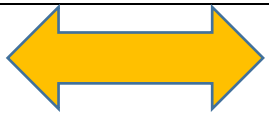
Risk Level	High 12 Likelihood 3 x Consequence 4
Target Level	Medium 8 Likelihood 2 x Consequence 4 By 31/03/2027
Trend	
Risk Appetite Status	Open Below

Controls	Mitigating Actions	Date reviewed ELT	Date reviewed Committee
1st line E&F Banking Meeting (built estate) CEMG Meeting (medical equipment) D&I Capital Expenditure Meeting Clinical Contingency Group Digital SLT E&F SMT 2nd Line D&I Board FCIG Meeting FP&R Committee Scrutiny Scottish Government Health Infrastructure and Sustainability Division (external) 3rd Line Internal Audit	Develop, implement and utilise a medical devices database for medical equipment planning. Continue to use Strategic Asset Management System to prioritise built estate risks. On-going 5-Year Capital Plans. Scottish Government (SG) Business Continuity Plans (for essential maintenance requirements). SG Whole System Plan (three local priority infrastructure projects) - submission FY26-27. On-going proactive engagement with SG Health Infrastructure and Sustainability Division.	30/04/2026	05/05/2026

Risk Number	Risk Title	Risk Owner: Director of HSCP
7	Primary Care	Primary Committee: PHWC

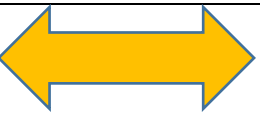
Risk Description	Strategic Priority: Improve Quality of Health and Care Services

There is a risk that increasing demand, workforce and financial pressures, and inadequate premises may compromise the sustainability and quality of Primary Care services in Fife. In addition, ongoing access issues and deregistration of NHS patients in general dental practices may lead to adverse effects on oral and wider health outcomes for the population.

Risk Level	High 16 (Likelihood 4 x Consequence 4)
Target Level	Moderate 12 (Likelihood 3 x Consequence 4) By 31/03/2027
Trend	
Risk Appetite Status	Open Above

Controls	Mitigating Actions	Date reviewed ELT	Date reviewed Committee
1st line Primary Care Improvement Plan Primary Care Strategy Performance and Assurance Framework Primary Care Strategic Communication Plan 2nd line Primary Care Governance and Strategy Oversight Group (PCGSOG) Reporting to/Scrutiny by GMS Implementation Group Reporting to/Scrutiny by Q&C Committee, IJB, and NHS Board Primary and Secondary Care Interface group now established and convenes regularly with ToR ratified 3rd line Reporting to/Scrutiny by Scottish Government	Implement and deliver the Primary Care Improvement Plan (PCIP) to mitigate demand, workforce and financial pressures across primary care services, with a specific focus on sustainability, equity and service resilience. Continue implementation of Pharmacotherapy and Community Treatment and Care (CTAC) models of care through to Q1 2026/27, reducing pressure on GPs and improving capacity within multidisciplinary teams. Sustain delivery within non-MOU2 priority services, ensuring continuity of access while longer-term service redesign progresses. Deliver the Primary Care Strategy (3-year strategy supported by an underpinning delivery plan), with Year 3 focused on quality, sustainability and workforce stability. Improve public communications and messaging on access to NHS dentistry, including preventative and self-care messaging, to manage demand and improve population understanding. Continue to explore and apply for Scottish Dental Access Initiative (SDAI) grants, and actively promote grant availability within agreed localities to increase dental capacity. Target oral health improvement programmes in areas of greatest need to reduce inequalities and improve population oral health outcomes. Progress the roll-out of the Community Glaucoma Scheme (CGS) across Fife to improve access to community optometry services and reduce pressure on secondary care.	30/04/2026	11/05/2026

Risk Number	Risk Title	Risk Owner: Director of People and Culture
8	Staff Wellbeing	Primary Committee: SGC

Risk Level	High 16 Likelihood 4 x Consequence 4)
Target Level	Medium 12 Likelihood 3 x Consequence 4) By 31/03/2027
Trend	
Risk Appetite Status	Open Above

Risk Description	Strategic Priority: Improve Staff Experience and Wellbeing

There is a risk that staff wellbeing, engagement and development may be negatively impacted due to persistently high sickness absence (particularly mental health-related absence), mixed early support and intervention, and variable quality of people leadership including varied application and monitoring of Personal Development Planning & Review (PDPR). This may reduce the extent to which staff feel supported, developed and able to thrive at work and, in turn, impact the delivery of safe, effective and high-quality care.

Controls	Mitigating Actions	Date reviewed ELT	Date reviewed Committee
1st Line 1:1 employee/manager Meetings Team Meetings Departmental Management Team Meetings **2nd Line** Directorate Management Team Meetings Local Partnership Forums Performance Assurance Forums (PAFS) Attendance Management Oversight Group People and Change Board NHS Fife Staff Health & Wellbeing Group Quarterly ADP submissions & the IPQR process Quarterly ELT Meetings Quarterly Area Partnership Forums Quarterly Staff Governance Committees **3rd line** Scottish Government Workforce Directorate HIS inspections	A pilot to determine whether mental health related absences are work related or non-work related. Once sufficient data is gathered, a detailed analysis will be undertaken to understand underlying causes and identify any required changes in practice or additional support for managers. Multi Factorial Review action plans have been developed in several areas, with further work underway. Key themes emerging include vacancy pressures, capacity challenges, increased patient acuity, frontline operational pressures, and the impact of sickness absence on remaining staff. Active system wide absence management recovery plan and provide targeted P&C expertise to support engagement and development in areas who require recovery plans to improve attendance. Review of Occupational Health Services including system updates concurrently alongside the anticipated Employee Assistance Programme Pilot. Analyse impact and benefits of the Employee Assistance Programme pilot. Review all staff wellbeing support and resources to ensure they meet the needs of the workforce and accessible. Consistent guidance and training for line managers available, reinforce PDPR as a mechanism for early identification of wellbeing and support needs. Explicitly positioning PDPR as a meaningful conversation. Line managers routinely hold high quality PDPR conversations. Service and directorate leaders regularly review PDPR completion rates alongside key workforce indicators (e.g. absence, turnover, staff experience feedback). Corporate level monitoring of PDPR completion rates and development uptake.	30/04/2026	12/05/2026

Risk Number 9	Risk Title Substance Use	Risk Owner: Director of Public Health Primary Committee: PHWB

Risk Description	Strategic Priority: Improve Health and Wellbeing

There is a risk that people experiencing problem substance use may have a poor patient experience and face increased morbidity and mortality due to NHS Fife being unable to provide rapid and appropriate access to treatment and care. This may be driven by funding and capacity constraints, limiting the availability of timely interventions, harm reduction services, and recovery support, and potentially exacerbating health inequalities and demand on acute services.

Risk Level	High 12 (Likelihood 3 x Consequence 4)
Target Level	Medium 9 (Likelihood 3 x Consequence 3) By 31/03/2027
Trend	
Risk Appetite Status	Hungry Below

Controls	Mitigating Actions	Date reviewed ELT	Date reviewed Committee
1st Line Regular monitoring of delivery actions 2nd Line Regular reporting to ADP Committee, IJB and Public Health and Wellbeing Committee Oversight by CGC 3rd Line PHS Inspections	**Deliver National Drugs Mission priorities (2022–2026)** Implement national actions to reduce drug-related harm and deaths through targeted prevention, treatment and recovery. **Implement Medication Assisted Treatment (MAT) Standards (2021)** Continue implementing and monitoring MAT Standards to improve rapid access to evidence-based treatment, reduce barriers and improve retention, outcomes and experience. **Deliver Fife Alcohol and Drug Partnership (ADP) Strategy (2024–2027)** Deliver the local strategy across prevention, harm reduction, treatment and recovery through partnership working to reduce inequalities and improve access to integrated support. **In-year analysis and monitoring of serious harm and adverse outcomes** Routine analysis of drug-related deaths, serious incidents and adverse outcomes by NHS Public Health and ADP support teams to identify risks, drive improvement and provide governance assurance. **Implement the revised Drug-Related Deaths Action Plan** Deliver the refreshed plan informed by Drug Death Reviews, improving responsiveness, continuity of care and risk management for those at highest risk. **Deliver the Crack Cocaine and Cocaine Action and Delivery Plan** Implement targeted actions to address rising cocaine/crack harms, including enhanced harm reduction, treatment pathways and workforce development.	30/04/2026	11/05/2026

Risk Number	Risk Title	Risk Owner: Medical Director
10	Digital Sustainability	Primary Committee: CGC (PP&R from 01/06/2026)

Risk Description	Strategic Priority: Deliver Value and Sustainability

There is a risk that NHS Fife may be unable to sustain the financial investment required to deliver its Digital Framework & Innovation Strategy and the national mandated programme requirements. This could limit the organisation's ability to drive transformation across health and social care, and adversely affect the availability, reliability, and development of digital systems that support clinical services in the treatment and management of patients.

Risk Level	High 15 (Likelihood 3 x Consequence 5)
Target Level	Medium 10 (Likelihood 2 x Consequence 5) By 31/03/2027
Trend	
Risk Appetite Status	Open Within

Controls	Mitigating Actions	Date reviewed ELT	Date reviewed Committee
1st Line Monthly reporting to Digital and Information SLT Monthly meeting of Digital Capital Group Monthly meeting of Digital Strategy Group Departmental Grip and control Regular engagement with operational SLTs and Transformation Planning Groups 2nd Line Internal Audit – ICE Annual Plan Quarterly Meeting of Digital and Information Board meeting Periodic Updates to ELT Framework delivery oversight via CGC 3rd Line	Implementation of the Digital Framework action plan. Agreed demand and resource allocation for delivery of Digital and Information Annual Delivery Plan. Continued enhancements to the Digital Prioritisation process. Meeting with SLTs and clarity on digital elements contained within Transformation plans. Delivery of Digital and Information Annual Delivery Plan. Ongoing Financial Control activity, including the recovery of funding allocations to the Digital and Information Budget allocation. Ongoing management of the high risk associated with lack of capital availability to cover the annual lifecycle replacement costs of £2.3m per annum. System Convergence to existing strategic cornerstone systems already in extensive use. Medium Term Financial Planning. Medium Term Workforce Planning.	30/04/2026	01/05/2026

Risk Number	Risk Title	Risk Owner: Medical Director
11	Cyber Security	Primary Committee: CGC (PP&R from 01/06/2026)

Risk Level	High 16 (Likelihood 4 x Consequence 4)
Target Level	Medium 12 (Likelihood 4 x Consequence 3) By 31/03/2027
Trend	
Risk Appetite Status	Open Above

Risk Description	Strategic Priority: Improve Quality of Health and Care Services

There is a risk that NHS Fife could be impacted by a targeted and sustained cyber-attack, which may compromise the availability, integrity, or confidentiality of digital systems and information essential to delivering healthcare services. Such an incident could disrupt clinical operations, delay patient care, limit the operations of key suppliers, damage public trust, and require significant recovery efforts, particularly if cyber resilience measures are not sufficiently robust or resourced.

Controls	Mitigating Actions	Date reviewed ELT	Date reviewed Committee
1st Line Cyber Assurance meetings held by Information Security Manager Regular cyber updates to ELT Oversight by the Information and security group **2nd Line** Reporting on Cyber Events and Scores at Digital Operations Meetings Reporting of moderate and above incidents at Digital SLT Reporting of moderate and above incidents at Digital and Information Board and Information Governance and Security Meeting Twice Annual Reports to CGC for oversight 3rd Line NISD Audit undertaken by Scottish Government Competent Authority	Delivery of the annual action plan following 3rd Line Annual Audit on NISD Formal incident reports for incidents considered moderate or above as defined by the Digital and Information Incident Threshold Guide Period review of other Cyber Events relating to attacks on Public Authorities Period Phishing Campaigns General Awareness and Communications Introduction of Mandatory training for Cyber for all staff Local penetration testing undertaken by 3rd Party Exercising of Cyber type events and simulation to test readiness and protocol design Removal of Legacy Technology in a timely manner Maintenance of in lifecycle infrastructure. Readiness assessment of services Business Continuity Plans	30/04/2026	01/05/2026

Risk Number 12	Risk Title Workforce Planning	Risk Owner: Director of People and Culture Primary Committee: SGC

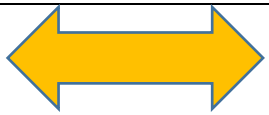
Risk Description	Strategic Priority: Improve Staff Experience and Wellbeing

There is a risk that workforce planning in NHS Fife is not triangulated with financial and service planning, and inherent recruitment and retention shortfalls, skill gaps and training pipelines shortages have a detrimental impact on our ability to achieve and maintain necessary staffing levels and manage workforce risks whilst minimising reliance on premium supplementary staffing solutions.

Risk Level	High 16 (Likelihood 4 x Consequence 4)
Target Level	Medium 12 (Likelihood 3 x Consequence 4) By 31/03/2027
Trend	
Risk Appetite Status	Open Below

Controls	Mitigating Actions	Date reviewed ELT	Date reviewed Committee
1st Line Quarterly & Annual monitoring and reporting on compliance with Health & Care Staffing Act Legislation, and associated duties. **2nd Line** Regular reporting to Staff Governance Committee, Workforce Planning Transformation Group and Annual Delivery Plan **3rd Line** Workforce Planning Committee Meetings.	Identify, agree and monitor WTE uplift required to mitigate impact of final phase of the Reduced Working Week, ensuring backfill is secured for prioritised areas, via the agreed escalation process, and within funding allocation. Completion of the Common Staffing Method (Speciality Specific) Workload Tools to confirm required staffing numbers within all in-scope areas, and robust arrangements are in place to respond to associated workforce risks taking appropriate cognisance of the Health & Care Staffing Scotland legislation. Development of Workforce Plans demonstrating how Directorates will establish a resilient workforce, including provision of comprehensive supplementary staffing solutions, to mitigate fluctuations in workforce pressures Build sustainable pipelines for the registered and non-registered workforce through a focus on employability initiatives with neighbouring partners and educational providers, linking with the Anchor Strategy as appropriate Strengthen governance and optimisation of the Staff Bank by looking to align bank demand, service need and financial plans, including: links to workforce plans, targeted recruitment and development in priority roles, tighter booking controls, and regular performance and cost reporting to ensure safe staffing is maintained while reducing reliance on premium supplementary staffing solutions.	30/04/2026	12/05/2026

Risk Number	Risk Title	Risk Owner: Director of Property & Asset Management Primary Committee: FPR
13	Climate Change	

Risk Level	High 12 Likelihood 3 x Consequence 4
Target Level	Medium 8 Likelihood 2 x Consequence 4 By 31/03/2030
Trend	
Risk Appetite Status	Hungry Below

Risk Description	Strategic Priority: Improve Health and Wellbeing

There is a risk that if NHS Fife does not establish robust management arrangements and allocate sufficient resources, it may fail to meet the requirements of the 'Policy for NHS Scotland on the Global Climate Emergency and Sustainable Development (Nov 2021)'. This could hinder progress toward net-zero targets, limit the organisation's ability to deliver sustainable transformation across health and social care, and adversely impact the resilience and efficiency of clinical and support services.

Controls	Mitigating Actions	Date reviewed ELT	Date reviewed Committee
1st Line Addressing Climate Emergency (ACE) Board. Annual Delivery Plan (ADP) Reporting. Public Health and Wellbeing Committee Oversight. Established Sustainability and Energy Management Function. Estates and Facilities Delivery Governance. 2nd Line. Climate Change Annual Report (SG/PHWC) Regional Sustainability Governance (East Region). Partnership Governance via Fife Climate Emergency Partnership. 3rd Line. Internal Audit and Corporate Assurance Mechanisms. External Statutory Reporting and Assurance.	Maintain ACE Board governance and reporting arrangements. Progress heat from waste water feasibility and heat network development. Development of a long-term Net Zero Delivery Strategy. Completion and implementation of an Adaptation and Resilience Report. On-going Climate Change Annual Report submission. Embedding of a Building Energy Management Systems role within Estates operations.	30/04/2026	05/05/2026

Risk Number 14	Risk Title: Equality and Diversity	Risk Owner: Executive Nurse Director Primary Committee: SGC

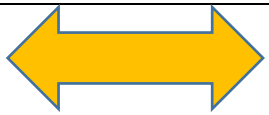
Risk Level	High 20 (Likelihood 4 x Consequence 5)
Target Level	Medium 8 (Likelihood 2 x Consequence 4) By 31/03/2027
Trend	
Risk Appetite Status	Open Above

Risk Description	Strategic Priority: Improve Quality of Health & Care Services/Improve Staff Experience and Wellbeing

There is a risk that NHS Fife may not meet its Equality, Diversity, and Inclusion commitments if resources, leadership focus, and organisational engagement are insufficient. This could undermine statutory duties, including the effective use of Equality Impact Assessments (EqIAs), and lead to inequitable outcomes for individuals with protected characteristics under the Equality Act 2010.

Controls	Mitigating Actions	Date reviewed ELT	Date reviewed Committee
1st line: Vacancy Management Panel LRAG Equality & Human Rights Steering Group (EQHRSG) EQIA Quality & Assurance Group (EQHRSG Subgroup) Staff Networks Collaborative (EQHRSG Subgroup) 2nd line: Staff Governance Committee Clinical Policy Group General Policy Group Workforce Policy Group SLT for Acute & HSCP 3rd line: Equality & Human Rights Commission (EHRC)	Actions from the learning review to address areas of improvement across the organisation in relation to EDI have been completed, with the associated governance group (LRAG) closed in April 2026. To address EDI resource issues, 0.5xB4 and 1x8A posts will be recruited to. To improve staff experience, a Good Practice Guide for developing Staff Networks has been developed and implementation is expected in Q1 26/27. This guide will also specify the organisations approach to protected time for attending staff networks which will be agreed by leadership. A new process and documentation for EQIAs has been developed with implementation expected in April 2026 and supported by an oragnisational wide communications plan. This will target all aspects of our workforce, including leadership. The new EQIAs will be built into existing General, clinical and workforce policy group processes to promote compliance. The SBAR template has been updated with implementation of revised version expected in May 2026. This will improve the understanding and governance of completing EQIAs across the organisation and will support leaders in decision-making.	30/04/2026	12/05/2026

Risk Number 15	Risk Title Mental Health	Risk Owner: Director of HSCP Primary Committee: PHWC

Risk Level	Very High 20
Target Level	High 12 By 31/03/2027
Trend	
Risk Appetite Status	Open Above

Risk Description	Strategic Priority: Improve Quality of Health and Care Services

There is a risk to the ongoing safety, resilience, and sustainability of mental health services across four distinct sites due to persistent staffing pressures, environmental safety concerns including ligature risks, and the limitations of an aging estate. These factors may undermine the ability to maintain safe staffing levels, deliver high-quality care, and ensure therapeutic environments for patients and staff.

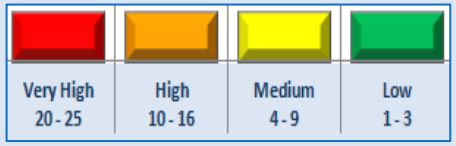
Controls	Mitigating Actions	Date reviewed ELT	Date reviewed Committee
1st Line Twice daily safe staffing level huddles Individual patient risk assessment review C&CC QMAG 2nd Line Monthly Ligature/Estate Improvement group, including Estates, Health and Safety, Staff side, Project Management Regular reporting ELT Oversight by HSCP SLT Regular reporting via HSCP QMAG Oversight by CGC Bimonthly MHOG meetings 3rd Line HIS Inspections/MWC Inspections	**Delivery of the Mental Health Clinical Model and alignment of financial planning** Implementation of the approved Mental Health Clinical Model is underway to rebalance care away from inpatient dependency and strengthen community-based provision. This includes service redesign to improve patient flow, reduce delayed discharges, and mitigate pressure on inpatient capacity, contributing to improved patient safety, staff sustainability, and service resilience. Financial planning and investment decisions are being aligned to support the delivery of the Mental Health Clinical Model **Targeted estates improvements to mitigate environmental and ligature risk** A prioritised programme of estates works is being delivered across the four mental health sites to improve environmental safety, address identified ligature risks and enhance the therapeutic quality of inpatient settings. This is supported by ongoing risk assessments and capital investment planning to ensure improvements align with the longer-term transition towards a community-based model of care. **Delivery of the HSCP Mental Health Strategy 2026–2029 (Year 1 Delivery Plan)** The Year 1 Delivery Plan for the HSCP Mental Health Strategy is being implemented to address the key risks impacting service safety and sustainability. This includes actions focused on workforce stability, quality and safety improvement, service redesign, and reducing reliance on inpatient care through strengthened community pathways. **Implementation of the HSCP Workforce Action Plan 2026/27** The Workforce Action Plan is being progressed to mitigate staffing pressures through targeted recruitment, retention, and workforce wellbeing measures. **External inspection and regulatory assurance** Findings and recommendations are systematically reviewed and addressed through service improvement actions	30/04/2026	11/05/2026

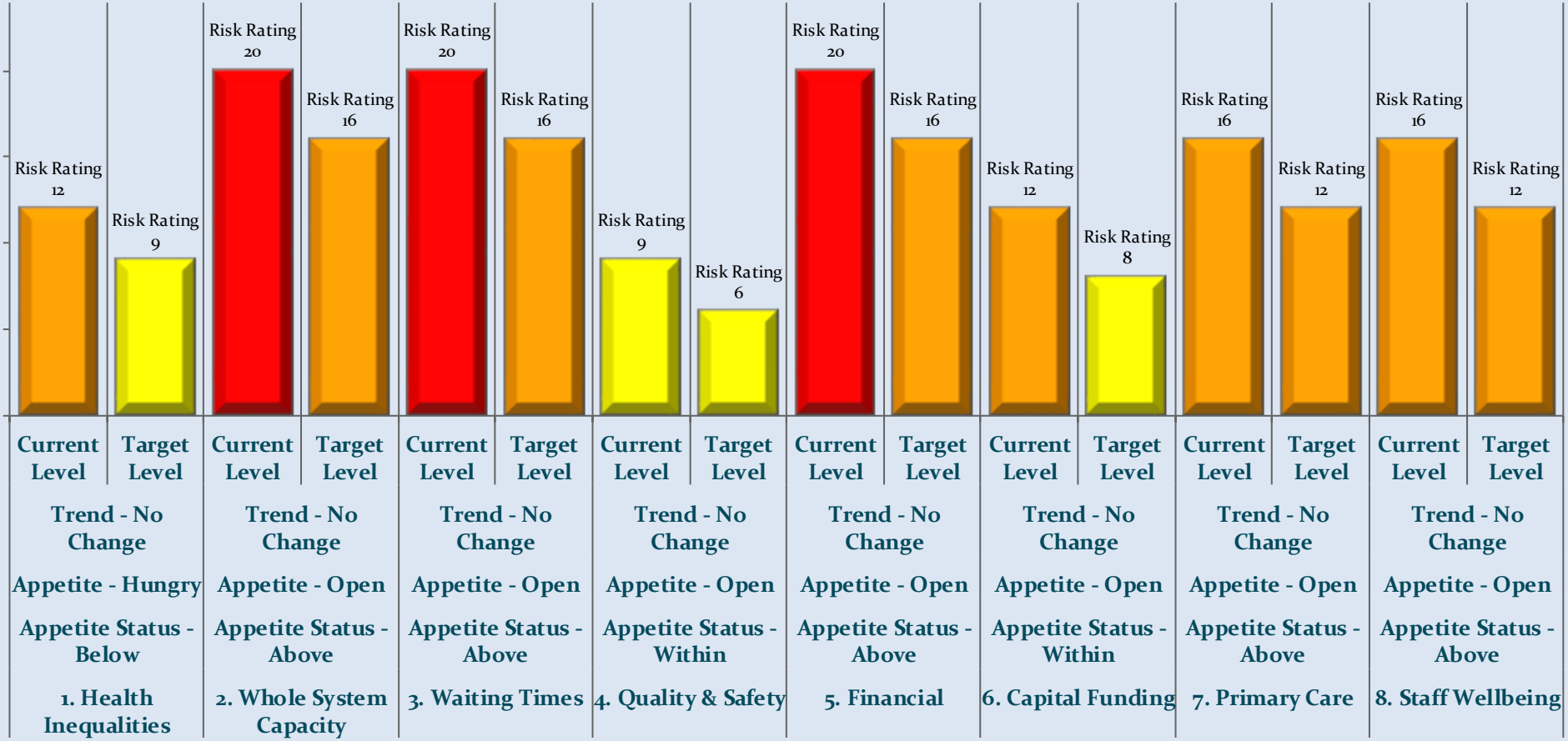
Flashcard on All Corporate Risks

April 2026

Corporate Risks (1-8)

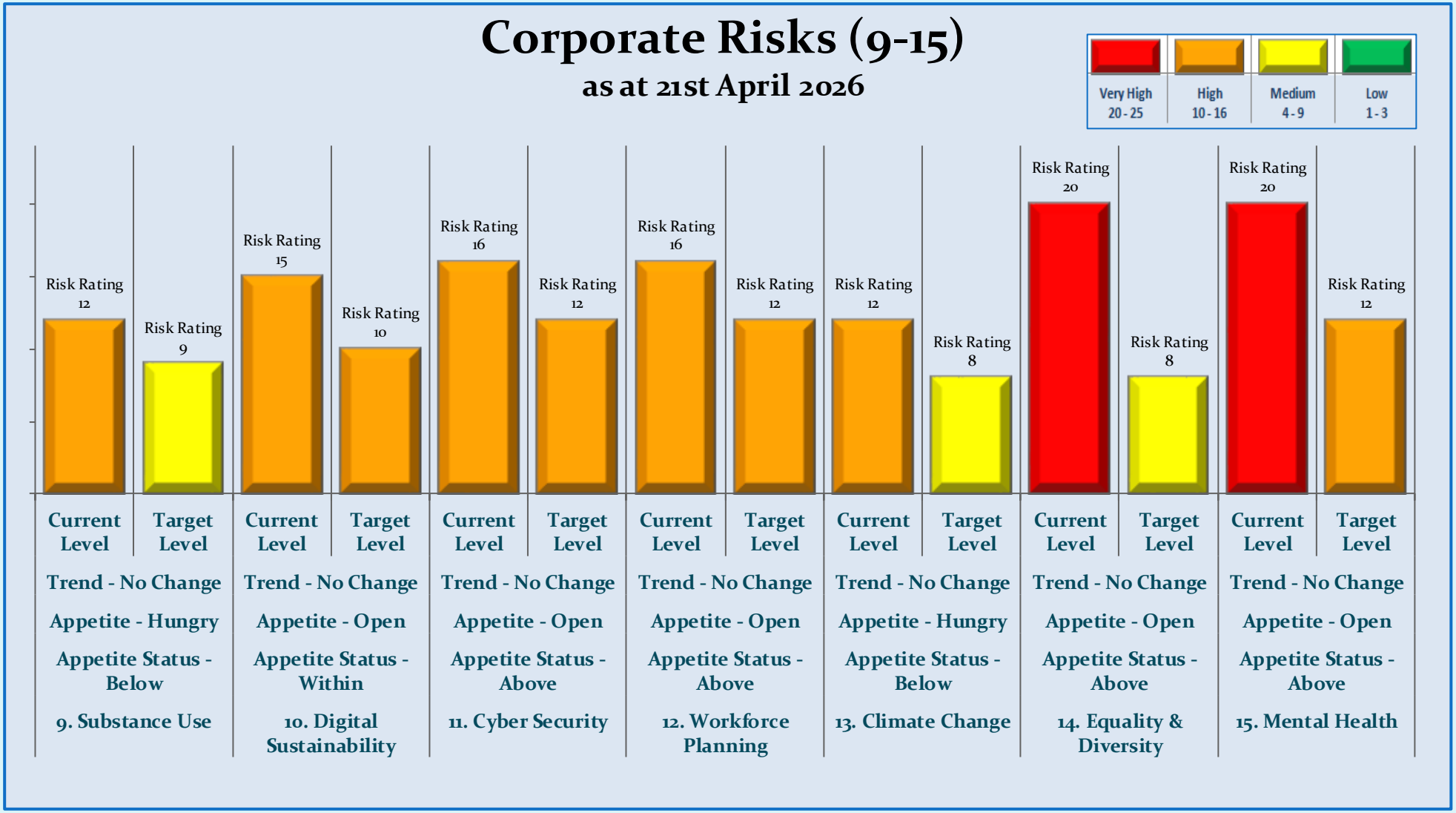
as at 21st April 2026





Corporate Risks (9-15)

as at 21st April 2026



NHS Fife

Meeting:	**Fife NHS Board**
Meeting date:	**26 May 2026**
Title:	**Risk Management Annual Report**
Responsible Executive:	**Professor Chris McKenna, Medical Director**
Report Author:	**Dr Shirley-Anne Savage, Associate of Quality & Clinical Governance**

Executive Summary

- This paper presents the Risk Management Annual Report for assurance.
- The Annual Report forms a component of the governance reporting arrangements for risk management in accordance with the NHS Fife Code of Corporate Governance.
- The Annual report confirms that adequate and effective risk management arrangements were in place throughout the year. It describes progress against key deliverables within the risk management improvement programme.
- This report provides a moderate Level of Assurance.

1 Purpose

This report is presented for:

- Assurance

This report relates to:

- Local policy
- NHS Fife Board Strategic Priorities
  - To Improve Quality of Health & Care Services
  - To Deliver Value and Sustainability
  - To Improve Health & Wellbeing
  - To Improve Staff Experience and Wellbeing

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

This paper provides the Board with the Risk Management Annual Report and gives an overview of the risk management activity undertaken during the period 2025-2026.

2.2 Background

The Annual Report forms a component of the governance reporting arrangements for risk management in accordance with the NHS Fife Code of Corporate Governance.

2.3 Assessment

The Annual report confirms that adequate and effective risk management arrangements were in place throughout the year.

In summary, improvement of the operational risk management approach including:

- Completing the review of the Risk Management Framework 2026-2028
- Review of the Corporate Risk Register
- Refining risk management processes
- Improving the content and presentation of risk management reports
- Supporting the continuing development of assurance reporting
- Reviewing the Board Strategic Risk Profile

The Board are asked to take a moderate level of assurance.

This report provides the following Level of Assurance:

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

2.3.1 Quality, Patient and Value-Based Health & Care

Elevating the profile of risk management in NHS Fife will further support delivery of our strategic priorities through improved operational governance and better alignment with the Population Health and Wellbeing Strategy and associated work streams.

2.3.2 Workforce

Effective management of workforce risks will support staff health and wellbeing, and the quality of health and care services.

2.3.3 Financial

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

2.3.4 Risk Assessment / Management

Focus of the paper

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

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

2.3.6 Climate Emergency & Sustainability Impact

This paper does not raise, issues relating to climate emergency and sustainability.

2.3.7 Communication, involvement, engagement and consultation

This paper reflects the input of the Risks and Opportunities Group.

2.3.8 Route to the Meeting

Risks and Opportunities Group – 14 April 2026
Executive Leadership Team – 7 May 2026
Audit & Risk Committee – 14 May 2026

The report reflects the results of engagement in 2025/26 including with the following:

- Director of Finance
- Executive Leadership Team
- Governance Committees
- Fife NHS Board
- Internal Audit Team
- Risks and Opportunities Group
- Senior Leadership Teams
- Operational Teams

2.4 Recommendation

This paper is provided to members for:

- **Assurance** – Consider and take assurance from the content of the report.

This report provides a moderate Level of Assurance

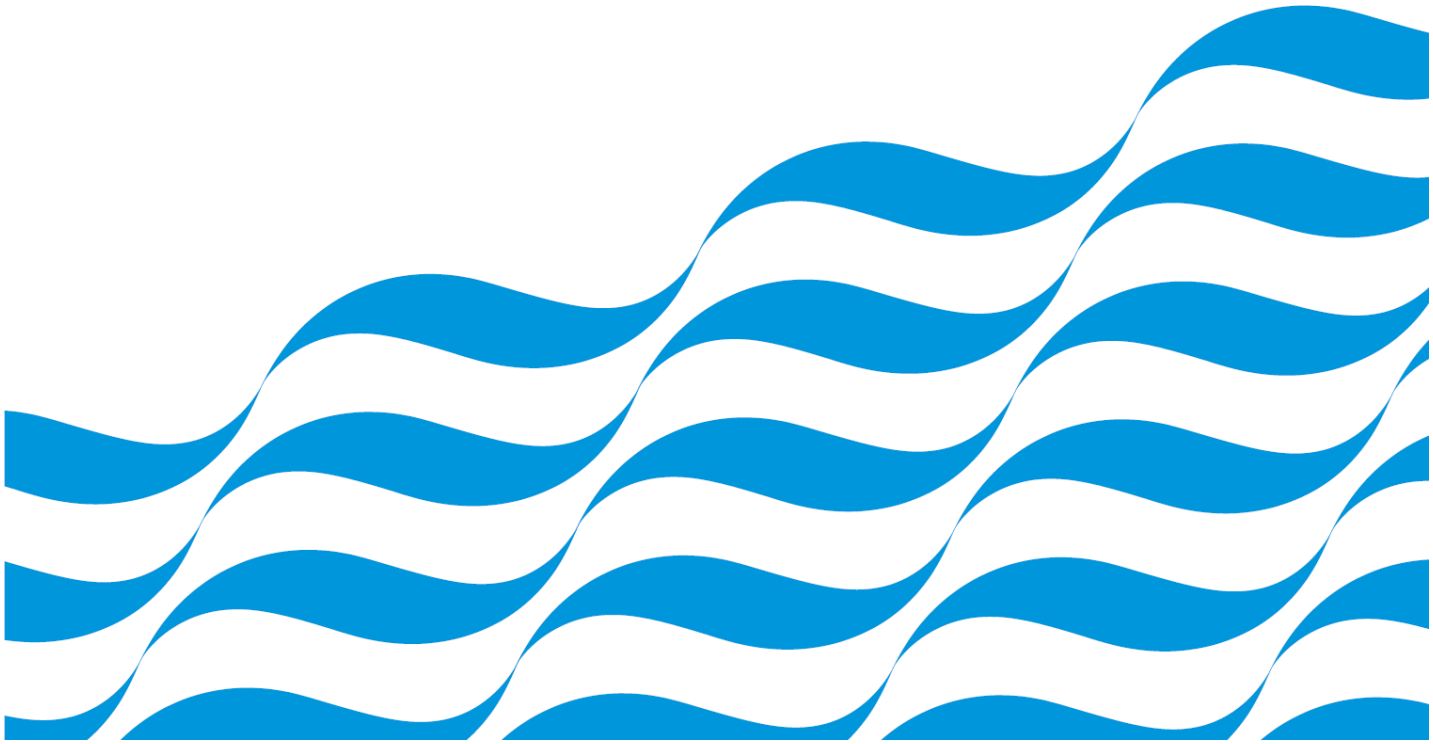
3 List of appendices

The following appendices are included with this report:

Appendix 1, Risk Management Annual Report

Report Contact
Dr Shirley-Anne Savage
Associate Director of Quality & Clinical Governance
Email shirley-anne.savage@nhs.scot

Annual Risk Management Report
2025-2026



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www.nhsfife.org

Contents

1. Introduction 5
2. Risk Management in 2025/2026 5
3. Risk Appetite 5
4. Risk Management Framework 5
5. Corporate Risk Register 6
6. Strategic Risk Profile 7
7. Assurance Levels 7
8. Deep Dive Reviews 8
9. Risks & Opportunities Group 8
10. Risk Management System 9
11. Risk Management Objectives 2026/27 9

1. Introduction

NHS Fife is committed to embracing and further developing an organisational culture which recognises the role and contribution of risk management in supporting decision making, strategic planning, and capitalising on opportunities to change in line with our ambitions, aspirations and capabilities.

This commitment is based on our core values of care, compassion, dignity and respect, openness, honesty and responsibility quality and teamwork.

During 2025/26 several initiatives have been implemented to improve the effectiveness of the risk management framework within NHS Fife. This report provides a summary of the activities undertaken and confirms that adequate and effective risk management arrangements were in place throughout the year.

2. Risk Management in 2025/2026

The Medical Director provided strategic leadership and direction for risk management in NHS Fife during 2025/26.

The Audit & Risk Committee has responsibility for evaluating the overall effectiveness of the risk management arrangements reviewing and challenging how these are operating across the organisation.

During 2025/26, Internal Audit have continued to support the development of the risk management arrangements through constructive challenge and recommendations on specific elements of this work.

3. Risk Appetite

The new risk appetite statement was agreed by the Board at its meeting in November 2024. This will be reviewed this year to reflect and consider if any changes are required in terms of both the risk appetite descriptors, and the levels of risk the Board is prepared to tolerate in the pursuit of its strategic priorities, especially delivery of the Population Health & Wellbeing Strategy.

The Corporate Risk papers presented to each standing committee state if risks are within or outwith risk appetite and the reason for that position. Some of the corporate risks are currently above risk appetite which reflects the ongoing level of demand across all services within the increasingly challenging financial environment. In line with the focussed work on risk appetite, consideration has been given during this year to the Internal Audit recommendation on how to capture greater detail on how the risk appetite will affect strategy, decision-making, prioritisation, budget setting and organisational focus.

4. Risk Management Framework

Work to refresh The Risk Management Framework has been undertaken in 2025/26 and this

will be published early 2026/27. At the time of writing, work on a Delivery Plan for 2026/27 to support implementation is currently underway.

5. Corporate Risk Register

The corporate risks collectively outline the organisational risks associated with the delivery of the Board's Population Health & Wellbeing Strategy. It is recognised that all risks on the corporate risk register are impacted by and are aligned to the Strategy. All corporate risks are reviewed regularly and reported bi-monthly to the governance committees and twice a year to the Board.

Risks Closed

Prioritisation of Capital Funding and Reduced Capital Funding: Following consideration of an updated deep dive review, the agreement was to close both of these risks and merge into one overall Capital Funding Risk.

Implementation of Health & Care (Staffing) Act 2019 (HCSA): Following consideration of an updated deep dive review the agreement was to close this risk has it had reached its target score.

Risks Opened

Insufficient Capital Funding and Prioritisation: The above two capital risks were closed and merged to produce this overall risk. It was progressed through the Fife Capital Investment Group (FCIG) and the Risks & Opportunities Group meeting and onto Finance, Performance and Resources and the Audit and Risk Committees in September 2025 and onto NHS Fife Board in November 2025.

Hospital Acquired Harm: Hospital Acquired Harm was opened in 2025/26 and was intended to replace the closed Optimal Clinical Outcomes Risk. A draft deep dive was presented for consideration to the Clinical Governance Committee in March 2025 and Audit and Risk Committee and the NHS Fife Board in May 2025. The risk now sits under the Medical Director and Executive Nurse Director and the Board's Clinical Governance Committee.

Substance Related Morbidity and Mortality: Following a direction by the Public Health & Wellbeing Committee, a deep dive was assigned to a small team to ascertain the need for a specific NHS Fife risk with regards to deaths from drugs use. This aims to identify aspects of strategy, policy and delivery within the Board where there is a relevance pertaining to the prevention of drug-related deaths and to recommend actions that reduce the likelihood and consequence. The deep dive has progressed through the Risks & Opportunities Group, the Public Health Assurance Committee and the Public Health & Wellbeing Committee and onto the Audit and Risk Committee and the NHS Fife Board in May 2025. The risk now sits under the Director of Public Health and the Board's Public Health & Wellbeing Committee.

Oral Health: The Board's Public Health & Wellbeing Committee suggested that a specific high-level corporate risk be considered regarding access to general dentistry across Fife. This risk was reviewed by the Primary Care Governance & Strategy Oversight Group and was considered by the Public Health & Wellbeing Committee, Audit and Risk Committee and the NHS Fife Board in May

2025. The risk now sits under the Director of Public Health and the Board's Public Health & Wellbeing Committee.

Potential Risks

Two risks were put forward by the Staff Governance Committee for consideration, Core Skills Training and Personal Development Planning Review Compliance. As the Corporate Risk register is under review it was agreed that these would be considered as part of that process.

The table below shows the risk score for each of the corporate risks from Feb 2025 to Feb 2026 against the target score and against the current risk appetite. Of the 19 open risks, 3 are below, 9 within and 7 above risk appetite.

Risk Title	Feb 2025	Apri 2025	Jun 2025	Aug 2025	Oct 2025	Dec 2025	Current Score	Target Score	Risk Appetite
1. Population Health & Wellbeing Strategy	12	12	12	12	12	12	12	12	Below
2. Health Inequalities	16	16	16	16	16	16	16	16	Within
4. Policy obligations in relation to environmental management and climate change	12	12	12	12	12	12	12	8	Below
6. Whole System Capacity	20	20	20	20	20	20	20	16	Above
7. Access to outpatients, diagnostic and treatment services	20	20	20	20	20	20	20	16	Above
8. Cancer Waiting Times	15	15	15	15	15	15	15	12	Within
9. Quality & Safety	12	12	12	12	12	12	12	6	Within
10. Primary Care Services	16	12	12	12	12	12	12	12	Within
11. Workforce Planning and Delivery	16	16	16	16	16	16	16	12	Above
12. Staff Health and Wellbeing	16	16	16	16	16	16	16	8	Above
13. Delivery of a balanced in year financial position	25	25	20	20	20	20	20	20	Above
14. Delivery of recurring financial balance over the medium-term	25	25	25	25	25	25	25	20	Above
17. Cyber resilience	16	16	16	16	16	16	16	12	Above
18. Digital and Information	15	15	15	15	15	15	15	12	Within
21. Pandemic Risk	20	20	20	20	20	12	12	6	Within
22. Hospital Acquired Harm	N/A	15	15	15	15	15	15	12	Within
23. Substance Related Morbidity and Mortality	N/A	20	20	15	15	12	12	12	Below
24. Oral Health	N/A	20	20	20	20	20	16	16	Within
25. Insufficient Capital Funding and Prioritisation	N/A	N/A	N/A	12	12	12	12	8	Within

During Financial Year 2025/26, work has taken place to review the Corporate Risk Register, align it with the Corporate Objectives and reduce the number of risks. Work will continue through ELT and this will be presented through the May and July Committees.

6. Strategic Risk Profile

The Strategic Risk Profile, as a dashboard set in the context of the Board's risk appetite, continues to be reported in the monthly Board Integrated Performance & Quality Report.

The full Profile is part of the introductory Corporate Risk Summary section. Extracts related to specific strategic priorities are contained within the Assessment section against the following areas of performance - clinical governance; operational; finance; staff governance; and public health and wellbeing.

7. Assurance Levels

We continue to use the four-levels of assurance model, and this continues to add consistency to our reporting. The use of the assurance levels continues to evolve, as we seek to enhance the evidence to substantiate the level of assurance being offered.

Reports to the governance committees include a statement on the latest position in relation to the management of risks linked to the respective committees, the proposed 'level' of assurance that members can take from the report and detail on mitigating actions.

8. Deep Dive Reviews

Corporate Risk Deep Dive reviews continue to form an important component of our risk assurance arrangements and provide a focus for in-depth discussion and scrutiny.

A key characteristic of a risk deep dive review is that it should be carried out at specific points during the life cycle of a risk. Criteria for undertaking a deep dive review have been agreed and include the creation of a new corporate risk, materially deteriorating risks, or the proposed de-escalation / closure of a corporate risk.

The requirement for a deep dive continues to be determined through the Executive Leadership Group and the Risks & Opportunities Group.

As part of our Corporate Risk Register Review a Targeted Risk Evaluation Template has been developed to replace the Deep Dive format. This has been trialled and will be used to for reviewing the corporate risks moving forward.

9. Risks & Opportunities Group

The Risks & Opportunities Group was established in September 2022 and supports and embeds an effective risk management framework and culture across the organisation. The Group meet bi-monthly to support the continued development of an effective and consistent approach to the management of operational risk, as well as the ongoing consideration of enhancements to the corporate risk management approach.

The Group has reviewed and updated its Terms of Reference, with the most recent iteration approved in May 2025. At each meeting the Risks & Opportunities Group reviews progress against its Annual Workplan, considers issues for escalation, and receives reports on any other relevant business. The Risks & Opportunities Group has reported on its work to the Audit & Risk Committee in September 2025, November 2025 and in March 2026.

During 2025/26, the Group's work has included:

- Supporting the development and updates of the Risk Management Framework
- Continuing to inform and support the developments and improvements in relation to the Corporate Risk Register, recommendations on changes or additions to the corporate risks and the broader organisational risk profile, assurance levels and deep dive reviews
- Contributing to the development of a Risk Summary Dashboard and guidance to support and enhance our operational risk management approach and maintain alignment to the principles outlined within the Risk Management Framework
- Reviewing the Risk Assessment Matrix and considering the need for updates to descriptors and terminology, taking account of similar work nationally

- Considered the development of meaningful Key Performance Indicators that could be implemented to demonstrate active risk management.

The Group has undertaken a self-assessment of its own effectiveness, which has been considered at its meeting in April 2026 and thereafter will be reported to the Audit & Risk Committee in May 2026 through the Annual Report. The assessment covers elements including membership and group dynamics, role clarity and expectations, effectiveness of the scrutiny and challenge function, management of the agenda and impact of the Group in terms of outputs, as well as suggested actions to further improve the Group's effectiveness in respect of delivering its remit.

The Risks & Opportunities Group has developed a workplan for 2026/27 that will drive efforts to further develop a positive and proactive approach to risk management across the organisation.

10. Risk Management System

Datix remains the repository for risks, incidents (adverse events), safety alerts, complaints and claims within NHS Fife. A tendering exercise was undertaken nationally which may lead to a Once for Scotland digital system Inphase being awarded the national tender. NHS Fife has assessed the new system as a suitable and a paper will go to ELT to agree the plan for its adoption.

11. Risk Management Objectives 2026/27

During 2025/26 the Associate Director for Risk and Professional Standards continued to engage with the Executive Directors, Committee Chairs and the Board, and consider the support requirements to develop our risk management arrangements in order to enhance organisational risk maturity.

Developments for the forthcoming year will focus on continual improvement of the operational risk management approach including those suggested by Internal Audit.

This will include:

- Continuing to refine risk management processes
- Implementing risk management key performance indicators
- Continuing to enhance the content and presentation of risk reports
- Supporting the continuing development of assurance reporting
- Further develop a risk management training programme for staff according to their roles and responsibilities

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

To find out more about accessible formats contact:
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Meeting: **Audit & Risk Committee**

Meeting date: **14 May 2026**

Title: **Committee Chair's Assurance Report**

1. Committee's Performance against Annual Workplan

The Committee reviewed the workplan for the financial year 2026/27. The Global Internal Audit Standards Improvement Plan. The Counter Fraud Standards Assessment, and Counter Fraud Annual Report 2026/27, have been deferred to October 2026. The risk management framework progress report and Risk and Opportunities Group update have been removed, reflecting Board approval and prior Committee agreement.

In discussion, the need to incorporate biannual Information Governance and Legal Services reporting into the 2026/27 workplan was highlighted, alongside the inclusion of a placeholder for potential second line assurance reports required at ARC following further development of the performance and assurance framework and consideration of the Internal Audit Plan.

The Committee considered the following items of business:

2. Internal Audit

2.1 Internal Audit Framework – Annual Refresh

The Committee considered the annual refresh of the Internal Audit Framework and Strategy and received assurance that both comply with Global Internal Audit Standards and relevant UK public sector guidance. Members were assured that changes to audit reporting terminology from "opinions" to "conclusions" and a shift to presenting findings do not impact the robustness of audit work, with a clear process in place to review and challenge management responses.

The Committee **approved** the refreshed Internal Audit Framework, comprising the Internal Audit Charter, Service Specification, Reporting Protocol and Internal Audit Strategy.

2.2 Internal Audit Progress Report

The Committee noted the limited assurance outcome of the Fife Health Charity audit and confirmed that further consideration would be given to ensure proportionate compliance monitoring and governance arrangements as part of the management response.

The Committee took an overall **"moderate" level of assurance** on progress with the 2025/26 Internal Audit Plan and that it provides updates on the Improvement Plan and Internal Audit Planning for 2026/27.

2.3 Internal Audit – Follow Up Report on Audit Recommendations 2026/27

The Committee considered the Internal Audit follow-up report and noted that two of the four outstanding actions (> year) relating to the transportation of medicines audit had been completed, with two remaining outstanding due to delays in procuring a supporting IT system. Members sought assurance on any risks associated with these delays and were advised that no specific risks had been identified, with an update to be provided if required. It was noted that progress overall remains positive, and that completion of all actions is expected to mitigate the identified risks.

Members also noted progress being made against Freedom of Information and Subject Access and RAG status indicates progress is being made to mitigate identified risks.

The Committee took a **"moderate" level of assurance** on the progress being made in implementing actions to address recommendations made in internal audit reports.

3. ANNUAL ACCOUNTS

3.1 Initial Annual Accounts Preparation Timeline

The Committee noted that draft annual accounts were submitted to external audit on 1 May 2026 in line with the agreed timetable, following earlier submission of the front end narrative of the Annual Accounts and remuneration report. It was confirmed that audit work is progressing as planned, with the finance team supporting timely resolution of queries, and that Patient Funds and Fife Health Charity accounts have been submitted and are progressing with external audit

3.2 External Auditors Annual Accounts Progress Update

The Committee noted that External Auditors Annual Accounts process is progressing well, and the Committee took a **"significant" level of assurance** from the update.

4. Risk

4.1 Corporate Risk Register

The Committee considered the Corporate Risk Register, presented as the year-end position. It was confirmed that the report provides assurance on existing corporate risks, associated mitigating actions and risk appetite, with limited movement during the period. The Committee took a **"moderate" level of assurance** from the report.

4.2 Revised Corporate Risk Register

The Committee considered the revised Corporate Risk Register and noted that the number of risks had been rationalised to 15 strategic and thematic risks to improve

focus and prioritisation. This reflected consolidation of existing risks alongside the addition of new areas identified through feedback.

It was highlighted that the revised register incorporates the updated Health Improvement Scotland risk matrix, resulting in changes to risk scoring and categorisation, and introduces greater clarity on risk ownership through alignment to Executive Directors and Committees. The Committee also noted the intention to strengthen articulation of controls and mitigating actions, supported by targeted risk reviews.

Members welcomed the improved presentation, including the introduction of summary “flashcards” to provide clear oversight of risk levels and trajectories, and emphasised the importance of maintaining a practical and proportionate approach to risk management.

It was noted that the revised Corporate Risk Register had been shared with the Board Standing Committees and members were assured that feedback would be incorporated into the final version for Board approval.

The Committee endorsed the revised Corporate Risk Register for onward approval to the Board and took a moderate level of assurance, noting that further refinement will continue as the framework is embedded.

4.3 Risk Management Key Performance Indicators 2026/27

The Committee considered the annual report on Risk Management KPIs and noted that overall compliance remains variable but is showing improvement. Members were advised that targeted work has been undertaken to strengthen KPI performance, including the introduction of guidance within the risk management system to support more consistent review and monitoring of risks. Evidence of improvement across most KPI measures toward the end of the reporting period, was noted.

The Committee took a **“moderate” level of assurance** from the report and noted that further improvement will continue as the revised framework and processes are embedded.

4.4 Annual Risk Management Report 2025/26

The Committee noted the significant progress made during the year in strengthening risk management arrangements across the organisation. The Committee discussed the importance of further developing risk culture and acknowledged planned actions to strengthen training and awareness, supported by additional resource within the risk team.

The Committee **endorsed** the Annual Risk Management Report for onward approval to the Board and took a **“moderate” level of assurance**.

5. Fraud Prevention

5.1 Counter Fraud Quarterly 4 Report

The Committee noted that activity remains largely unchanged, reflecting ongoing national resource challenges impacting delivery of fraud risk assessments. Members noted improved compliance with mandatory fraud awareness training and good completion rates across both general and procurement modules. It was confirmed that the Initial Fraud Impact Assessment process has been implemented within procurement. The Committee took a **"moderate" level of assurance** from the report.

5.2 Counter Fraud Local Risk Assessment Update

The Committee received an update on the local assessment to establish the organisational approach to managing operational risks associated with fraud prevention. The Fraud Liaison Officer provided an overview of the work to date with particular emphasis upon the 5 areas where likelihood of fraud is more prevalent – Pharmacy, Procurement, Primary Care, Workforce, Finance. Members noted that engagement with Executive Directors and service leads has strengthened local ownership of fraud risk, with the identification of existing controls in place across services. It was highlighted that these controls are now being considered through a fraud risk lens, with work underway to formalise risks within directorate risk registers.

The Committee welcomed the positive engagement and collaborative approach and noted that a formal report will be provided in September to support clearer assurance on operational fraud risks, controls and reporting. The Committee noted the progress made.

6. Governance Matters

6.1 Annual Audit & Risk Committee Assurance Statement 2025/26

The Committee considered the draft Audit and Risk Committee Annual Assurance Statement and noted that it will be presented in final form in June alongside other Committee statements, following auditor review. Members were advised that the format has been revised to improve clarity and conciseness. The Committee noted two anticipated disclosures within the Governance Statement, including one relating to Information Governance and Security, reflecting ongoing internal audit coverage and reporting.

In discussion, the Committee highlighted the need to refine the narrative relating to fraud contained with Section 4.22 and 4.23 of the draft assurance statement to ensure it accurately reflects the current position, and it was agreed this would be updated prior to submission.

The Committee took a **"significant" level of assurance** and approved the Annual Statement of Assurance, subject to members' comments regarding refinement of the narrative relating to fraud to ensure it accurately reflects the current position,

6.2 Review of Terms of Reference

The Committee noted that a more substantive review had been undertaken to reflect wider realignment of responsibilities across Board committees. Members noted the introduction of a Vice Chair role across all committees, from 1 June 2026.

Additional amendments were noted:

- to improve clarity of wording and to strengthen the Committee's remit in relation to assurance reporting for information security and governance, and oversight of legal claims.
- consideration of feedback from External Audit highlighting inconsistencies within the remit relating to approval of accounting policies and the role in appointing external auditors

Subject to these amendments, the Committee **endorsed** the revised Terms of Reference for onward approval by the Board.

6.3 Annual Review of Code of Corporate Governance

The Committee noted that updates reflect the outcomes of recent committee Terms of Reference reviews, alongside minor amendments to align with the Scheme of Delegation and Standing Financial Instructions. Members noted that additional changes will be incorporated. The Committee discussed the need to strengthen visibility of risk responsibilities within the Scheme of Delegation and agreed that an additional clause will be included to reflect this across all committees.

Clarification was also provided on the rationalisation of delegated authority arrangements, confirming that previous distinctions had been removed to simplify governance and improve consistency.

The Committee **endorsed** the updated Code of Corporate Governance, for approval by the Board, subject to the agreed amendments, for onward approval by the Board. A revised version will be circulated to Committee members that sit on the NHS Fife Board, before the meeting.

6.4 Draft Governance Statement

The Committee noted that the statement was presented in draft to provide early sight, with further refinement anticipated following auditor review prior to submission in June alongside the annual accounts. No material changes required under the Scottish Public Finance Manual, was noted. It was highlighted that two disclosures are proposed within the statement, relating to external regulatory intervention from the Equality and Human Rights Commission and the Scottish Information Commissioner.

In discussion, members sought clarification on references to risk and performance reporting and requested that timelines for risk closures be confirmed and consideration given to referencing recent risk mapping work where appropriate. It was agreed that these points would be reviewed and incorporated as necessary.

The Committee noted the draft Governance Statement and that a final version will

be presented for approval with the annual financial statements.

6.5 Freedom of Information and Subject Access Request - Action Plan Update

The Committee received an update on progress of the information governance improvement plan and noted emerging qualitative measures from audit work on Freedom of Information activity. It was noted that recent sampling showed most requests did not require further clarification, but that a significant proportion were not reaching the correct internal recipient at first instance, creating a risk of delay against statutory timescales. The Committee heard that this had led to reprioritisation within the action plan, including work to update internal routing arrangements and strengthen supporting procedures.

The Committee also noted that officials had met with the Scottish Information Commissioner's team on 6 May 2026 to review end-to-end FOI processes, with follow-up information to be provided. It was further noted that no formal response had yet been received from the Commissioner in relation to the current intervention. The Committee welcomed the developing work with external legal advisers to provide additional assurance and training support.

In discussion, the Committee noted the positive assurance from internal audit follow-up work and agreed that future reporting should place greater emphasis on the effectiveness of the internal control environment, the status of relevant operational risks, and evidence of improving compliance, rather than detailed line-by-line tracking of the action plan. The Committee also sought clarification on timescales for a small number of outstanding actions, including the model publication scheme, and was advised that publication was expected shortly following final quality assurance checks.

The Committee welcomed the planned introduction of additional training and requested that future reports focus on outcomes, internal controls and risk reduction.

The Committee took a "moderate" level of assurance associated with the progress of the plan.

6.6 Losses & Special Payments Quarter 4 Report

The Committee considered the Quarter 4 report on losses and special payments and noted total expenditure of £1.479 million across 280 cases, representing an increase from the previous quarter. Members noted that the increase was largely attributable to higher non-clinical compensation payments, including a small number of high-value cases, alongside year-end adjustments relating to debtors. Assurance was provided that all payments had been subject to appropriate review and approval processes, with ongoing analytical monitoring in place to identify trends.

The Committee discussed the presentation of the data and requested further analysis to distinguish between normal variation and exceptional items, and to support clearer trend identification over time. It was also noted that further review work is underway to better understand the drivers of increased non-clinical

compensation payments.

The Committee took a **"moderate" level of assurance** from the report and requested a further update on learning and trend analysis in due course.

6.7 Procurement Tender Waivers Compliance 2026/27 Quarter 4 Report

The Committee considered the Procurement Tender Waivers report and noted that three waivers were approved in Quarter 4 on grounds of urgency, all in line with Standing Financial Instructions and subject to appropriate governance.

The Committee considered the application of procurement waiver provisions in relation to urgent remedial works and received clarification that the waiver was sought on the grounds of urgency and health and safety risk, rather than on the basis of contractor selection alone. It was noted that the regulations permitted the Board to seek pricing from one or more contractors in such circumstances, with the justification resting on the need to proceed without a full tender exercise. The Committee was assured that the procurement governance process had scrutinised the request and that the rationale for the decision was consistent with the relevant regulatory provisions.

In discussion, the Committee noted that the written presentation of the case had not fully conveyed this distinction and welcomed the commitment to strengthen future reporting so that the basis for similar decisions is more clearly articulated, and assurance more readily demonstrated.

The Committee noted the importance of clearly articulating the rationale for such decisions in future reporting and took a **"moderate" level of assurance** on the governance arrangements in respect of the waivers of competitive tenders applied by the Procurement Department during Q4.

7. Delegated Decisions taken by the Committee

- Internal Audit Framework – Annual Refresh *(approved)*
- Revised Corporate Risk Register *(endorsed)*
- Annual Risk Management Report 2025/26 *(endorsed)*
- Review of Terms of Reference *(endorsed)*
- Annual Review of Code of Corporate Governance *(endorsed)*

8. Any other Issues to highlight to the Board:

- Limited assurance report relating to Charitable Funds
- The local assessment underway to establish the organisational approach to managing operational risks associated with fraud prevention.
- Internal Audit Follow Up status of the Freedom of Information and Subject Access actions

Arlene Wood
Chair
Audit & Risk Committee

Fife NHS Board

Unconfirmed

MINUTE OF THE AUDIT & RISK COMMITTEE MEETING HELD ON THURSDAY 14 MAY 2026 AT 2PM VIA MS TEAMS

Present:
Arlene Wood, Non-Executive Member (Chair)
Anne Haston, Non-Executive Member
Craig MacDonald, Non-Executive Member
Nicola Robertson, Stakeholder Member

In Attendance:
Kevin Booth, Head of Financial Services & Procurement
Chris Brown, Head of Public Sector Audit (UK), Azets
Susan Dunsmuir, Director of Finance
Susan Fraser, Interim Director of Planning & Transformation
Alistair Graham, Director of Digital & Information *(item 10.5 only)*
Debbie Harland, Incoming Board Committee Support Officer *(observing)*
Barry Hudson, Regional Audit Manager
Jocelyn Lyall, Chief Internal Auditor
Dr Gillian MacIntosh, Associate Director of Corporate Governance & Board Secretary
Prof. Chris McKenna, Medical Director
Dr Shirley-Anne Savage, Associate Director for Risk & Professional Standards
Hazel Thomson, Board Committee Support Officer (Minutes)

Chair's Opening Remarks

The Chair welcomed everyone to the meeting.

The Chair advised that it was Hazel Thomson's last meeting as secretariat, and she was thanked for her support. Debbie Harland was welcomed to the meeting, as an observer, noting she will be the secretariat for the Committee from 1 June 2026.

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 regular attendee William Edwards, Chief Executive.

2. Declaration of Members' Interests

There was no declaration of members' interest.

3. Minute of the last Meeting held on 12 March 2026

A slight change to the wording in section 6.2 was agreed, and the minute will be updated accordingly.

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

4. Chair's Assurance Report Presented to Fife NHS Board on 31 March 2026

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

5. Action List / Matters Arising

The Audit & Risk Committee **noted** the updates on the Action List.

There were no matters arising.

6. INTERNAL AUDIT

6.1 Internal Audit Framework – Annual Refresh

The Committee considered the annual refresh of the Internal Audit Framework and Strategy and received assurance that both comply with Global Internal Audit Standards and relevant UK public sector guidance. It was noted that the tracked changes, relating to the Internal Audit specification, were not visible in the meeting pack, and that a tracked version would be issued separately. An overview was provided on the changes.

Action: Chief Internal Auditor

It was noted that the framework, comprising the Internal Audit Charter, Service Specification and Reporting Protocol, had been fully reviewed and updated to maintain alignment with evolving standards and prior external quality assessment findings, with only minor updates to the strategy. Further refinements were highlighted to strengthen audit planning input, clarify report distribution arrangements, and confirm that limited assurance reports will be presented in full to the Committee.

The Committee sought clarification on the staffing provisions within the internal audit framework and noted that NHS Fife's responsibilities relate to the employment, line management and remuneration of FTF internal audit staff, reflecting NHS Fife's role as host employer for the shared service.

Members were assured that changes to audit reporting terminology from "opinions" to "conclusions" and a shift to presenting findings do not impact the robustness of audit work, with a clear process in place to review and challenge management responses.

The Committee **approved** the refreshed Internal Audit Framework, comprising the Internal Audit Charter, Service Specification, Reporting Protocol and Internal Audit Strategy.

6.2 Internal Audit Progress Report

Progress on the 2026/27 Internal Audit Plan was noted, with engagement across Executive Directors and Committee Chairs, and delivery of the current audit plan continuing despite minor reprioritisation. Members also noted the completion of Board and Integrated Joint Board (IJB) audits, with IJB reports currently summarised, and agreed that options to enhance visibility of these reports would be explored.

The Committee noted the limited assurance outcome of the charity audit and confirmed that further consideration would be given to proportionate compliance monitoring and governance arrangements as part of the management response.

The Committee took an overall **"moderate" level of assurance** on progress with the 2025/26 Internal Audit Plan and that it provides updates on the Improvement Plan and Internal Audit Planning for 2026/27.

6.3 Internal Audit – Follow Up Report on Audit Recommendations 2026/27

The Committee considered the Internal Audit follow-up report and noted that two further actions relating to the transportation of medicines audit had been completed, with two remaining outstanding due to delays in procuring a supporting IT system. Members sought assurance on any risks associated with these delays and were advised that no specific risks had been identified, with an update to be provided if required. It was noted that progress overall remains positive, and that completion of all actions is expected to mitigate the identified risks.

The Committee took a **"moderate" level of assurance** on the progress being made in implementing actions to address recommendations made in internal audit reports.

7. ANNUAL ACCOUNTS

7.1 Annual Accounts Preparation Timeline Follow Up

The Committee noted that draft annual accounts were submitted to external audit on 1 May 2026 in line with the agreed timetable, following earlier submission of the front end narrative of the Annual Accounts and remuneration report. It was confirmed that audit work is progressing as planned, with the finance team supporting timely resolution of queries, and that patient funds and Fife Health Charity accounts have been submitted and are progressing with external audit.

The Committee took a **"significant" level of assurance** that the draft Annual Accounts have been prepared and provided to the External Auditors as per the planned internal timetable.

7.2 External Auditors Annual Accounts Progress Update

The Committee noted the update from the External Auditors that Annual Accounts process is progressing well and there were no issues to highlight to the Committee.

8. RISK

8.1 Corporate Risk Register

The Committee considered the Corporate Risk Register, presented as the year-end position, and noted that it reflected the current risk landscape with minimal changes since the previous report. It was confirmed that the report provides assurance on existing corporate risks, associated mitigating actions and risk appetite, with limited movement during the period as organisational focus had been directed toward development of the revised corporate risk register.

The Committee noted that the current report effectively represents a baseline position ahead of transition to the new risk framework and that future processes will include formal consideration by the Executive Leadership Team.

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

8.2 Revised Corporate Risk Register

The Committee considered the revised Corporate Risk Register and noted that the number of risks had been rationalised to 15 strategic and thematic risks to improve focus and prioritisation. This reflected consolidation of existing risks alongside the addition of new areas identified through feedback.

It was highlighted that the revised register incorporates the updated Health Improvement Scotland risk matrix, resulting in changes to risk scoring and categorisation, and introduces greater clarity on risk ownership through alignment to Executive Directors and Committees. The Committee also noted the intention to strengthen articulation of controls and mitigating actions, supported by targeted risk reviews.

Members welcomed the improved presentation, including the introduction of summary "flashcards" to provide clear oversight of risk levels and trajectories, and emphasised the importance of maintaining a practical and proportionate approach to risk management. It was noted that the revised Corporate Risk Register had been shared with the Board Standing Committees and members were assured that feedback would be incorporated into the final version for Board approval.

The Committee **endorsed** the revised Corporate Risk Register for onward approval to the Board and took a moderate level of assurance, noting that further refinement will continue as the framework is embedded.

8.3 Risk Management Key Performance Indicators 2026/27

The Committee considered the annual report on Risk Management KPIs covering the period May 2025 to April 2026 and noted that overall compliance remains variable but is showing improvement. Members were advised that targeted work has been undertaken to strengthen KPI performance, including the introduction of guidance within the risk management system to support more consistent review and monitoring of risks. This has been complemented by increased engagement with services to prompt updates and improve data quality.

The Committee noted evidence of improvement across most KPI measures toward the end of the reporting period and welcomed the continued focus on strengthening risk management practices and organisational awareness.

In discussion, it was confirmed that the move to a revised risk matrix will remove the "very low" category of risks, supporting a clearer focus on higher-level risks, and clarification was provided on KPI definitions relating to risk closure and attainment of target ratings.

The Committee took a **"moderate" level of assurance** from the report and noted that further improvement will continue as the revised framework and processes are embedded.

8.4 Annual Risk Management Report 2026/27

The Committee considered the draft Annual Risk Management Report and noted the significant progress made during the year in strengthening risk management arrangements across the organisation.

It was highlighted that key developments included completion of the review of the risk management framework, a comprehensive refresh of the Corporate Risk Register, and continued improvement in risk reporting and assurance processes. Members also noted the ongoing refinement of risk management practices and increased organisational engagement in identifying and managing risk.

The Committee discussed the importance of further developing risk culture and acknowledged planned actions to strengthen training and awareness, supported by additional resource within the risk team. It was recognised that measuring risk culture remains challenging and will require further consideration on ways to capture this.

The Committee noted that the report will be presented to the Board for approval and sought assurance on alignment with internal audit findings. It was confirmed that any issues arising through internal audit annual report would be identified prior to submission to the Board.

The Committee **endorsed** the Annual Risk Management Report for onward approval to the Board and took a **"moderate" level of assurance**.

9. COUNTER FRAUD

9.1 Counter Fraud Quarterly 4 Report

The Committee considered the Counter Fraud Quarterly Report and noted that activity remains largely unchanged, reflecting ongoing national resource challenges impacting delivery of fraud risk assessments. Members noted improved compliance with mandatory fraud awareness training and good completion rates across both general and procurement modules.

It was confirmed that the Initial Fraud Impact Assessment process has been implemented within procurement, though not yet utilised, and that national payment

verification processes continue to provide analytical oversight, supported by local engagement. Relevant data is shared with Primary Care to support monitoring.

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

9.2 Counter Fraud Risk Assessment Update.

The Committee received an update on the local assessment to establish the organisational approach to managing operational risks associated with fraud prevention. The Fraud Liaison Officer provided an overview of the work to date with particular emphasis upon the 5 areas where likelihood of fraud is more prevalent – Pharmacy, Procurement, Primary Care, Workforce, Finance. Members noted that engagement with Executive Directors and service leads has strengthened local ownership of fraud risk, with the identification of existing controls in place across services. It was highlighted that these controls are now being considered through a fraud risk lens, with work underway to formalise risks within directorate risk registers.

The Committee welcomed the positive engagement and collaborative approach and noted that a formal report will be provided in September to support clearer assurance on operational fraud risks, controls and reporting.

The Committee **noted** the progress made.

10. GOVERNANCE MATTERS

10.1 Annual Audit & Risk Committee Assurance Statement 2025/26

The Committee considered the draft Audit and Risk Committee Annual Assurance Statement and noted that it will be presented in final form in June alongside other Committee statements, following auditor review. Members were advised that the format has been revised to improve clarity and conciseness, including enhanced narrative structure and inclusion of a mapped work plan setting out the levels of assurance taken across the year. It was also noted that the Committee has taken ownership of Best Value reporting within its remit.

The Committee noted two anticipated disclosures within the Governance Statement, including one relating to Information Governance and Security, reflecting ongoing internal audit coverage and reporting.

In discussion, the Committee highlighted the need to refine the narrative relating to fraud contained with Section 4.22 and 4.23 of the draft assurance statement to ensure it accurately reflects the current position, and it was agreed this would be updated prior to submission.

The Committee took a **"significant" level of assurance** and **approved** the Annual Statement of Assurance, subject to members' comments regarding any amendments necessary.

10.2 Review of Terms of Reference

The Committee considered the revised Terms of Reference and noted that a more substantive review had been undertaken to reflect wider realignment of responsibilities across Board Committees. Members noted the introduction of a Vice Chair role across all committees to strengthen succession planning and resilience, with implementation from 1 June subject to Board approval. Additional amendments were noted to improve clarity of wording and to strengthen the Committee's remit in relation to assurance reporting for information security and governance, and oversight of legal claims.

The Committee also considered feedback from External Audit highlighting inconsistencies within the remit relating to approval of accounting policies and the role in appointing external auditors. It was agreed that these would be revised to ensure alignment with statutory responsibilities and national arrangements.

Subject to these amendments, the Committee **endorsed** the revised Terms of Reference for onward approval by the Board.

10.3 Annual Review of Code of Corporate Governance

The Committee considered the annual review of the Code of Corporate Governance and noted that updates reflect the outcomes of recent committee Terms of Reference reviews, alongside minor amendments to align with the Scheme of Delegation and Standing Financial Instructions.

Members noted that additional changes will be incorporated, including a minor amendment to the Public Health and Wellbeing Committee remit and further alignment with Financial Operating Procedures to remove duplication and ensure a single source of authority.

The Committee discussed the need to strengthen visibility of risk responsibilities within the Scheme of Delegation and agreed that an additional clause will be included to reflect this across all committees. Clarification was also provided on the rationalisation of delegated authority arrangements, confirming that previous distinctions had been removed to simplify governance and improve consistency.

The Committee **endorsed** the updated Code of Corporate Governance, for approval by the Board, subject to the agreed amendments, for onward approval by the Board. A revised version will be circulated to Committee members that sit on the NHS Fife Board, before the meeting.

Action: Board Secretary

10.4 Draft Governance Statement

The Committee considered the draft Governance Statement and noted that this was presented in draft to provide early sight, with further refinement anticipated following auditor review prior to submission in June alongside the annual accounts.

Members noted that the statement largely follows established format, with no material changes required under the Scottish Public Finance Manual. Additional content has been included to strengthen reporting on key areas, including the independent learning

review, delivery of strategic transformation programmes, sub-national planning, and progress against the Population Health and Wellbeing Strategy.

It was highlighted that two disclosures are proposed within the statement, relating to external regulatory intervention from the Equality and Human Rights Commission and the Scottish Information Commissioner. The Committee noted that the statement has been informed by Director assurance letters and Committee annual assurance statements.

In discussion, members sought clarification on references to risk and performance reporting and requested that timelines for risk closures be confirmed and consideration given to referencing recent risk mapping work where appropriate. It was agreed that these points would be reviewed and incorporated as necessary.

The Committee noted the draft Governance Statement and that a final version will be presented for approval with the annual financial statements.

10.5 Freedom of Information and Subject Access Request - Action Plan Update

The Committee received an update on progress of the information governance improvement plan and noted emerging qualitative measures from audit work on Freedom of Information activity. It was noted that recent sampling showed most requests did not require further clarification, but that a significant proportion were not reaching the correct internal recipient at first instance, creating a risk of delay against statutory timescales. The Committee heard that this had led to reprioritisation within the action plan, including work to update internal routing arrangements and strengthen supporting procedures.

The Committee also noted that officials had met with the Scottish Information Commissioner's team on 6 May 2026 to review end-to-end FOI processes, with follow-up information to be provided. It was further noted that no formal response had yet been received from the Commissioner in relation to the current intervention. The Committee welcomed the developing work with external legal advisers to provide additional assurance and training support.

In discussion, the Committee noted the positive assurance from internal audit follow-up work and agreed that future reporting should place greater emphasis on the effectiveness of the internal control environment, the status of relevant operational risks, and evidence of improving compliance, rather than detailed line-by-line tracking of the action plan. The Committee also sought clarification on timescales for a small number of outstanding actions, including the model publication scheme, and was advised that publication was expected shortly following final quality assurance checks.

The Committee welcomed the planned introduction of additional training and requested that future reports focus on outcomes, internal controls and risk reduction.

The Committee took a **"moderate" level of assurance** associated with the progress of the plan.

10.6 Losses & Special Payments Quarter 4 Report

The Committee considered the Quarter 4 report on losses and special payments and noted total expenditure of £1.479 million across 280 cases, representing an increase from the previous quarter.

Members noted that the increase was largely attributable to higher non-clinical compensation payments, including a small number of high-value cases, alongside year-end adjustments relating to debtors. Assurance was provided that all payments had been subject to appropriate review and approval processes, with ongoing analytical monitoring in place to identify trends.

The Committee discussed the presentation of the data and requested further analysis to distinguish between normal variation and exceptional items, and to support clearer trend identification over time. It was also noted that further review work is underway to better understand the drivers of increased non-clinical compensation payments.

The Committee took a **"moderate" level of assurance** from the report and requested a further update on learning and trend analysis in due course.

Action: Head of Financial Services & Procurement

10.7 Procurement Tender Waivers Compliance 2026/27 Quarter 4 Report

The Committee considered the Procurement Tender Waivers report and noted that three waivers were approved in Quarter 4 on grounds of urgency, all in line with Standing Financial Instructions and subject to appropriate governance.

The Committee considered the application of procurement waiver provisions in relation to urgent remedial works and received clarification that the waiver was sought on the grounds of urgency and health and safety risk, rather than on the basis of contractor selection alone. It was noted that the regulations permitted the Board to seek pricing from one or more contractors in such circumstances, with the justification resting on the need to proceed without a full tender exercise. The Committee was assured that the procurement governance process had scrutinised the request and that the rationale for the decision was consistent with the relevant regulatory provisions.

In discussion, the Committee noted that the written presentation of the case had not fully conveyed this distinction and welcomed the commitment to strengthen future reporting so that the basis for similar decisions is more clearly articulated, and assurance more readily demonstrated.

The Committee noted the importance of clearly articulating the rationale for such decisions in future reporting and took a **"moderate" level of assurance** on the governance arrangements in respect of the waivers of competitive tenders applied by the Procurement Department during Q4.

10.8 Delivery of Annual Workplan 2026/27

The Committee reviewed the tracked Audit and Risk Committee workplan and noted a number of amendments to reflect current priorities and capacity.

Members noted that the Global Internal Audit Standards improvement plan report has been deferred to October, with assurance that progress will continue to be reported through regular Internal Audit updates and a full report provided annually. It was also noted that the risk management framework progress report and Risk and Opportunities Group update have been removed, reflecting Board approval and prior Committee agreement.

The Committee noted that the Counter Fraud Standards Assessment and Annual Report have been rescheduled to October to align with available resource and the annual accounts timetable.

In discussion, the need to incorporate biannual Information Governance and Legal Services reporting into the 2026/27 workplan was highlighted, alongside the inclusion of a placeholder for potential second line assurance reports required at ARC following further development of the performance and assurance framework and consideration of the Internal Audit Plan.

The Committee noted that the workplan will continue to evolve in line with Committee remit changes and wider governance developments and took assurance from the updated position.

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

11. FOR ASSURANCE / FOR NOTING

11.1 Charitable Funds Internal Audit Report

The Committee **"noted"** the Charitable Funds Internal Audit Report.

12. ESCALATION OF ISSUES TO NHS FIFE BOARD

There was no escalation of issues to the NHS Fife Board.

13. MEETING REFLECTIONS & AGREEMENT OF MATTERS FOR CHAIR'S ASSURANCE REPORT TO BE PRESENTED TO FIFE NHS BOARD ON 31 MARCH 2026

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

14. ANY OTHER BUSINESS

None.

Dates of Next Meetings:

Friday 5 June 2026 from 10am – 11am via MS Teams (Annual Accounts Training Session)

Tuesday 16 June 2026 from 2pm - 5pm via MS Teams (Annual Accounts Meeting)

Meeting: **Clinical Governance Committee**

Meeting date: **1 May 2026**

Title: **Committee Chair's Assurance Report**

1. Committee's Performance against Annual Workplan

The Committee reviewed the workplan for the financial year 2026/27.

- Area Clinical Forum Annual Assurance Statement *(deferred to July)*
- Internal Audit Report: Freedom of Information and Subject Access Requests (Phase Two) *(removed from workplan – responsibility transferred to Audit & Risk)*
- Risk Management Framework *(added)*
- Medical Workforce Strategic Framework 2026/31 *(added)*

The improvement plan around significant adverse events will be discussed further out with the committee meeting and will return with progress against actions.

2. Matters Arising

2.1 Freedom of Information and Subject Access Request Improvement Plan

The Committee took a **"moderate" level of assurance** on progress against the Improvement Plan, while noting the forthcoming visit from the Scottish Information Commissioner as part of the ongoing Level 4 intervention.

The Committee noted the conclusions of the Internal Audit Report: Freedom of Information and Subject Access Requests (Phase Two) Report.

2.2 Adult Protection Services Staffing Model Update

The Committee requested that updates continue through with a paper to come to the next meeting reporting covering the action log, including recruitment timescales, reasons for delay, mitigating actions in place pending appointment. A refreshed assessment of the accountability and assurance framework will be completed once the new resource is in place. Members agreed that, given the continuing vacancy position and associated risks, **"limited assurance"** remained appropriate at this stage.

2.3 Stroke Standards: Quality and Safety of Care, and Patient Outcomes Update

Members noted that further targeted improvement action was being

developed and took **"moderate assurance"** that appropriate oversight and action remained in place to support improvement in stroke care. It was agreed an update be provided to the Committee in six months' time.

3. Active / Emerging Issues

3.1 Briefing Paper: Orthopaedic Hip Fracture Audit & Action Plan Update

Assurance was provided that actions remain in place and executive focus will continue; however, members agreed that further time is required for improvement activity to embed and for sustained impact to be demonstrated. The Committee took **"moderate assurance"** and agreed that the matter should remain on the action list, with a broader update to be brought back at the September 2026 meeting.

3.2 Briefing Paper: Clinical Governance Strategic Framework Update

Members noted that no significant new risks had been identified at this stage, while emphasising the need for the refreshed framework to reflect system capacity constraints and set out realistic, deliverable priorities, which will be brought forward in July 2026.

3.3 Health Improvement Scotland Maternity Inspection Report

The Committee and took a **"moderate" level of assurance** from the action plan and oversight arrangements in place to address the requirements identified. Consideration was given as to what regular assurance the Committee can take of the quality and safety and care provided in maternity services, and this will be developed by the Executive Nursing Director with maternity services.

3.4 Mental Health Inspection Report and Action Plan

The Committee noted the immediate mitigating actions put in place, including increased clinical oversight, strengthened management support, robust supplementary staffing arrangements and targeted recruitment activity, and agreed that a further update should be provided once the draft report is received.

4. GOVERNANCE MATTERS

4.1 Annual Assurance Statements & Reports from Clinical Governance Subcommittees & Groups

The Committee took **"significant assurance"** from the subgroup assurance reports overall, while recognising member discussion on the importance of ensuring assurance statements continue to evidence not only the existence of oversight arrangements, but also their effectiveness, particularly in the context of areas under heightened external scrutiny.

4.2 Clinical Governance Oversight Group Assurance Summary Report from 7 April 2026 Meeting

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

4.3 Mental Health Oversight Group Assurance Summary Report from 9 April 2026 Meeting

The Committee took a **"moderate" level of assurance** from the summary report.

4.4 Corporate Risks Aligned to CGC, including Target Evaluation Template

The Committee considered the revised corporate risk reporting format, noting that the new approach should strengthen clarity, scrutiny and oversight. Members welcomed the more accessible presentation of risk information, noting that further refinement would be required as the framework becomes embedded. The Committee took a **"significant" level of assurance**, and **"endorsed"** the risks aligned to the Clinical Governance Committee, to go forward to the Board for approval.

5. STRATEGY AND PLANNING

5.1 Medical Workforce Strategic Framework 2026/31

The Committee took a **"moderate" level of assurance** from the approach set out. Members also noted the need to consider how the framework aligns with the development of a wider clinical strategy.

5.2 Risk Management Framework

The Committee **noted** that the final Risk Management Framework was approved at the NHS Fife Board meeting in March 2026.

6. QUALITY / PERFORMANCE

6.1 Integrated Performance & Quality Report

The Committee received the latest Integrated Performance and Quality Report and noted continued improvement in the closure of significant adverse event reviews. Members also noted a mixed picture against the stroke bundle and ongoing variation in falls and tissue viability performance.

The Committee considered the quality implications of ongoing pressure within unscheduled care and agreed that further assurance should be provided on the safety arrangements and escalation processes in place when patients experience prolonged waits in the Emergency Department.

The Committee took a **"moderate" level of assurance** from the report, and **"endorsed"** the quality & care section for onward submission to the NHS Fife Board.

6.2 Healthcare Associated Infection Report

Members noted that further targeted improvement actions had been identified and took **moderate assurance** that appropriate oversight and improvement activity remained in place.

7. PERSON CENTRED CARE / PARTICIPATION / ENGAGEMENT

7.1 Patient Experience & Complaints Improvement Plan

The Committee took **"moderate assurance"** on the improvement programme, noting that **"limited assurance"** remains appropriate in relation to current performance, and agreed that a fuller update should return in November, with progress monitored through the IPQR in the interim.

8. ANNUAL REPORTS / OTHER REPORTS

There was one annual report presented for assurance:

- Scottish National Audit Programme Audit Summary Report (Stroke Bundle) *(members agreed a moderate level of assurance)*

9. EDUCATION / RESEARCH

9.1 Research, Innovation & Knowledge Update

The Committee took a **"significant" level of assurance** from the summary report.

10. Delegated Decisions Taken by the Committee

- Annual Review of Clinical Governance Committee Terms of Reference **-** "**endorsed"** a final version for further consideration by Audit & Risk and the Board.

- Draft Clinical Governance Committee Annual Statement of Assurance 2025/26 - **"approved"** the report for final sign-off by the Chair and submission to the Audit & Risk Committee, subject to members' comments regarding any amendments necessary.

- Corporate Risks Aligned to the Clinical Governance Committee - the Committee considered the revised corporate risk reporting format and "**endorsed"** the risks aligned to the Clinical Governance Committee for submission to the Board

- Cancer Strategic Framework Review 2025/33 - the Committee

"endorsed" the framework for approval at the NHS Fife Board.

- Integrated Performance & Quality Report – the Committee **"endorsed"** the quality & care section for onward submission to the NHS Fife Board.

11. Issues to Highlight to the Board

It was agreed to escalate the items of limited assurance, namely stage two complaints and Adult Protection Services staffing.

Anne Haston
Chair
Clinical Governance Committee

Fife NHS Board

Unconfirmed

MINUTE OF THE NHS FIFE CLINICAL GOVERNANCE COMMITTEE MEETING HELD ON FRIDAY 1 MAY 2026 AT 10AM VIA MS TEAMS

Present:
Anne Haston, Non-Executive Member (Chair)
Jo Bennett, Non-Executive Member
Prof. Chris McKenna, Medical Director
William Edwards, Chief Executive
Nicola Robertson, Area Clinical Forum Representative

In Attendance:
Jamie Doyle, Head of Nursing, Acute *(deputising for Norma Beveridge)*
Alistair Graham, Director of Digital & Information
Tanya Lonergan, Associate Director of Nursing *(deputising for Lynn Barker)*
Dr Gillian MacIntosh, Associate Director of Corporate Governance & Board Secretary
Karen Marwick, Head of Complex & Critical Care, Health & Social Care Partnership *(deputising for Lynne Garvey)*
Gillian McAuley, Executive Nurse Director
Jill Nowell, Director of Pharmacy & Medicines
Kirsty Pine, Associate Director of Research, Innovation & Knowledge *(item 12.1 only)*
Dr Shirley-Anne Savage, Associate Director of Quality & Clinical Governance
Amanda Wong, Director of Allied Health Professions
Hazel Thomson, Board Committee Support Officer (Minutes)

Chair's Opening Remarks

The Chair welcomed everyone to the meeting.

The Committee recorded its appreciation to Alistair Graham, who was attending his final meeting, noting with thanks his significant contribution, commitment and support to the work of the Committee. The Chair also advised that it was Hazel Thomson's last meeting as secretariat, and she was thanked for her support.

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

1. Apologies for Absence

Apologies were received from members Joni O'Sullivan (Non-Executive Member), Joy Tomlinson (Director of Public Health) and routine attendees Lynn Barker (Director of Nursing, Health & Social Care Partnership), Norma Beveridge (Director of Nursing, Acute), Claire Dobson (Director of Acute Services), Susan Fraser (Interim Director of Planning & Transformation), Lynne Garvey (Director of Health & Social Care), Dr Iain MacLeod (Deputy Medical Director, Acute Services Division),

Liam Mackie (Area Partnership Forum Representative) and Neil McCormick (Director of Property & Asset Management).

2. Declaration of Members' Interests

There were no declarations of interest made by members.

3. Minutes of Previous Meeting – Friday 6 March 2026

The Committee **approved** the minutes of the previous meeting.

4. Chair's Assurance Report Presented to Fife NHS Board on 31 March 2026

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

5. Matters Arising / Action List

The Chair advised that the action list was updated prior to the meeting. An update was provided for actions 1 – 5, which will be updated on the action list accordingly.

There were no other matters arising.

5.1 Freedom of Information and Subject Access Request Improvement Plan

The Committee noted continued progress against the Freedom of Information and Subject Access Request Improvement Plan, including incorporation of internal audit phase 2 actions, strengthening of qualitative measures, and enhanced Executive oversight through regular monitoring arrangements. Members also noted further work to improve routing, quality of responses, staff capability and system functionality, alongside additional resource being secured to support delivery.

The Committee took a **"moderate" level of assurance** on progress against the Improvement Plan, while noting the forthcoming visit from the Scottish Information Commissioner as part of the ongoing Level 4 intervention.

5.1.1 Internal Audit Report: Freedom of Information and Subject Access Requests (Phase Two)

The Committee **noted** the conclusions of the report.

5.2 Adult Protection Services Staffing Model Update

The Committee noted progress in implementing the Adult Support and Protection staffing model, including approval of additional funding and action to establish the identified posts, while acknowledging that recruitment had not yet reached advert stage. Members agreed that, given the continuing vacancy position and associated risks, "limited assurance" remained appropriate at this stage. The Committee requested that updates continue with a further paper to come to the next committee meeting covering recruitment timescales, reasons for delay and mitigating actions in place pending appointment. A refreshed assessment of the accountability and assurance framework will take place once the new resource is in place.

Action: Executive Nursing Director/ Board Committee Support Officer

The Committee took a **"limited" level of assurance** on the progression of recruitment into the Adult Support & Protection roles.

5.3 Stroke Standards: Quality and Safety of Care, and Patient Outcomes Update

The Committee noted the annual stroke audit findings and the associated improvement actions, acknowledging continued mixed performance against elements of the stroke bundle, including thrombolysis, alongside ongoing work to strengthen delivery through the stroke action plan and clinical governance arrangements. Members noted that further targeted improvement action was being developed and took "moderate assurance" that appropriate oversight and action remained in place to support improvement in stroke care. It was agreed an update be provided to the Committee in six months' time with ongoing monitoring and discussion facilitated by the IPQR in the interim.

Action: Medical Director/Board Committee Support Officer

The Committee **noted** the update.

6. ACTIVE OR EMERGING ISSUES

6.1 Briefing Paper: Orthopaedic Hip Fracture Audit & Action Plan Update

The Committee considered the update on the orthopaedic hip fracture audit and action plan. It noted that performance against time to theatre remained challenging, with no significant month-on-month improvement, but also no deterioration despite a 7.3% increase in demand over the reporting period. The Committee also noted that performance across other aspects of the pathway remained strong, including comprehensive geriatric assessment and care within the dedicated hip fracture ward. Assurance was provided that actions remain in place and executive focus will continue; however, members agreed that further time is required for improvement activity to embed and for sustained impact to be demonstrated. The Committee took **"moderate assurance"** and agreed that the matter should remain on the action list, with a broader update to be brought back at the September 2026 meeting.

Action: Medical Director

6.2 Briefing Paper: Clinical Governance Strategic Framework Update

The Committee noted progress in refreshing the Clinical Governance Strategic Framework, including alignment with the newly published Healthcare Improvement Scotland standards, and agreed that a revised framework and associated delivery plan should be brought forward in July. Members noted that no significant new risks had been identified at this stage, while emphasising the need for the refreshed framework to reflect system capacity constraints and set out realistic, deliverable priorities.

Action: Associate Director for Quality & Clinical Governance

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

6.3 Health Improvement Scotland Maternity Inspection Report

The Committee noted the positive findings of the Healthcare Improvement Scotland maternity inspection, including strong leadership, a supportive culture and compassionate care. Members noted that mitigating arrangements remained in place pending full implementation of the Birmingham obstetric triage system, that inspection findings had been aligned with wider maternity quality improvement activity, and that progress against the action plan would continue to be monitored through the Clinical Governance Oversight Group with updates reported to the Committee through the CGOG assurance summary. A formal update will come back to the Committee at the 18week post-inspection point once actions have progressed.

The Committee were thoughtful regarding what ongoing monitoring of quality improvement work and safety data in maternity services would be appropriate to bring regularly at this Committee. Consideration was given to bringing an annual statement of assurance of quality and safety of care in maternity services, and this will be developed by the Executive Nursing Director alongside maternity services.

Action: Executive Nursing Director

The Committee and took a **"moderate" level of assurance** from the action plan and oversight arrangements in place to address the requirements identified.

6.4 Mental Health Inspection Report and Action Plan

The Committee noted the update on the Healthcare Improvement Scotland mental health inspection of Stratheden Hospital and that the final report and action plan is awaited. Members were advised that inspectors had not identified issues affecting the safe delivery of care at the time of inspection, although staffing was described as fragile, particularly within nursing. The Committee noted the immediate mitigating actions put in place, including increased clinical oversight, strengthened management support, robust supplementary staffing arrangements and targeted recruitment activity, and agreed that a further update will be provided once the draft report is received.

The Committee **noted** the update meantime.

7. GOVERNANCE MATTERS

7.1 Annual Assurance Statements & Reports from Clinical Governance Subcommittees & Groups

The Committee considered the annual assurance reports from its supporting subgroups and noted the breadth of scrutiny undertaken across the clinical governance framework. In doing so, Members acknowledged the disclosure within the Information Governance and Security Steering Group assurance statement regarding the Board's Level 4 intervention from the Scottish Information Commissioner and noted that this had been appropriately captured, reported and was subject to ongoing action.

The Committee took "significant assurance" from the subgroup assurance reports overall, while recognising member discussion on the importance of ensuring assurance statements continue to evidence not only the existence of oversight

arrangements, but also their effectiveness, particularly in the context of areas under heightened external scrutiny.

The Committee took a **"significant" level of assurance** from the statements & reports.

7.2 Draft Clinical Governance Committee Annual Statement of Assurance 2025/26

The Committee considered the draft Annual Statement of Assurance and welcomed the revised format, noting that it provided a clearer and more concise account of the Committee's work and the levels of assurance taken across the year. Members agreed that the statement should explicitly reflect the ongoing Level 4 intervention from the Scottish Information Commissioner, recognising this as an area of significant external scrutiny that remained subject to active oversight and improvement action.

The Committee took a **"significant" level of assurance**, and **"approved"** the report for final sign-off by the Chair and submission to the Audit & Risk Committee, subject to members' comments regarding any amendments necessary.

7.3 Review of Annual Workplan 2026/27

The Committee noted that the workplan remained largely on track, with the Area Clinical Forum annual assurance statement deferred to July. It was agreed that the Public Protection Accountability Assurance Framework be removed from the workplan, and that the maternity and mental health safe delivery of care action plans be added once reporting dates are confirmed. It was agreed that the Medical Director and Jo Bennett, Non-Executive Member, discuss the improvement plan around significant adverse events outwith the meeting, along with the Adverse Events Lead. An update against the SAER improvement plan is due to be reported at the September meeting of the Committee.

Action: Medical Director/Board Committee Support Officer

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

7.4 Annual Review of Clinical Governance Committee Terms of Reference

The Committee noted that the transfer of information governance, digital and health and safety to other committees should strengthen scrutiny and create greater capacity within the Clinical Governance Committee agenda. Members also highlighted the need for the Committee's revised remit to be supported by a clear understanding of organisational improvement capacity and capability, particularly in relation to quality improvement systems.

The Committee took a **"significant" level of assurance** and considered the attached remit. The Committee **"endorsed"** a final version for further consideration by Audit & Risk and the Board.

7.5 Clinical Governance Oversight Group Assurance Summary Report from 7 April 2026 Meeting

The Committee noted the update from the Clinical Governance Oversight Group, including strengthened reporting arrangements in response to internal audit recommendations and further work to improve assurance on significant adverse events and external inspections. Members also noted the position in relation to the Stratheden Hospital inspection, including that the letter of concern on mandatory training had been responded to with mitigating actions in place, and took assurance that this would continue to be managed through the existing governance route pending receipt of the final report and action plan.

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

7.6 Mental Health Oversight Group Assurance Summary Report from 9 April 2026 Meeting

The Committee noted the update from the Mental Health Oversight Group, including strong performance within Child & Adolescent Mental Health Services, continued service development across psychology, rehabilitation and addictions, and ongoing work to strengthen the mental health risk register. Members also noted progress in mitigating ligature risks and welcomed assurance that a supporting summary would be appended to future reports.

The Committee took a **"moderate" level of assurance** from the summary report.

7.7 Corporate Risks Aligned to the Clinical Governance Committee, including Target Evaluation Template

The Committee considered the revised corporate risk reporting format and endorsed the risks aligned to the Clinical Governance Committee for submission to the Board, noting that the new approach should strengthen clarity, scrutiny and oversight. Members welcomed the more accessible presentation of risk information, including clearer articulation of controls, mitigating actions and assurance arrangements, while noting that further refinement would be required as the framework becomes embedded. The Committee also discussed whether staff training was best reflected within the quality and safety risk, recognising the link to patient outcomes while agreeing that this should be kept under review as the revised framework develops.

The Committee took a **"significant" level of assurance**, and **"endorsed"** the risks aligned to the Clinical Governance Committee, to go forward to the Board for approval.

8. STRATEGY / PLANNING

8.1 Cancer Strategic Framework Review 2025/33

The Committee endorsed the revised NHS Fife Cancer Strategic Framework for onward approval, noting its alignment with the national Cancer Strategy and the Board's Population Health and Wellbeing Strategy. Members welcomed confirmation that the forthcoming delivery plan would incorporate links with palliative care work and include a clear measurement framework, and took moderate assurance that the framework provides an appropriate basis for improving cancer services and strengthening oversight of quality, safety and outcomes.

The Committee took a **"moderate" level of assurance**, and **"endorsed"** the framework for approval at the NHS Fife Board.

8.2 Medical Workforce Strategic Framework 2026/31

The Committee noted that the Medical Workforce Strategic Framework provides a clearer strategic basis for workforce planning across patient care, education, research and staff experience, and welcomed confirmation that a bespoke delivery plan would be developed for psychiatry in recognition of its particular workforce challenges. Members also noted the need to consider how the framework aligns with the development of a wider clinical strategy.

The Committee took a **"moderate" level of assurance** from the approach set out.

8.3 Risk Management Framework

The Committee **noted** that the final Risk Management Framework was approved at the NHS Fife Board meeting in March 2026.

9. QUALITY / PERFORMANCE

9.1 Integrated Performance & Quality Report

The Committee received the latest Integrated Performance and Quality Report and noted continued improvement in the closure of significant adverse event reviews, while recognising that reported fluctuations reflected the clearance of older cases rather than deterioration in performance.

Members also noted a mixed picture against the stroke bundle and ongoing variation in falls and tissue viability performance, with further quality improvement focus required in these areas, while healthcare associated infection measures remained broadly within expected parameters and complaints performance, although still significantly below the required standard, showed early improvement through the structured improvement programme now in place.

In discussion, the Committee considered the quality implications of ongoing pressure within unscheduled care and agreed that further assurance should be provided on the safety arrangements and escalation processes in place when patients experience prolonged waits in the Emergency Department.

The Committee took a **"moderate" level of assurance** from the report, and **"endorsed"** the quality & care section for onward submission to the NHS Fife Board.

9.2 Healthcare Associated Infection Report

The Healthcare Associated Infection Report was presented, and it was advised that NHS Fife remained within the national trajectory for key indicators, with some measures below national rates. The Committee noted ongoing risks relating to vascular access devices, dialysis lines and urinary catheters, and sought clarification on MRSA and CPE screening, recent gastrointestinal outbreaks and progress with the electronic monitoring system. It was confirmed that these matters

were under review through the Infection Control Committee and that procurement of the new electronic system was progressing. It was proposed that the Executive nursing Director circulate the deep dive on the Urinary Catheter Bundle and PWID SABs out with the meeting for members' reference.

Action: Executive Nurse Director

The Committee took **"moderate" assurance** and requested a further update in due course.

10. PERSON CENTRED CARE / PARTICIPATION / ENGAGEMENT

10.1 Patient Story

The Committee received a patient story presentation and welcomed the enthusiasm and support in relation to making a difference through innovation.

10.2 Patient Experience & Complaints Improvement Plan

The Committee noted the structured improvement programme to address complaints performance, including detailed diagnostic work, process redesign, strengthened operational ownership and closer alignment of patient experience resource with service delivery. Members welcomed early signs of improvement and the more robust governance arrangements now in place, while recognising that current stage 2 complaints performance remains below the required standard.

The Committee took **"moderate assurance"** on the improvement programme, noting that **"limited assurance"** remains appropriate in relation to current performance, and agreed that a fuller update should return in November to align with the likely closure of the majority of actions, with progress monitored through the IPQR in the interim.

Action: Executive Nurse Director

11. ANNUAL REPORTS / OTHER REPORTS

11.1 Scottish National Audit Programme Audit Summary Report (Stroke Bundle)

The Committee noted the annual stroke audit findings and the associated improvement actions, recognising continued mixed performance against elements of the stroke bundle, including thrombolysis, alongside strong performance in other aspects of stroke care. Members agreed that continued oversight and targeted improvement work remained necessary which will be monitored through the IPQR, with the addition of the progress against PHS actions to be added to this section.

Action: Medical Director

The Committee took a **"moderate" level of assurance** that appropriate action and governance arrangements were in place.

12. EDUCATION / RESEARCH

12.1 Research, Innovation & Knowledge Update

The Committee noted the positive update from the Research, Innovation and Knowledge Service, including continued growth in research activity, strengthened governance arrangements, progress in partnership working with the University of St Andrews, and ongoing development of performance measures to support future reporting. Members welcomed the breadth of work underway across research, innovation, library and knowledge services.

The Committee took a **"significant" level of assurance** from the summary report.

13. LINKED COMMITTEE MINUTES

The Committee **noted** the linked committee escalations and was advised that issues relating to IPC audit and digital support were already being addressed through the action in hand.

The Committee also noted that Research, Innovation and Knowledge oversight is now being reported through the revised governance arrangements.

Members agreed that future escalations should be reviewed with the relevant Executive Lead in advance to ensure that matters brought forward require Committee consideration.

Action: Executive Leads

13.1 Area Clinical Forum held on 26 March 2026 (unconfirmed)

13.2 Cancer Governance & Strategy Group held on 18 February 2026 (confirmed)

13.3 Clinical Governance Oversight Group held on 7 April 2026 (unconfirmed)

13.4 Fife Area Drugs & Therapeutic Committee held on 29 October 2025 (confirmed), 17 December 2025 (confirmed) & 18 February 2026 (unconfirmed)

13.5 Infection Control Committee held on 2 April 2025 (confirmed), 4 June 2025 (confirmed), 6 August 2025 (confirmed) and 3 December 2025 (unconfirmed)

13.6 Medical Device Group held on 11 March 2026 (unconfirmed)

13.7 Medical & Dental Professional Standards Oversight Group held on 10 March 2026 (unconfirmed)

13.8 Mental Health Oversight Group held on 17 October 2025 (confirmed), 10 December 2025 (confirmed) and 9 April 2026 (unconfirmed)

13.9 Research, Innovation & Knowledge Oversight Group held on 10 March 2026 (unconfirmed)

13.10 Resilience Forum held on 17 December 2025 (confirmed) and 23 March 2026 (unconfirmed)

14. ESCALATION OF ISSUES TO NHS FIFE BOARD

14.1 To the Board in the IPQR Summary

There were no performance-related issues to escalate to the Board.

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

It was agreed to escalate the items of limited assurance, namely stage two complaints and Adult Protection Services staffing.

15. MEETING REFLECTIONS & AGREEMENT OF MATTERS FOR CHAIR'S ASSURANCE REPORT TO BE PRESENTED TO FIFE NHS BOARD ON 26 MAY 2026

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

16. ANY OTHER BUSINESS

There was no other business.

Date of Next Meeting – Friday 10 July 2026 from 10am – 1pm via MS Teams.

Meeting: **Finance, Performance & Resources Committee**

Meeting date: **5 May 2026**

Title: **Committee Chair's Assurance Report**

1. Committee's Performance against Annual Workplan

1.1 The Committee approved the workplan for the financial year 2026/27.

2. The Committee considered the following items of business:

2.1 The Committee took a significant level of assurance from the Finance, Performance & Resources Committee Annual Statement of Assurance.

2.2 The Committee noted the Revised Risk Management Framework paper.

2.3 The Committee took a moderate level of assurance from the review of General Policies & Procedures paper.

2.4 The Committee discussed the updated Terms of Reference and endorsed the final version for consideration by the NHS Fife Board.

2.5 The Committee took a moderate level of assurance from the Annual Delivery Plan 2026/27 paper and endorsed the paper for consideration by the NHS Fife Board.

2.6 The Committee took a moderate level of assurance in relation to governance, and a limited level of assurance in relation to performance, from the Integrated Joint Board Directions 2026/27 paper.

2.7 The Committee took a moderate level of assurance from the Transformational Portfolio Update 2026/27.

2.8 The Committee took a moderate level of assurance from Financial Performance Report.

2.9 The Committee took a moderate level of assurance from the Transformation Portfolio Update and Savings Delivery report.

2.10 The Committee took a significant level of assurance from the Procurement Key Performance Indicators paper.

2.11 The Committee took moderate level of assurance from the Annual Delivery Plan 2025/26 M12 paper.

2.12 The Committee took a significant level of assurance from the Additional Cost of Teaching Governance & Assurance – Medical Education Financial Update paper.

2.13 The Committee noted the NHS Fife 2025-2028 Financial Plan Letter

3. Delegated Decisions taken by the Committee

None.

4. Update on Performance Metrics

4.1 The Committee took a limited level of assurance from the IPQR and endorsed the operational performance of the IPQR.

5. Update on Risk Management

5.1 The Committee **discussed** the paper, and **endorsed** the risks aligned to the Finance, Performance & Resources Committee for submission to the NHS Fife Board for approval

6. Any other Issues to highlight to the Board:

None.

Alistair Morris
Chair
Finance, Performance & Resources Committee

Fife NHS Board

Unconfirmed

MINUTE OF THE FINANCE, PERFORMANCE & RESOURCES COMMITTEE MEETING HELD ON TUESDAY 5 MAY 2026 AT 10:00AM VIA MS TEAMS

Present:
Alistair Morris, Non-Executive Director (Chair)
Susan Dunsmuir, Director of Finance
Colin Grieve, Non-Executive Director
John Kemp, Non-Executive Director
Craig MacDonald, Non-Executive Director
Professor Chris McKenna, Medical Director
Joni O'Sullivan, Non-Executive Director
Lynne Parsons, Employee Director

In Attendance:
Claire Dobson, Director of Acute Services
Susan Fraser, Deputy Director of Planning & Transformation
Alistair Graham, Director of Digital & Information
Tracy Hogg, Chief Finance Officer – Fife Health & Social Care Partnership
Dr Gillian MacIntosh, Associate Director of Corporate Governance & Board Secretary
Neil McCormick, Director of Property & Asset Management
Maxine Michie, Deputy Director of Finance
Emma O'Keefe, Consultant in Dental Public Health
Kerrie Donald, Executive Assistant *(minutes)*
Kevin Booth, Head of Financial Services & Procurement *(item 8.4)*

1. Apologies for Absence

Apologies were noted from members Jo Bennett (Non-Executive Director), William Edwards (Chief Executive), Gillian McAuley (Director of Nursing), Joy Tomlinson (Director of Public Health) and attendees Lynne Garvey (Director of Health & Social Care).

2. Declaration of Members' Interests

There were no members' interests to declare.

3. Minute of Previous Meeting held on 10 March 2026

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

4. Chair's Assurance Report Presented to NHS Fife Board on 31 March 2026

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

5. Matters Arising / Action List

The Committee **noted** the updates on the action list.

6. GOVERNANCE MATTERS

6.1 Draft Finance, Performance & Resources Committee Annual Statement of Assurance

The Associate Director of Corporate Governance & Board Secretary provided an overview of the paper, noting it provides assurance to the NHS Fife Board that the Finance, Performance & Resources Committee have delivered on their remit.

J O'Sullivan praised the report noting it would be helpful to provide the report to new Committee members for information.

The Committee took a **significant** level of assurance from the report and **approved** the report for final sign-off by the Chair and submission to the Audit & Risk Committee.

6.2 Consolidation and Revision of the Corporate Risk Register and Risks Assigned to the Finance, Performance & Resources Committee

The Medical Director introduced the paper, noting it is the culmination of several months of development, and aligns with the updated risk management framework approved by the NHS Fife Board and Audit & Risk Committee. Further refinement of the risk register is expected over forthcoming committee cycles, particularly in strengthening risk narratives and target measures. The number of corporate risks has been reduced from 19 to 15, with 2 new risks included on Quality and Diversity, and Mental Health, noting all risks were reviewed by the Executive Leadership Team (ELT). The revised framework incorporates an updated risk matrix, noting due to changes in scoring, more risks are classified as high. The new register adopts a simplified "one risk, one page" format, clearly setting out descriptors, strategic alignment, controls, and mitigating actions, although further work is needed to define target outcomes.

Following comments from members of the Committee, the Medical Director noted that the risk register ensures executive level actions are noted, as opposed to operational details. It was further noted that the full risk register list will be presented at the Audit and Risk Committee, as well as the NHS Fife Board, however, could be circulated round members of the Committee for review.

Action: Medical Director

The Director of Finance presented the 5 risks aligned to the Committee noting 3 risks (Whole System Capacity, Waiting Times, and Financial Risk) are rated above tolerance, reflecting recent performance and early year uncertainty. While 2 risks (Capital and Climate) are now rated as high due to the revised scoring, they remain below tolerance. It was highlighted the Committee should focus on whether the risk, controls and mitigating actions noted provide sufficient oversight, noting the new structure is welcomed by the Executive Team and provides clarity and consistency.

The Deputy Director of Finance highlighted it may be beneficial to reference the introduction of the patient level costing within the next iteration of the report, noting Scottish Government are rolling this method out across all Boards with the objective to benchmark across Boards in Scotland

The Committee **discussed** the paper, and **endorsed** the risks aligned to the Finance, Performance & Resources Committee for submission to the NHS Fife Board for approval.

6.3 Revised Risk Management Framework

The Medical Director presented the revised framework, highlighting that it has previously been endorsed by the Audit & Risk Committee, and approved by the NHS Fife Board.

The committee **noted** the revised framework.

6.4 Review of General Policies & Procedures

The Associate Director of Corporate Governance & Board Secretary presented the paper, noting an improved position and confirming that plans are in place to address the policy backlog. It was also highlighted that software solutions are being explored to support the administration and management of policies. Since submission of the paper, further policies have been updated, approved, and published on the website.

Following a query regarding the ownership of policies, the Associate Director of Corporate Governance & Board Secretary clarified that while some policies may cross committee boundaries, health and safety-focused policies will continue to be reported through this committee, as they fall within the general policy grouping and are managed consistently within that structure.

The Committee took a **moderate** level of assurance from the paper.

6.5 Annual Review of Committee's Terms of Reference

The Associate Director of Corporate Governance & Board Secretary presented the Terms of Reference acknowledging that these have been subject to extensive discussion with the Board Chair, Committee Chairs and Non-Executive Members, which has contributed to a later than usual submission. It was noted the tracked paper includes a proposal of renaming the Committee to the Planning, Performance and Resources Committee (PP&R), subject to Board approval. The revised Committee would incorporate a strengthened oversight of digital performance, with a greater focus on sub-national planning, and would review the full Integrated Performance and Quality Report (IPQR) to support a more comprehensive performance scrutiny, while other committees would continue to receive extracts for detailed review.

The Committee **discussed** the Terms of Reference and **endorsed** the final version for further consideration by the NHS Fife Board.

6.6 Delivery of Annual Workplan 2026/27

The Director of Finance presented the annual workplan noting it will be updated the reflect the new Committee title and additional digital performance items.

The Committee **approved** the tracked 2026/27 workplan.

7. STRATEGY / PLANNING

7.1 Annual Delivery Plan 2026/27

The Deputy Director of Planning & Transformation presented the paper noting it sets out the key outcomes for 2026/27 aligned to the national and local priorities. It was highlighted the plan may need further refinement as it is linked to key performance areas which are not fully completed, such as unscheduled care, planned care and mental health.

Following a query regarding percentage noted within the Corporate Objective section within the urgent and unscheduled care scale on page 18 of Appendix 1, it was agreed the 82% target should be removed from the narrative until confirmed.

Action: Deputy Director of Planning & Transformation

The Committee took a **moderate** level of assurance from the paper and **endorsed** the paper for consideration by the NHS Fife Board.

7.2 Integrated Joint Board Directions 2026/27

The Director of Finance provided an in-depth review of the paper noting directions are a statutory and legal requirement on the funding delegated back between NHS Fife and Fife Council from the IJB. It was noted following approval of the Fife IJB 2026/27 financial plan, a direction letter was issued to NHS Fife on 26 April 2026, confirming resources for delegated health services.

NHS Fife's plan includes £8.5m for pay awards in line with Scottish Government direction and a 2% non-pay inflation uplift of £3m, with a further £3m of NRAC parity funding allocated, taking total funding in excess of national guidance to £6m. Despite partner funding and a £20m savings requirement, a residual IJB gap of £5.475m remained, to be addressed through a £2.6m non-recurring NHS Fife contribution, £3.1m of additional IJB management actions, and £5.5m from Fife Council. Total additional funding support from NHS Fife in addition to national guidance in 2026/27 is £8.6m, consistent with the position in 2025/26.

In 2026/27, NHS Fife will provide £520m to the IJB, with £452.6m directed back to NHS Fife, resulting in a £67.4m variance, including £52m historic transfers and a £15.4m budget realignment to Fife Council.

The Director of Finance noted the paper seeks approval from the Committee to approve the £15.4m budget realignment payment to Fife Council, in line with IJB directions, noting following this realignment, NHS Fife's financial plan assumes no further risk share payments, subject to full delivery of £13.3m of savings within health delegated services and NHS Fife's share of the additional IJB management actions. It was highlighted NHS Fife's financial plan assumes the IJB will deliver a breakeven outturn at the 31st of March 2027, with risks monitored through established tripartite governance arrangements.

The Deputy Director of Finance queried the sustainability of funding the IJB noting NHS Fife have provided approximately £8m for 2 consecutive years, acknowledging this position is not sustainable, and will require early and ongoing engagement with IJB partners to transition to a more sustainable financial model, aligned to the strategic plan.

Following a query, the Director of Finance highlighted funding for the IJB is jointly provided by NHS Fife and Fife Council, with the IJB senior leadership team responsible for agreeing both the allocation of funding and the associated savings programme as part of the overall direction to NHS Fife. It was highlighted that the £13.3m savings requirement for health delegated services in 2026/27 comprises a mix of recurring and non-recurring savings, with increasing challenges in identifying sustainable recurring savings.

Following discussion, it was confirmed that, while the majority of savings delivered over the past 2 years have been recurring and underpinned by transformational change, a small proportion of 2026/27 savings will be non-recurring. Recurring savings were defined as permanent budget reductions, while non-recurring savings relate to short-term measures, such as vacancy management, which are not sustainable and will require replacement in future years.

The Committee took a **moderate** level of assurance in relation to Governance, and a **limited** level of assurance in relation to Performance.

7.3 Transformation Portfolio Update 2026/27

The Deputy Director of Planning & Transformation provided an overview of the paper noting that engagement work has taken place with each of the Senior Responsible Officers (SRO) for the programmes and are now in the process of refining the project plans to be delivered within 2026/27. It was noted that the paper provides summary overviews for the programmes, with key workstreams outlined, planned actions (short-term and full year) and associated savings targets. It was further noted that detailed plans are being finalised to demonstrate how savings will be delivered, with progress to be monitored throughout the year, and regular updates provided to the Committee to track the delivery and performance against the agreed plans.

Following discussion, it was noted that several transformation programmes are already supported by detailed and well-developed plans, particularly in prescribing, infrastructure, and medical workforce, with early actions underway to deliver savings. It was acknowledged that some benefits, including locum reductions, will materialise later in the year due to implementation timelines.

The Committee took a **moderate** level of assurance from the paper.

8. QUALITY / PERFORMANCE

8.1 Integrated Performance & Quality Report (IPQR)

The Director of Acute Services provided an in-depth review of Acute performance for March 2026, noting that emergency access performance remains at 69.5% which contributes to an overall average performance for the year of 71.9%, below the ambition target of 82%. Ongoing pressures relating to site occupancy and delays in accessing bed and clinical assessment spaces were identified as key contributing factors. It was noted while performance remains within the upper rage nationally, it is recognised as below the desired standard.

The Director of Acute Services reported that cancer performance for March 2026 showed strong results with 31-day standard performance at 96.2% and the 62-day

standards increasing the 76.5% against the agreed Scottish Government agreed target of 75%. Diagnostics exceeded the 95% target for both radiological tests and endoscopy noting NHS Fife continue to be the best performing Board in Scotland.

Due to IT issues, an update on delayed discharge performance was not discussed at the Committee.

The Committee took a **limited** level of assurance from the IPQR and **endorsed** the operational performance section within the IPQR.

8.2 Financial Performance Report

The Director of Finance provided a comprehensive review of the draft 2025/26 year-end financial report noting an improved overall position, supported by additional medicines funding and reduced CNORIS contributions. Savings delivery totalled £22.9m, exceeding the previous £22m forecasted and represents approximately 80% of the £28.6m target, with circa £15m assessed as recurring savings to be carried forward into 2026/27.

In relation to capital, year-end expenditure reached £21.5m, significantly above the initial £8.1m allocation which reflects additional investment secured and deployed across Estates, digital infrastructure, medical equipment, and energy efficiency initiatives.

The Director of Finance highlighted that the year-end position includes a repayable brokerage balance of £44.2m, relating to support received over the previous three years. It was advised that current deficit support is not being added to this balance; however, the total remains repayable over time as the Board returns to a financially balanced position.

The Committee took a **moderate** level of assurance from the report in relation to:

- The reported core revenue resource limit breakeven position will only be achieved through deficit funding support of £8.980m from Scottish Government.
- 80% delivery of savings targets in year, representing 2.44% of the board's baseline revenue resource.
- The reported overspend for health delegated service of £2.183m and £3.824m risk share from Fife Council.
- Achievement of the Cash Requirement cand Capital Resource Limit financial targets

8.3 Transformational Portfolio Update & Savings Delivery

The Director of Finance provided an overview of the paper reporting that 80% savings delivery has been achieved, with strong performance across clinical services, including Same Day Emergency Care (SDEC), planned care inward commissioning and fragile services. Infrastructure and change delivered its full target, while transport was below plan and will continue into 2026/27. Challenges remain within supplementary staffing and workforce redesign, particularly in addressing unfunded posts, with further work aligned to the 2026/27 transformation programme. Business transformation and procurement delivered close to target, although some savings are non-recurring and further development is required to secure recurring benefits. Medicines efficiency

exceeded target, contributing positively to overall performance. Additional non-recurring financial measures supported in-year delivery, achieving a total saving of £22.9m.

The Deputy Director of Planning & Transformation highlighted all existing programmes are being carried forward into 2026/27, ensuring continuity of delivery and progression of outstanding work.

The Chief Finance Officer for Fife Health & Social Care Partnership provided further assurance in relation to the reprovision of out of area care packages advising the first property is expected to be available by 15 May.

The Committee took a **moderate** level of assurance from the paper.

8.4 Procurement Key Performance Indicators

The Head of Financial Services & Procurement presented the paper noting an improvement in the contract lines for the year with a 15% increase, with the Procurement team ensuring as many orders are placed through the most appropriate national procurement framework, or local contracts where possible.

The Committee took a **significant** level of assurance on the performance of the Procurement function.

8.5 Annual Delivery Plan 2025/26 M12 (Mar-26) Update

The Deputy Director of Planning & Transformation presented the paper highlighting it is the final report for the 2025/26 Annual Delivery Plan. 2 programme areas, scheduled care and cancer care, are currently assessed as at risk, 5 areas are completed but will continue into the current year, and 7 are progressing as planned. Assurance was provided that any outstanding actions from the 2025/26 plan will be carried forward into the current delivery plan, with progress being monitored and reported on a bi-monthly basis.

The Committee took a **moderate** level of assurance with the delivery of the Annual Plan and **endorsed** the plan for approval by the NHS Fife Board.

8.6 Additional Cost of Teaching Governance & Assurance – Medical Education Financial Update

The Medical Director provided a comprehensive review of the paper highlighting the enhanced governance arrangements for ACT funding, which has increased significantly in recent years, and noted how funding is allocated across medical student education programmes. It was emphasised that ACT funding supports undergraduate medical training only, including placements within both acute services and GP practices.

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

9. LINKED COMMITTEE / GROUP MINUTES

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

9.1 Fife Capital Investment Group held on 25 February 2026 (confirmed) and 8 April 2026 (unconfirmed)

9.2 Procurement Governance Board held on 15 April 2026 (unconfirmed)

9.3 IJB Finance, Performance and Scrutiny Committee held on 11 March 2026 (unconfirmed)

9.4 Primary Medical Services Subcommittee held on 3 March 2026 (unconfirmed)

10. ESCALATION OF ISSUES TO NHS FIFE BOARD

10.1 To the Board in the IPQR Summary

There were no performance-related issues to escalate to the Board.

10.2 Chair's Comments on the Minutes / Any Other Matters for Escalation to NHS Fife Board

There were no issues to escalate to the Board.

11. MEETING REFLECTIONS & AGREEMENT OF MATTERS FOR CHAIR'S ASSURANCE REPORT TO BE PRESENTED TO FIFE NHS BOARD ON 26 MAY 2026

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

12. ANY OTHER BUSINESS

12.1 NHS Fife 2025-2028 Financial Plan Letter

The Committee **noted** the 2025-2028 Financial Plan Letter.

13. Date of Next Meeting:

Tuesday 14 July 2026 from 10am – 12.30pm via MS Teams

Meeting: **Public Health & Wellbeing Committee**

Meeting date: **11 May 2026**

Title: **Committee Chair's Assurance Report**

1. Committee's Performance against Annual Workplan

The Committee reviewed the workplan for the financial year 2026/27.

- Building our Inclusion Health Network *(deferred to September 2026)*

The workplan will require revision to align with the updated Terms of Reference. It will also be updated to reflect the revised corporate risk approach, include development of NHS Fife as a population health organisation, reinstate annual reporting on the East Region Health Protection Service, and outstanding items including the corporate parenting plan, will be added.

2. The Committee considered the following items of business:

2.1 Annual Assurance Statements & Reports from Public Health Governance Subcommittees & Groups

The Committee emphasised the need for clarity on reporting lines, particularly to ensure that oversight of the United Nations Convention on the Rights of the Child (UNCRC) matters is not lost, and agreed that this should be addressed through future workplans and terms of reference review. The Committee took a **"moderate" level of assurance** from the statements & reports.

2.2 Annual Review of Public Health & Wellbeing Committee Terms of Reference

The Committee agreed that the Terms of Reference should be updated and recirculated to add the definition of population health as discussed, during the meeting, with "**moderate assurance"** taken at this stage, noting further review will take place in-year

2.3 Update on Plan4Fife 2027

The Committee received an update on development of the future Plan for Fife and noted increasing momentum across partner organisations. Members welcomed the direction of travel but highlighted the importance of completing and sharing the Equality Impact Assessment. The Committee also emphasised the need for a clear measurement framework. The Committee took a **"moderate" level of assurance** from the update, and it was agreed a further update should be brought to the July 2026 meeting.

3. Delegated Decisions taken by the Committee

3.1 Draft Public Health & Wellbeing Committee Annual Statement of Assurance 2025/26

The Committee **endorsed** the annual statement of assurance for 2025/26, noting that it provided a clear summary of the Committee's work and assurance activity over the year.

3.2 Corporate Risks Aligned to the Public Health & Wellbeing Committee

The Committee endorsed the revised approach, subject to the circulation of the mental health risk and refinement of the health inequalities narrative for consistency, and requested recirculation of the approved risk management framework to support future consideration. The Committee took a **"moderate" level of assurance** and **endorsed** the risks aligned to the Public Health & Wellbeing Committee to go forward to the Board for approval.

3.3 Population Health and Wellbeing Strategy, 2025-26 Annual Report

The Committee took a **"moderate" level of assurance**, subject to the amendments discussed, that the identified risks associated with the ongoing monitoring of the implementation of the Population Health & Wellbeing Strategy continue to be mitigated. The Committee **endorsed** the Annual Report for sign-off by the NHS Fife Board.

4. Update on Performance Metrics

4.1 Integrated Performance & Quality Report

Members noted sustained improvement in some areas, including CAMHS referral to treatment times. Discussion highlighted the need for greater clarity on the barriers affecting childhood immunisation uptake, including MMR2, and on the extent of variation across Fife, as well as further detail on the contribution of community pharmacy and acute pathways to smoking cessation.

The Committee took a **"moderate" level of assurance** in terms of oversight of performance, and a **"limited" level of assurance** on specific aspects of performance The Committee also **endorsed** the Public Health & Wellbeing section of the IPQR.

4.2 Psychological Therapies Standard Update

The Committee noted early improvement against the locally agreed trajectory, with average performance over the most recent six-month period above target and waiting list reductions reported. The Committee took a **"moderate" level of assurance** on the work that is ongoing, and a **"limited" level of assurance** regarding evidencing sustained improvement.

5. ANNUAL REPORTS

5.1 There was one annual report presented for assurance:

- United Nations Convention on the Rights of the Child (UNCRC) (Implementation) (Scotland) Act 2024 Assurance Report *(moderate level of assurance)*

6. Any other Issues to highlight to the Board:

- It was agreed to highlight to the NHS Fife Board the Terms of Reference, which will iterate over time, particularly around the scope of the Committee.

Prof. Deborah Williamson
Chair
Public Health & Wellbeing Committee

Fife NHS Board

Unconfirmed

MINUTE OF THE NHS FIFE PUBLIC HEALTH & WELLBEING COMMITTEE MEETING HELD ON MONDAY 11 MAY 2026 AT 10AM VIA MS TEAMS

Present:
Prof. Deborah Williamson (Chair)
Jo Bennett, Non-Executive Member
Arlene Wood, Non-Executive Member
Nicola Robertson, Chair of the Area Clinical Forum
Gillian McAuley, Executive Nurse Director
Prof. Chris McKenna, Medical Director
Dr Joy Tomlinson, Director of Public Health

In Attendance:
Lisa Cooper, Head of Primary & Preventative Care Services *(deputising for Lynne Garvey)*
Susan Fraser, Interim Director of Planning & Transformation
Debbie Harland, incoming Board Committee Support Officer *(observing)*
Kirsty MacGregor, Director of Communications & Engagement
Dr Gillian MacIntosh, Associate Director of Corporate Governance & Board Secretary Director
Neil McCormick, Director of Property & Asset Management
Dr Matthew Neilson, Consultant in Public Health *(item 9.1 only)*
Hazel Thomson, Board Committee Support Officer (Minutes)

Chair's Opening Remarks

The Chair welcomed everyone to the meeting.

The Chair noted her appointment as successor to John Kemp, and, on behalf of the Committee, warmly thanked him for his service and input to the Committee. The Chair also advised that it was Hazel Thomson's last meeting as secretariat, and she was thanked for her support. Debbie Harland was welcomed to the meeting, as an observer, noting she will be the secretariat for the Committee from 1 June 2026.

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

1. Apologies for Absence

Apologies were received from member William Edwards (Chief Executive), Lynne Parsons (Employee Director) and regular attendee Lynne Garvey (Director of Health & Social Care).

2. Declaration of Members' Interests

There were no declarations of members' interests.

3. Minutes of Previous Meeting held on 2 March 2026

An amendment to the previous minute, under section 8.1, to read 'Child & Adolescent Mental Health Services' as opposed to 'unscheduled care'. The minute from the previous meeting was then **agreed** as an accurate record and will be updated before onward submission to the NHS Fife Board.

Action: Board Committee Support Officer

4. Chair's Assurance Report presented to Fife NHS Board on 31st March 2026

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

5. Matters Arising / Action List

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

Action No. 1 – NHS as a Population Health Organisation: Developing a Prevention-Focussed System

The Committee noted that NHS Fife continues to contribute to the national preventative spend pilot, although the output is not yet available. It was noted that the current phase is focused on agreeing common definitions and approaches across participating Boards. It was agreed the action should remain open pending further feedback.

Action No. 2 – Infrastructure and Change Programme Update

The Committee noted that the infrastructure and change programme update had been overtaken by events, including delivery of the 2025/26 savings target and development of the 2026/27 savings programme, and agreed the action could be closed.

The action list will be updated accordingly**.**

There were no other matters arising.

6. GOVERNANCE MATTERS

6.1 Annual Assurance Statements & Reports from Public Health Governance Subcommittees & Groups

The Committee received annual assurance statements from the Equality and Human Rights Steering Group and the Public Health Assurance Committee. It was noted that Equality and Human Rights reporting will transition from June to the Staff Governance Committee, while broader equality matters will continue to be reported across relevant committees.

The Committee emphasised the need for clarity on reporting lines, particularly to ensure that oversight of the United Nations Convention on the Rights of the Child (UNCRC) matters is not lost, and agreed that this should be addressed through future workplans and terms of reference review.

It was further agreed that the Equality and Human Rights Steering Group statement should be updated to reference the interim Equality Outcomes Mainstreaming Plan before recirculation.

Action: Executive Nurse Director

The Committee took a **"moderate" level of assurance** from the statements & reports.

6.2 Draft Public Health & Wellbeing Committee Annual Statement of Assurance 2025/26

The Committee **endorsed** the annual statement of assurance for 2025/26, noting that it provided a clear summary of the Committee's work and assurance activity over the year. Significant assurance was taken that the Committee had discharged its remit, and the statement was approved for submission to Audit and Risk Committee. It was noted that the statement had been signed by the outgoing Chair, given it covered the full year of business over 2025/26.

6.3 Annual Review of Public Health & Wellbeing Committee Terms of Reference

The Committee reviewed the revised Terms of Reference for the proposed amended Population Health Committee and noted the planned change of name and establishment of a Vice Chair from 1 June 2026, subject to Board approval.

Members supported the direction of travel. It was agreed that the definition and scope of population health should be included in within the revised Terms of Reference, retain explicit reference to public health (with adequate reference to workplan items), map the final remit to the Performance and Assurance Framework (PAF), and ensure clear alignment with the Integration Joint Board (IJB) responsibilities to avoid duplication or gaps

It was agreed that the Terms of Reference should be updated and recirculated to add the definition of population health discussed, with "**moderate assurance"** taken at this stage, noting further review will take place in-year.

Action: Board Secretary

6.4 Corporate Risks Aligned to the Public Health & Wellbeing Committee

The Committee considered the revised corporate risk register approach and endorsed the risks aligned to the Committee, taking moderate assurance. Members welcomed the move to a more streamlined strategic risk register and the improved clarity of the new "risk on a page" format, noting that it provided a clearer line of sight between risks, controls and mitigating actions.

Discussion highlighted the need for further refinement of the health inequalities risk narrative, greater consistency in the presentation of mitigating actions across risks, and circulation of the mental health risk summary, which had been omitted from the papers.

It was also noted that public health operational risks would continue to be monitored through existing assurance mechanisms, with escalation to the corporate register where the agreed criteria were met.

The Committee endorsed the revised approach, subject to the circulation of the mental health risk and refinement of the health inequalities narrative for consistency, and requested recirculation of the approved risk management framework to support future consideration.

Action: Director of Public Health / Board Committee Support Officer

The Committee took a **"moderate" level of assurance** and **endorsed** the risks aligned to the Public Health & Wellbeing Committee to go forward to the Board for approval.

6.5 Delivery of Annual Workplan 2026/27

The Committee reviewed the draft workplan and noted that it will require revision to align with the updated Terms of Reference and that the workplan sets out the mechanism by which Committee will fulfil their remit within the Terms of Reference. It was agreed that the workplan should be updated to reflect the revised corporate risk approach, include development of NHS Fife as a population health organisation, reinstate annual reporting on the East Region Health Protection Service, and add outstanding items including the corporate parenting plan.

The Committee took **"assurance"** from the updated workplan, subject to these amendments.

7. STRATEGY / PLANNING

7.1 Population Health and Wellbeing Strategy, 2025-26 Annual Report

The Committee endorsed the Population Health and Wellbeing Strategy Annual Report, noting its clear structure and the breadth of progress reported across the four strategic priorities. Members welcomed the report's presentation and case studies, but requested that future reports include clearer baseline, process and outcome measures, greater clarity on mental health core standards, stronger evidence on equitable access, and revised wording in the primary care section to better reflect continuity of care.

The Committee took a **"moderate" level of assurance**, subject to the amendments discussed, that the identified risks associated with the ongoing monitoring of the implementation of the Population Health & Wellbeing Strategy continue to be mitigated.

The Committee **endorsed** the Annual Report for sign-off by the NHS Fife Board.

7.2 Update on Plan4Fife 2027

The Committee received an update on development of the future Plan for Fife and noted increasing momentum across partner organisations, including agreement on the need for a longer-term planning cycle, fewer shared outcomes and a stronger focus on joint delivery, prevention and innovation.

Members welcomed the direction of travel but highlighted the importance of completing and sharing the Equality Impact Assessment (EQIA), clearly articulating the contribution and accountability of each sector, and ensuring that existing strategic assessments and public health evidence are used to inform the plan. The Committee also emphasised the need for a clear measurement framework with baseline, process

and outcome indicators, and for lived experience to be built into the work as an equal partner.

The Committee took a **"moderate" level of assurance** from the update, and it was agreed a further update should be brought to the next meeting.

8. QUALITY / PERFORMANCE

8.1 Integrated Performance & Quality Report

The Committee endorsed the Public Health and Wellbeing section of the IPQR and took moderate assurance from the arrangements in place to oversee performance and improvement activity.

Members noted sustained improvement in some areas, including CAMHS referral to treatment times, but recognised that assurance remained limited in a number of indicators where performance had not yet improved or remained below target.

Discussion highlighted the need for greater clarity on the barriers affecting childhood immunisation uptake, including MMR2, and on the extent of variation across Fife, as well as further detail on the contribution of community pharmacy and acute pathways to smoking cessation. The Committee also noted the importance of ensuring that service narratives align clearly with the data presented in order to support robust assurance.

The Committee took a **"moderate" level of assurance** in terms of oversight of performance, and a **"limited" level of assurance** on specific aspects of performance.

The Committee also **endorsed** the Public Health & Wellbeing section of the IPQR.

8.2 Psychological Therapies Standard Update

The Committee considered an update on psychological therapies referral to treatment performance and noted early improvement against the locally agreed trajectory, with average performance over the most recent six-month period above target and waiting list reductions reported.

Members welcomed the progress and the clearer oversight arrangements now in place but noted that sustained improvement had yet to be evidenced and that assurance on impact therefore remained limited. It was agreed that further information would be circulated on escalation status, onward pathways for unaccepted referrals, and clearer trend presentation to support future assurance.

The Committee took a **"moderate" level of assurance** on the work that is ongoing, and a **"limited" level of assurance** regarding evidencing sustained improvement.

9. ANNUAL REPORTS

9.1 United Nations Convention on the Rights of the Child (UNCRC) (Implementation) (Scotland) Act 2024 Assurance Report

The Committee received the first joint UNCRC implementation assurance report for NHS Fife and the Health and Social Care Partnership and noted the progress made in embedding children's rights across governance, impact assessment, policy and workforce development. Members welcomed the breadth of activity reported, including stronger use of impact assessment, child-friendly communications and multi-agency working, while noting the need to build awareness and engagement further across adult services and primary care.

The Committee took a **"moderate" level of assurance** from the evidence presented in the draft report and planning for the next phase of implementation.

10. LINKED COMMITTEE MINUTES

The Committee **noted** the linked minutes.

10.1 Public Health Assurance Committee held on 25 February 2026 (unconfirmed)

11. ESCALATION OF ISSUES TO NHS FIFE BOARD

11.1 To the Board in the IPQR Summary

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

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

It was agreed to highlight to the NHS Fife Board the Terms of Reference, which will iterate over time, particularly around the scope of the Committee.

12. MEETING REFLECTIONS & AGREEMENT OF MATTERS FOR CHAIR'S ASSURANCE REPORT TO BE PRESENTED TO FIFE NHS BOARD ON 31 MARCH 2026

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

13. ANY OTHER BUSINESS

None.

Date of Next Meeting - Monday 29 June 2026 from 10am – 12.30pm via MS Teams.

Meeting: **Staff Governance Committee**

Meeting date: **Tuesday 12 May 2026**

Title: **Committee Chair's Assurance Report**

1. Committee's Performance Against Annual Workplan

1.1 The Committee considered the updated Staff Governance Workplan for 2026/27, noting updates since its initial presentation in March 2026. It was highlighted that Committee Development Sessions for the year are to be agreed, and that reporting on Equality, Diversity & Inclusion and Health & Safety will be incorporated within the workplan to strengthen oversight, following wider Board Committee remit changes. The Committee took a *'Moderate'* level of assurance from the delivery of the 2026/27 Annual Workplan.

2. The Committee considered the following items of business:

2.1 The Committee considered the Draft Staff Governance Committee Annual Statement of Assurance for 2025/2026 noting refinements made following Internal Audit feedback to strengthen clarity, structure and articulation of assurance levels, including alignment with the Committee workplan. The Committee took a '*Significant'* level of assurance that it has effectively discharged its remit and approved the Statement for final sign-off and submission to the NHS Fife Board on 26 May 2026.

2.2 The Committee considered and approved the revised Terms of Reference, reflecting updates to its remit, including the incorporation of Equality and Diversity and Health and Safety reporting. On this basis, the Committee took a *'Significant'* level of assurance and endorsed the Terms of Reference for onward submission to the NHS Fife Board on 26 May 2026.

2.3 The Committee took a *'Moderate'* level of assurance from the Quarter 4 Health and Care (Staffing) (Scotland) Act 2019 (HCSA) report, noting continued progress in embedding compliance with statutory duties, supported by enhanced monitoring and self-assessment processes. Challenges relating to staffing capacity, including the impact of the Reduced Working Week, and ongoing developments within the eRostering programme were highlighted, with plans for strengthened governance and additional resources underway to support delivery. Healthcare Improvement Scotland feedback from recent Board inspections was noted as broadly positive overall, with some areas for improvement relating to staff wellbeing and workforce.

2.4 The Committee considered the Draft Medical Workforce Strategic Framework for the 2026 to 2031 reporting period, noting a comprehensive and engagement-led approach built around four strategic pillars. Progress in medical recruitment was recognised, alongside ongoing workforce challenges, particularly within psychiatry. Opportunities to strengthen ambition, equality and diversity visibility, and the articulation of delivery and assurance arrangements were highlighted. The Committee welcomed the Framework and took a *'Moderate'* level of assurance, noting that further development was required prior to finalisation.

2.5 The Committee considered the People & Change Programme Closure Report, which evidenced delivery of workforce and financial improvements across the two-year programme, including reductions in agency staffing, implementation of the Reduced Working Week, enhanced workforce planning tools. It was acknowledged that whilst challenges remained, particularly in relation to sickness absence, the programme was recognised as having delivered meaningful progress. The Committee noted its formal closure and the transition of ongoing activity into 2026/27 Transformation programmes of work and took a *'Moderate'* level of assurance.

2.6 The Committee took a *'Moderate'* level of assurance from the RTP Business Transformation Closure Report, noting progress in administrative and support service transformation, including increased use of digital tools and delivery of in-year savings. It was acknowledged that whilst challenges remain in demonstrating recurring financial impact, the programme was formally closed with ongoing work and learning transitioning into future transformation activity.

2.7 A 'Moderate' level of assurance was taken from the Quarter 4 Health & Safety Incident report for 2025/2026, noting ongoing improvements in health and safety provisions and clearer monitoring of trends through updated reporting formats. Early signs of reductions in violence, aggression, and patient self-harm incidents were highlighted, alongside progress on RAAC surveys and mitigations in place.

2.8 The Board's Quarter 4 2025/26 Communications report was discussed, noting continued growth in website usage, strong social media engagement, and consistent internal communications activity. An update on the transition from Stafflink to SharePoint intranet was provided. Response times to elected member enquiries remained within the 10-day target. Overall, the Committee took a *'Moderate'* level of assurance that communications activity is being monitored and adjusted to meet organisational needs.

2.9 A 'Moderate' level of assurance was taken from the Estates, Facilities and Capital Planning leadership development update, noting significant improvement in mandatory training and PDPR compliance driven by a focused leadership approach, improved data visibility and targeted interventions. Wider benefits in staff engagement, communication and cultural ownership were also highlighted. The Committee welcomed the progress and supported wider sharing of the approach with the NHS Fife Board.

2.10 The Committee noted the closure of the Learning Review Assurance Group, with all recommendations delivered. It was noted that focus will now shift to embedding improvements within routine governance arrangements, supported by strengthened Equalities and Human Rights arrangements and a revised EQIA. A comprehensive People & Culture Plan was shared with the Committee to provide visibility of completed and ongoing actions with future reporting to be streamlined and aligned more closely with the Committee Workplan.

2.11 The Committee considered and welcomed the Staff Networks Good Practice Guide, the development of which had been endorsed by the Executive Leadership Team, with a commitment to protected time to support staff participation, noting that Staff Networks were recognised as an important element of the Equalities and Human Rights agenda. A *'Moderate'* level of assurance was taken in relation to this programme of work.

2.12 The Committee took a *'Moderate'* level of assurance from the Staff Health & Wellbeing Framework and Action Plan 2025-2027, acknowledging the Executive Leadership Team's endorsement of the Framework and Action Plan and the requirement to refresh the Board's approach to sickness absence and staff health and wellbeing. The proposed workshop series due to take place from June to August 2026 to further align staff health and wellbeing, sickness absence and corporate risk priorities was acknowledged as a positive step in maintaining momentum.

2.13 An update provided by the Board's Staff Health & Wellbeing Champion highlighted ongoing concerns regarding the impact of prolonged grievance and disciplinary processes on staff wellbeing, with this issue remaining a key area of focus. It was noted that work is underway to support earlier resolution, including the development of "Avoiding Harm" training. The Committee received assurance from the Board's Whistleblowing Champion that current whistleblowing arrangements and compliance processes within NHS Fife are appropriate, following engagement to share practice with NHS Tayside.

2.14 The Committee noted the Quarter 4 People & Culture Report for the 2025/26 reporting period recognising it as a comprehensive review of activity undertaken. Progress on the Reduced Working Week was also noted.

2.15 The Committee took a *'Significant'* level of assurance from the 2025/26 Area Partnership Forum Annual Assurance Report noting that the Forum had fulfilled its remit, evidencing strong partnership working, meaningful staff engagement and active scrutiny of workforce pressures.

2.16 Positive early progress in embedding the 'Our Leadership Way' Framework within the Board was noted, with practical application evident across recruitment, development and service delivery and locally led approaches supporting leadership capability and strengthening people-centred practice. The Committee endorsed the continued focus on sustaining momentum and took a *'Moderate'* level of assurance from the progress achieved to date.

2.17 The Committee considered the 2025/26 Whistleblowing Annual Report, noting an increase in concerns raised, reflecting effective use of Speak Up arrangements. Whilst challenges remain in meeting investigation timescales, improvements in staff support and learning were highlighted, supported by external engagement. The Committee took a *'Moderate'* level of assurance and noted ongoing work to strengthen whistleblowing processes and promote a positive speak-up culture across the organisation.

2.18 The Whistleblowing Oversight Assurance Report for the 2025/26 reporting period was considered by the Committee, noting established governance arrangements and the introduction of a forward workplan to strengthen oversight. Support for staff involved in whistleblowing and promoting a wider speak-up culture were acknowledged as areas of priority focus. A 'Moderate' level of assurance was taken from the report.

3. Update on Performance Metrics

The Committee took a '*Limited'* Level of Assurance from the IPQR update provided:

- The Board's reported sickness absence rate was reported as 7.36% as at 28 February 2026.

- The Board's Core Skills / Mandatory Training Compliance was reported as 77%, 3% below the agreed target of 80% and 8% higher when compared with December 2025 metrics.

- PDPR compliance was reported as 45%, as at 31 March 2026.

- The latest nationally reported ISD vacancy rates (as at December 2025) were AHP (4.1%), Medical & Dental (6.2%) and Nursing & Midwifery (3.1%).

- The Board's Medical job plan completion currently stands at 84.4%.

4. Update on Risk Management

The Committee considered the refreshed Corporate Risk Register, noting alignment with the updated Risk Management Framework and the introduction of a clearer 'one risk per page' approach, strengthening the distinction between controls and mitigating actions and enhancing oversight through existing governance structures. Revisions to risks within the Staff Governance remit, including staff wellbeing, workforce planning and a new Equality, Diversity and Inclusion risk, were welcomed for their increased clarity. Subject to minor amendments, the Committee took a moderate level of assurance and endorsed the Corporate Risk Register for onward submission to the NHS Fife Board.

5. Any other Issues to highlight to the Board

N/A

Colin Grieve
Chair, Staff Governance Committee
May 2026

Fife NHS Board

Unconfirmed

MINUTE OF THE STAFF GOVERNANCE COMMITTEE MEETING HELD ON TUESDAY 12 MAY 2026 AT 10.00 AM VIA MS TEAMS

Present:
Colin Grieve, Non-Executive Member (Chair)
Sinead Braiden, Non-Executive Member
Vicki Bennett, Co-Chair, Health & Social Care Partnership (H&SCP) Local Partnership Forum (LPF)
John Kemp, Non-Executive Member & Staff Health & Wellbeing Champion
Gillian McAuley, Director of Nursing *(part-meeting)*
Joni O'Sullivan, Non-Executive Whistleblowing Champion and Equality & Diversity Champion
Lynne Parsons, Employee Director
Andrew Verrecchia, Co-Chair, Acute Services Division (ASD) & Corporate Directorates LPF

In attendance:
Claire Dobson, Director of Acute Services *(part-meeting)*
Susan Fraser, Interim Director of Planning & Transformation
Alistair Graham, Director of Digital & Information *(for item 7.3 only)*
Lynne Garvey, Director of Health & Social Care *(part-meeting)*
Jenni Jones, Associate Director of People & Culture
Daniel Low, Head of Nursing, H&SCP *(observing)*
Professor Chris McKenna, Acting Deputy Chief Executive and Medical Director
David Miller, Director of People & Culture
Kirsty MacGregor, Director of Communications & Engagement
Jill Nowell, Director of Pharmacy & Medicines
Neil McCormick, Director of Property & Asset Management
Dr Gillian MacIntosh, Associate Director of Corporate Governance & Board Secretary
Brian McKenna, Workforce Planning *Lead (for Items 6.4, 7.2 and 9.2 only)*
Sandra Raynor, Associate Director of People & Culture

Minute:
Lakshmi Anderson, Executive Assistant to the Director of People & Culture

Chair's Opening Remarks

The Chair welcomed everyone to the meeting and thanks were also extended to all staff for their continued efforts during the current financial and workforce pressures. A special welcome was extended to Jill Nowell, Director of Pharmacy & Medicines, who was attending her first meeting of the Committee and Daniel Low, Head of Nursing, H&SCP, attending as part of his development.

The Committee was informed that Lynne Parsons, Employee Director, has been appointed Vice Chair of the Staff Governance Committee with effect from 1 June 2026. Thanks were extended to Alistair Graham for his contribution to the Committee, noting his departure from the Board on 22 May 2026, having been appointed to the role of Director of Digital Services, NHS Greater Glasgow & Clyde.

In recognition of 12 May being International Nurses Day, the Chair took the opportunity to acknowledge and thank all nursing colleagues for their dedication, compassion and the vital role they play in delivering services across the organisation.

Due to the challenges of managing the meeting remotely, the Chair requested those presenting papers to be as succinct as possible, on the assumption that all papers had been read prior to the meeting. Thanks were extended to those who had responded to the request to contact report authors with queries in advance of the meeting.

The Chair advised that the meeting was being recorded for the purpose of producing the minutes and reminded members that any matters of discussion raised should be in relation to the NHS Scotland Staff Governance Standard.

1. Apologies for Absence

Apologies for absence were received from member William Edwards, Chief Executive.

2. Declaration of Members' Interests

There were no declarations of interest made by members.

3. Minute of the Previous Meeting held on Tuesday 3 March 2026

The minute of the meeting held on Tuesday 3 March 2026 was **agreed** as an accurate record.

4. Chair's Assurance Report presented to Fife NHS Board on 24 March 2026

The Committee **noted** the contents of the Chair's Assurance Report presented to Fife NHS Board on 24 March 2026.

5. Matters Arising / Action List

The Committee **noted** the updates on the Committee Action List and the People & Culture Directorate Action Plan, which had been developed in response to feedback from the Learning Review Improvement Plan.

6. GOVERNANCE MATTERS

6.1 Draft Staff Governance Committee Annual Statement of Assurance 2025/2026

The Chair Invited the Associate Director of Corporate Governance & Board Secretary to speak to the report, which provided assurance that the Committee has discharged its remit for the 2025/2026 reporting period.

An overview of the paper was provided and it was highlighted that the Statement had been refined following discussion with the Internal Audit team, to include a more concise narrative, clearer headings and an explicit focus on levels of assurance. The inclusion of the Committee Work Plan, mapped to assurance levels, was also noted.

The Committee **took a 'Significant' level of assurance** from the report and **approved** the Draft Staff Governance Committee Annual Statement of Assurance

2025/2026 for final sign off by the Chair and submission to the Audit & Risk Committee.

6.2 Annual Review of Staff Governance Committee Terms of Reference

The Chair Invited the Associate Director of Corporate Governance & Board Secretary to speak to the paper.

It was noted that the revised Terms reflect wider Board Committee remit changes, including the formal transfer into the Committee's remit of Equality and Diversity reporting from the Equalities & Human Rights Steering Group, and Health and Safety assurance reporting. Members noted the clarifications and amendments made following input from the Chair and Vice Chair and approved the revised Terms of Reference for onward submission to the Audit & Risk Committee and the NHS Fife Board.

The Committee **took a 'Significant' level of assurance** from the review and **endorsed** a final version for further consideration by the NHS Fife Board on 26 May 2026.

6.3 Consolidation and Revision of the Corporate Risk Register and Risks Assigned to the Staff Governance Committee

The Chair invited the Medical Director and the Director of People & Culture to speak to the report.

The Committee noted that the new revised Corporate Risk Register reflects the recent Board-approved refresh of the Risk Management Framework and introduces a revised one risk per page format. It was highlighted that the new approach clearly differentiates between controls and mitigating actions and strengthens the focus on how risks will be actively managed, monitored and assured through existing governance structures including the Executive Leadership Team, Board Committees and the NHS Fife Board. Members acknowledged that this represents a significant change from the previous iteration, noting that the Register will continue to mature through iterative review.

The Director of People & Culture highlighted the proposed revisions to risks within the Staff Governance remit, including updated wording for risks relating to Staff Wellbeing (Risk 8), Workforce Planning (Risk 12) and the inclusion of a new Equality, Diversity and Inclusion (EDI) risk (Risk 14). Members welcomed the clarity and increased specificity of the revised risks and mitigating actions. It was noted that the EDI risk currently rated as high, reflected a cautious initial assessment, and that this would be reviewed as mitigating actions progress and additional resource to support this programme of work is secured.

The Committee supported the revised Corporate Risk Register, subject to minor amendments, including clarifying assurance lines (Risk 12), refining wording and the inclusion of indicative timescales for mitigating actions.

Action: Medical Director /Director of People & Culture

The Committee took a **'Moderate'** level of assurance from report and, subject to the amendments discussed, **endorsed** it for onward submission to the NHS Fife Board on 26 May 2026.

6.4 Health & Care Staffing Act (HCSA) Quarter 4 Report 2025/2026

The Chair invited the Workforce Planning Lead to speak to the report, which provided an update on the Board's Quarter 4 2025/2026 HCSA activity.

An overview of key developments in Quarter 4 was provided, including continued progress in embedding compliance with statutory duties, supported by quarterly self-assessment returns from services. The Committee noted the enhanced role of Healthcare Improvement Scotland (HIS) in monitoring compliance, which emphasised the need for increased rigour and stronger supporting evidence from services in future assessments. The impact of the Reduced Working Week on staffing capacity was highlighted, alongside mitigating actions implemented, including additional funding to protect frontline services and ongoing recruitment activity.

The Director of Nursing provided a comprehensive update on the eRostering programme, acknowledging both progress and ongoing challenges, particularly in the implementation of more complex 24/7 rosters. It was noted that enhanced programme governance arrangements, the establishment of a strengthened project team, and additional clinical, digital and finance resource are being put in place to address delivery challenges and support progress. The Committee was advised that HIS inspection feedback has been broadly positive overall, with some areas for improvement noted relating to staff wellbeing and workforce pressures, and that formal oversight of any resulting actions will be undertaken by the Clinical Governance Committee.

The Committee **took a 'Moderate' level of assurance** from the report.

6.5 Delivery of Annual Workplan 2026/2027

The Chair invited the Director of People & Culture to speak to the updated workplan.

It was noted that Committee Development Sessions for the year require to be agreed, and members were invited to suggest relevant topics. The Committee was advised that reporting schedules in relation to Equality, Diversity & Inclusion and Health & Safety would be incorporated into the Workplan to support oversight of these areas of work.

Action: Committee Chair/Vice Chair/Director of People & Culture

The Committee **took a 'Moderate' level of assurance** from the Annual Workplan for the 2026/2027 reporting period.

7. STRATEGY / PLANNING

7.1 Draft Medical Workforce Strategic Framework 2026-2031

The Chair invited the Medical Director to speak to the report, which detailed the Board's strategic approach to planning, developing and sustaining a medical workforce that is responsive to the evolving population health needs.

The Committee was advised that the Framework has been developed through stakeholder engagement and reflected the Board's evolving role as a University

Health Board. Whilst progress in medical recruitment was reported as positive across a number of specialties, significant ongoing workforce challenges in the psychiatry service were noted, with a c.50% Whole Time Equivalent gap, requiring a bespoke long-term improvement plan.

Expressing support for the Framework, J Kemp, Non-Executive Member and Staff Health & Wellbeing Champion, emphasised the opportunity to strengthen the ambition and clarity of language within, particularly in relation to wellbeing and culture, flexible working and addressing workforce pressures. The Director of Communications & Engagement also commented favourably on the work undertaken and offered support to help articulate NHS Fife's offer more clearly to attract medical staff and promote the organisation more widely.

From an equality, diversity and inclusion perspective, J O'Sullivan Non-Executive Whistleblowing Champion and Equality & Diversity Champion, highlighted the value of strengthening visibility of workforce demographics to better reflect the diversity of the medical workforce. The Medical Director acknowledged these opportunities, and the support offered by the Director of Nursing in relation to Equality Impact Assessment work and the Director of People & Culture with providing workforce data.

The importance of articulating delivery and assurance arrangements was discussed and it was advised that existing governance structures, supported by enhanced reporting, would be utilised to provide the required assurance to the Committee.

The Committee welcomed the Framework, noting both the progress achieved and the areas for further development prior to finalisation. The Committee **took a 'Moderate' level of assurance** from the Draft Medical Workforce Strategic Framework for the 2026 to 2031 reporting period.

7.2 People & Change Programme Closure Report

The Chair invited the Director of People & Culture to speak to the report.

A comprehensive overview of the paper was provided, including a progress update on the achievements of the two-year programme, which was established as part of the Board's wider Transformation agenda. Members noted delivery across a range of priority areas, including actions to address recurring pay pressures, successful reduction in supplementary and agency staffing (with year-one targets exceeded) and high levels of compliance with direct engagement arrangements for locums. It was highlighted that the programme also delivered workforce transformation activity, including implementation of the Reduced Working Week, skill-mix developments as part of the Band 5 to 6 Nursing Review, vacancy control measures, measures to reduce administrative pressures by making better use of digital solutions and the development of integrated workforce and finance dashboards to support improved decision-making.

It was acknowledged that whilst year two presented greater financial challenges and sickness absence levels remained an area of concern, the programme had delivered meaningful improvements overall.

The Committee noted that the programme had now formally closed and that future activity and workstreams will be progressed as part of the Board's 2026/2027 Transformation programme of work.

The Committee **took a 'Moderate' level of assurance** from the report, **noted** the diligence of closure activities and the intended transition arrangements for future activity.

7.3 RTP Business Transformation Closure Report

The Chair invited the Director of Digital & Information to present the paper, which provided an update against the original Project Initiation Document objectives and outlined plans to transition the work into the Board's 2026/27 Transformation Plan.

Areas of progress across the programme were highlighted, noting achievements in administrative and support service transformation, including review of the administrative services job family, new model for management support, increased use of digital tools such as Copilot, and positive results from the speech recognition pilot within medical secretarial services. It was reported that whilst £1.7m of savings had been achieved in-year with a limited recurring element, there were recognised challenges in clearly evidencing financial impact alongside establishment reductions.

The Committee noted the closure of the programme with ongoing work, risks and learning transferring into future Transformation Programmes and established governance arrangements.

The Committee **took a 'Moderate' level of assurance** from the report and **noted** the diligence of closure activities and intended transition arrangements for future activity.

8. STAFF GOVERNANCE AND STAFF GOVERNANCE STANDARD

8.1 Appropriately Trained: Core Skills / Mandatory Training Compliance Rates & Sustainability Plan

The Chair invited J Jones Associate Director of People & Culture to speak to the paper, which outlined mitigating actions in place to increase the Board's Core Skills/ Mandatory training compliance.

It was reported that as at 31 March 2026, the Board's Core Skills compliance is 77%, remaining 3% below the agreed target of 80%. This, however, reflected an 8% improvement as compared with December 2025 metrics. This was acknowledged as a significant improvement, with progress attributed to collective leadership across directorates and targeted, data-driven support from the Learning & Development team.

The Committee was advised that the introduction of the Once for Scotland Core Skills learning suite in March 2026 had also contributed to improved compliance levels alongside notable performance improvements reported within the Estates & Facilities Directorate.

The Employee Director commended the progress to date and emphasised the importance of maintaining continued focus in this area going forward.

The Committee **took a 'Moderate' level of assurance** from the report.

8.2 Appropriately Trained: PDPR Compliance Rates & Sustainability Plan

The Chair invited J Jones, Associate Director of People & Culture to speak to the report, which provided an update on current metrics in relation to the Board's Personal Development & Planning Review (PDPR) performance.

The Committee was advised that PDPR completion rates as at 31 March 2026 were reported as 45%, 20% below the agreed target of 65% and 25% below the agreed target of 70% for the 2026/2027 reporting period.

It was highlighted that PDPR performance remains a key corporate risk, with recent work focused on strengthening mitigations and better understanding the barriers to improvement. The Committee was advised that the Executive Leadership Team had agreed that improvement must be driven at directorate and service portfolio level, supported by better data, targeted support and local ownership. In response to a concern raised regarding the risk of PDPRs becoming a tick-box exercise, Executive Directors offered assurance that the focus remains on meaningful conversations.

The Director of People & Culture reiterated that the Chief Executive has set a clear expectation that corporate areas should prioritise PDPR completion with an aim to achieve 80% compliance as soon as possible, enabling greater focus on clinical areas. Local actions to support improvement were highlighted, and whilst it was noted that overall performance remained below target, the Committee unanimously acknowledged strong leadership commitment and increased local accountability to improve performance.

The Committee **took a 'Limited' level of assurance** from the report and **acknowledged** the level of strategic commitment to improve performance in this area.

8.3 Improved Safe and Working Environment Quarter 4 Report

The Chair invited the Director of Property & Asset Management to speak to the report, which provided an update on the Board's Quarter 4 Health and Safety Performance.

It was noted that refinement of the report format is ongoing, with a move to statistical process control charts, which have enabled clearer monthly monitoring of trends. Early indications evidenced reductions in violence and aggression incidents and patient self-harm, although it was acknowledged that formal targets have not yet been set. The Committee was updated on the progress of phase two Reinforced Autoclaved Concrete (RAAC) surveys being undertaken and the mitigations in place, including capital provision for immediate safety measures, where required.

In response to a question from J O'Sullivan Non-Executive Whistleblowing Champion and Equality & Diversity Champion, on the potential value of more granular analysis of violence and aggression data, including by protected characteristics, the Director of Property & Asset Management confirmed that Datix

data can be interrogated to provide this level of detail and offered to undertake further analysis if required.

The Committee **took a 'Moderate' level of assurance** from the Improved Safe and Working Environment Quarter 4 Report.

8.4 Well Informed: Communications Quarter 4 2025/2026 Report

The Chair invited the Director of Communications & Engagement to speak to the report, which provided an overview of the Board's Corporate Communications and engagement activity for the period 1 January to 31 March 2026, including website performance, social media, StaffLink, press and media and elected member enquiries.

The Committee was informed of continued growth in website usage, with a 14% increase in users and an 8.87% increase in page views. It was noted that social media engagement remained strong with 420 posts generating approximately 290,000 interactions across 226,000 followers. Facebook remains the largest engagement channel. Members were advised that internal communications activity comprised 410 all-staff news posts on Stafflink with consistent engagement across hubs. It was noted that reactive media enquiries reduced during the quarter, alongside an increase in proactive media releases, and that 91% of 55 elected member enquiries were responded to within the 10-day target. An update on the transition from Stafflink to the SharePoint intranet was provided, including details of a soft launch and parallel running of both platforms to ensure continuity.

The Committee **took a 'Moderate' level of assurance** from the report that NHS Fife Corporate Communications activity is being monitored and adjusted to continue to meet the needs of the target audience and the organisation.

8.5 Estates, Facilities and Capital Planning Leadership Development

The Chair invited the Director of Property & Asset Management to speak to the report, which highlighted significant improvement in mandatory training and Personal Development and Planning Review (PDPR) engagement within the directorate.

It was noted that baseline mandatory training and PDPR compliance as at June 2025 had been approximately 25%, with limited visibility of performance due to the absence of reliable data. Improved data availability facilitated by the Learning & Development team has enabled a clearer understanding of compliance across a workforce of approximately 1,300 staff and informed targeted action.

The Director of Property & Asset Management described a substantial improvement in compliance across all staff groups – data showing progress, no areas remaining in low-compliance categories, lowest groups reporting above 40% compliance and several groups achieving 90 to 100% compliance. This improvement was attributed to a focussed leadership-led approach, including engagement of supervisory and managerial staff in a series of facilitated workshops, and leadership development sessions delivered in partnership with Organisational Development colleagues.

It was highlighted that practical barriers, particularly digital confidence and access to systems, had been a significant factor for many staff, including part-time and

shift-based workers. The introduction of iPads was noted as a key enabler, significantly improving staff confidence and access to mandatory training and PDPR processes. Beyond compliance, members noted improved communication, stronger working relationships and staff engagement within Estates and Facilities, with an increased sense of value, inclusion and shared ownership emerging across teams.

The Committee welcomed the positive cultural impact of the work, noting improvements not only in training metrics but also in leadership behaviours and staff morale. The Employee Director commended the progress made and enquired how similar initiatives could be rolled out across the organisation. J Jones, Associate Director of People & Culture, acknowledged the importance of sustained support and commented that this model of engagement is resource-intensive and requires careful prioritisation if extended more widely across the organisation.

The Chair supported wider sharing of the learning and approach with Board members and requested the Associate Director of Corporate Governance & Board Secretary to explore inclusion of the paper on a future agenda of the NHS Fife Board.

Action: Associate Director of Corporate Governance & Board Secretary

The Committee **took a 'Moderate' level of assurance** from the update provided.

8.6 Learning Review Improvement Plan Closure Report

The Chair invited the Director of Nursing to speak to the report.

A comprehensive overview of the paper was provided, noting that the Learning Review Assurance Group (LRAG) was established as a time-limited 'Task and Finish' arrangement to provide assurance to the Board on the delivery of the 38 recommendations arising from the Independent Learning Review. It was confirmed that, as at 31 March 2026, the Group had concluded its work, with recommendations closed and assurance provided through LRAG.

The Committee noted that the next phase of work will focus on ensuring that the learning and actions from the review are sustained and embedded within existing governance arrangements. It was noted that the Equalities and Human Rights Steering Group oversight, which had previously sat within the Public Health & Wellbeing Committee, has now transitioned to the Staff Governance Committee, following closure of the annual assurance process within that Committee.

The Committee was advised of strengthened governance arrangements, including the establishment of a refreshed Equalities and Human Rights Steering Group, with updated terms of reference, revised membership and a forward work plan. It was emphasised that Equalities and Human Rights is being positioned as a collective organisational responsibility, with a focus on embedding this across all services rather than reliance on a single team. The Committee noted the implementation of a revised Equality Impact Assessment (EQIA) process, supported by new guidance and screening tools, which have already been applied in practice. Arrangements are also in place to develop a register of EQIAs to support improved tracking, monitoring and reporting, alongside alignment with the newly established Equalities and Human Rights corporate risk, which will continue to be scrutinised through the Committee.

It was further noted that actions arising from specific EQIAs, including those relating to staff changing facilities, will continue to be monitored through these governance arrangements to ensure delivery and closure. The Committee was advised that only limited actions remain outstanding, primarily relating to resourcing within the Equalities and Human Rights function, with approval secured and recruitment activity expected to progress following the current election period.

In relation to wider actions related to the People and Culture Directorate, the Director of People and Culture advised that a comprehensive action plan had been submitted to the Committee, incorporating both completed and ongoing actions to provide visibility across all directorates. It was agreed that future reporting should be refined to focus on in-progress and outstanding actions, with greater alignment to the Committee's forward work plan. The Chair agreed that the current action plan would be discussed offline and tabled at the July meeting in a more focused format, aligned to the Committee work plan.

Action: Director of People & Culture

The opportunity to undertake more focused deep-dive discussions on specific areas at future meetings was also highlighted.

The Committee agreed that, following closure of LRAG, in-year reporting in relation to Equalities and Human Rights and Equality and Diversity should be streamlined and embedded within routine governance, with the Committee's forward workplan to be amended to indicate the format and frequency of this reporting.

Action: Director of Nursing/Director of People & Culture

The Committee **noted** the update provided in relation to the Learning Review Improvement Plan Closure Report.

8.7 Staff Networks: Creating the conditions that enable Staff Networks to Thrive

The Chair invited J Jones, Associate Director of People & Culture, to speak to the paper.

It was noted that the Executive Leadership Team has fully endorsed the development of a Staff Networks Good Practice Guide, including a commitment to protected time to support staff participation. Staff networks were recognised as an important element of the Equalities and Human Rights agenda, with future oversight to be provided through the Equalities and Human Rights Steering Group.

The Chair welcomed the approach taken in developing the Guide and thanked those staff involved in its creation.

The Committee **took a 'Moderate' Level of Assurance** on the development of the Staff Networks Good Practice Guide.

8.8 Equality & Diversity Champion Update

The Committee was informed that all relevant matters in this area had been covered within earlier discussions.

8.9 Staff Health & Wellbeing Framework and Action Plan 2025-2027 Update

The Chair invited J Jones, Associate Director of People & Culture, to speak to the paper.

It was noted that the existing framework has been refreshed and extended to maintain continuity and ensure robust governance following transition of the portfolio to J Jones. Members were advised of planned workshops over the summer to further align staff health and wellbeing, attendance and corporate risk priorities, with a focus on identifying areas of greatest impact. The Committee noted strong Executive Leadership Team support in relation to this programme of work and welcomed the approach to building on existing momentum.

The Committee **took a 'Moderate' level of assurance** from the report; **noted** the Executive Leadership Team's endorsement of the Staff Health & Wellbeing Framework and Action Plan Framework to 2027 and the requirement to refresh the Board's approach to sickness absence and staff health and wellbeing; and **noted** the proposed workshop series due to take place from June to August 2026 to confirm priorities, measures and delivery responsibilities.

8.10 Staff Wellbeing Champion Update

J Kemp, Non-Executive Member and the Board's Staff Health & Wellbeing Champion, highlighted ongoing concerns raised through recent staff engagement, regarding the length of time taken to conclude grievance and disciplinary processes, noting the potential impact on staff wellbeing where cases are prolonged. It was acknowledged that this issue has been raised across multiple forums and remains an important area of focus.

Reference was made to the "Avoiding Harm" training being explored to support managers and HR teams to de-escalate issues and resolve concerns at an earlier, more informal stage.

The Committee **noted** the update provided by the Board's Staff Health & Wellbeing Champion.

8.11 Whistleblowing Champion Update

The Chair invited J O'Sullivan, Non-Executive Member and the Board's Whistleblowing Champion, to provide an update.

The Committee was informed that productive engagement with NHS Tayside counterparts had recently taken place to share practice and that this interaction has offered assurance that comparable challenges are being experienced by other NHS Scotland Health Boards. J O'Sullivan expressed confidence that current whistleblowing arrangements and compliance processes within NHS Fife are appropriate, welcoming the learning and sharing of good practice with Tayside colleagues.

The Committee **noted** the update provided by the Board's Whistleblowing Champion.

9. QUALITY/PERFORMANCE

9.1 Integrated Performance & Quality Report

The Chair invited the Director of People & Culture to speak to the report, which outlined the Board's position in relation to Sickness Absence (as at 28 February 2026), PDPR (as at 31 March 2026), Vacancy metrics (as at 31 December 2025) and Job Planning (as at 26 March 2026).

In the interest of time, the paper was presented by exception, with key highlights including a reported reduction in sickness absence to 7.36%, job planning completion increasing to 84.4%, and a slight reduction in vacancies across Medical & Dental, Nursing & Midwifery and Allied Health Professionals. It was noted that PDPR completion reported at 45% had already been covered earlier in the agenda.

The Chair commended the Medical Director for the significant progress made in relation to Medical Job Planning.

The Committee **took a 'Limited' level of assurance** from the Integrated Performance & Quality Report and **endorsed** the Workforce section of the report.

9.2 People & Culture Quarter 4 Report 2025/2026

The Chair invited the Director of People & Culture and the Workforce Planning Lead to speak to the report, which provided an overview of Quarter 4 activity including an update on the implementation of the Reduced Working Week.

Given time constraints and noting that several elements of the report had already been covered elsewhere on the agenda and discussed at the Committee pre-meeting, members were invited to raise any questions.

The Committee acknowledged that the report provided a helpful and comprehensive progress update, and it was agreed that, going forward, the report would be presented for information.

Action: Director of People & Culture

The Committee **noted** the People & Culture Quarter 4 Report for the 2025/2026 reporting period for information.

10. ANNUAL REPORTS / OTHER REPORTS

10.1 Area Partnership Forum Annual Assurance Report

The Chair invited the Employee Director to speak to the report.

It was noted that the Area Partnership Forum had fulfilled its remit for the 2025/26 reporting period and the report provided assurance of strong partnership working, meaningful staff engagement and active scrutiny of workforce pressures, with no significant governance concerns identified.

The Committee **took a 'Significant' level of assurance** that the Area Partnership Forum has delivered on its remit for the 2025/2026 reporting period.

10.2 'Our Leadership Way' End of First Year Report

The Chair invited J Jones, Associate Director of People & Culture, to speak to the paper, which provided an update on early progress in embedding the 'Our Leadership Way' framework beyond its initial development.

The report highlighted how 'Our Leadership Way' was being applied across the employee lifecycle, including recruitment, induction and development, with examples of locally-led, contextually relevant practice across services and directorates. Examples were provided of teams applying the programme in practice, including the People and Culture Directorate using the framework to refresh the Directorate's approach to people-centred practice, Pharmacy & Medicines leadership teams adopting innovative, locally designed approaches to build leadership confidence and capability, and Estates and Facilities demonstrating applied leadership behaviours aligned to the framework in service delivery.

The Committee was informed that next steps would be focused on sustaining momentum through continued Organisational Development support, strengthening leadership confidence and capability, and maintaining a clear line of sight between leadership practice and culture.

The Committee **noted** the report; **took a 'moderate' level of assurance** from the progress to date in embedding shared leadership practices across the Board; and **supported** continued investment and focus on leadership capability, connection and learning as critical enablers of workforce sustainability, culture and performance during the 2026/2027 reporting period.

10.3 Whistleblowing Annual Report

The Chair invited the Interim Director of Planning & Transformation, in her capacity as the Board's Executive Lead for Whistleblowing, to speak to the paper, which detailed the Annual Whistleblowing Report for the 2025/2026 reporting period, presented in line with Independent National Whistleblowing Officer guidance and incorporating the routine quarterly reporting previously received by the Committee.

The Interim Director of Planning & Transformation introduced the report and invited the Associate Director of Corporate Governance and Board Secretary to highlight salient points for the Committee. An increase in concerns was reported, reflecting both whistleblowing cases and wider staff concerns appropriately routed through the Speak Up service to relevant support functions. Challenges were highlighted in meeting investigation timescales, particularly the 20-working-day Stage 2 target, largely due to case complexity, although staff were reported to be content with extended timescales where regular updates were provided. Difficulties in securing suitably trained investigators and releasing staff from substantive roles were also noted. Improvements in support offered, informed by positive feedback from staff and ongoing learning were reported, including recent external engagement with NHS Tayside.

The Committee **took a 'Moderate' level of assurance** from the Whistleblowing Annual Performance report 2025/26 and **noted** the work continuing at pace to enhance NHS Fife's Whistleblowing processes and encourage the raising of concerns for learning purposes.

10.4 Whistleblowing Oversight Group Assurance Report

The Chair invited the Interim Director of Planning & Transformation to speak to the Whistleblowing Oversight Group Assurance Report for the 2025/26 reporting period.

The Interim Director of Planning & Transformation introduced the report and advised that the group meets quarterly and provides assurance on the handling of whistleblowing cases in line with relevant standards. Highlighting key points in the report, the Associate Director of Corporate Governance & Board Secretary informed the Committee that a workplan for the year ahead had been developed to provide structure and focus for the group's activity and was included as an appendix to the paper. It was noted that with processes now established, the group would look at areas where support for staff involved in whistleblowing could be further developed.

Recognising that further work remained, J O'Sullivan, Non-Executive Whistleblowing Champion and Equality & Diversity Champion, expressed confidence that governance arrangements were broadly in a good position, welcomed the workplan and emphasised the importance of strengthening staff support and continuing to promote a wider speak-up culture across the organisation.

The Committee **took a 'Moderate' level of assurance** from the Whistleblowing Oversight Group Assurance Report for the 2025/2026 reporting period.

11. LINKED COMMITTEE MINUTES / OTHER REPORTS FOR NOTING

The Committee **noted** the following linked Committee Minutes:

11.1 Area Partnership Forum held on 25 March 2026 (unconfirmed)
11.2 Health & Safety Sub Committee held on 6 March 2026 (unconfirmed)
11.3 Medical & Dental Professional Standards Oversight Group held on 10 March 2026 (unconfirmed)
11.4 Risk Management Framework 2025-2028

12. ESCALATION OF ISSUES TO NHS FIFE BOARD

12.1 To the Board in the IPQR Summary

There were no issues to escalate to the Board in the IPQR summary, notwithstanding the continual challenges around managing the Board's sickness absence position.

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

There were no matters identified for escalation to the NHS Fife Board.

13. Meeting Reflections & Agreement of Matters for Chair's Assurance Report to be Presented to Fife NHS Board on 26 May 2026

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

14. ANY OTHER BUSINESS

There was no other business not otherwise covered on the agenda.

15. DATE OF NEXT MEETING

Tuesday 7 July 2026 from 10.00 am to 12.15 pm via MS Teams.

NHS Fife

Meeting:	**NHS Fife Board**
Meeting date:	**26 May 2026**
Title:	**Population Health & Wellbeing Strategy Annual Report**
Responsible Executive:	**Susan Fraser, Interim Director of Planning and Transformation**
Report Author:	**Tom McCarthy-Wilson, Portfolio Manager**

Executive Summary:

- The Population Health and Wellbeing Strategy (PH&WS) 2025-26 Annual Report is provided as an appendix to this paper. This details progress of the implementation of the strategy covering the period April 2025- March 2026.
- In addition, this paper describes how the work of NHS Fife contributes to Population Health and Wellbeing. It outlines the strategic landscape within which we are operating within and how the work described in the 2025-26 annual report aligns with this.
- This paper provides a **moderate** level of assurance that the NHS Fife PH&WS continues to be implemented.

1 Purpose

This report is presented for:

- Assurance

This report relates to:

- NHS Board Strategic Priorities

This report provides an update on all of the NHS Fife Board Priorities.

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 (PH&WS) in March 2023, it was agreed that going forward an annual report summarising

the progress of the strategy would be provided to the NHS Fife Board for assurance. This paper provides an overview of the 2025-26 Annual Report for scrutiny by the Public Health and Wellbeing Committee to provide assurance to the NHS Fife Board that the NHS Fife PH&WS continues to be implemented.

2.2 Background

Following publication of the PH&WS in March 2023, a deep dive was undertaken of the corporate risk associated with its implementation. This focused on how assurance is provided on progress of implementation to the NHS Fife Board. As part of the management actions to support mitigation, it was agreed to produce an annual report providing a summary of progress with key achievements and impact.

The following reports have now been prepared and published:

- 2023-24 Annual Report
- 2024-25 Annual Report

2.3 Assessment

This report is provided to NHS Fife Board to provide assurance that the NHS Fife Population Health and Wellbeing Committee continues to be implemented. The 2025-26 annual report covering the third year of the strategy period is appended to this paper. In addition, this paper also outlines how the work summarised in the annual report is supporting delivery of population health and wellbeing.

Overview of the 2025-26 Annual Report

The 2025-26 Annual Report has been prepared following review of a range of existing reporting including: NHS Fife Board papers, Annual Delivery Plan reporting, and discussion with a range of colleagues across NHS Fife. The report is structured around the following sections:

Case Studies

- Two case studies outlining examples of the work underway in Fife are included. These include work to develop and launch the Acute Frailty Unit and improvements to the prostate cancer pathway.

Summary of work undertaken April-March 2025-26

- There is a summary of key pieces of work delivered during the 2025-26 financial year. The narrative has been structured around the 2025-26 Corporate Objectives that were agreed by the Board as part of the 2025-26 Annual Delivery Plan. The Corporate Objectives are aligned to the 4 strategic priorities detailed in the strategy:
    - Priority 1: Improve health and wellbeing
    - Priority 2: Improve the quality of health and care services
    - Priority 3: Improve staff experience and wellbeing

    - Priority 4: Deliver value and sustainability
- For each corporate objective, context is provided explaining why this work is important and, where relevant, how this work builds one what is already happening in the Board. Key achievements from the reporting period are summarised.
- Narrative has been kept succinct and brief with a focus on how the strategic objectives are being realised rather than a detailed description of all the work across the organisation.

Annexes

- Annex one provides an overview of the supporting Strategies and Programmes that are aligned to the PH&WS.
- Annex two provides a glossary of acronyms used in the report.

How our work contributes to Population Health and Wellbeing

As both the provider of health and care services and with the ability to influence the conditions that promote population health, NHS Fife has a unique contribution to make to improving population health and wellbeing on behalf of the communities we serve. The PH&WS demonstrates our commitment to working collaboratively with partners to prevent ill-health and reduce inequalities whilst delivering sustainable, value-based health and care.

NHS Fife is able to deliver these twin objectives as an 'anchor institution' through its roles as an employer, significant owner of land and buildings in the region, and considerable purchasing power for goods and services. This positions NHS Fife to treat illness, but also to influence the wider determinants of health such as employment, inclusive economic growth, and community wellbeing. The annual report provides an overview of our work and key achievements in 2025-26 demonstrating how we are delivering this in practice.

In addition, during 2025-26 we set out our plans to become a Population Health Organisation again restating our commitment to working collaboratively with partners to prevent ill-health and reduce inequalities. The PH&WS provides an overarching framework providing alignment of all this work across NHS Fife. This includes the work of the Fife Health and Social Care Partnership, through which we integrate with strategic partners including Fife Council, the independent sector, and third sector and voluntary organisations. This work is coordinated through the Fife HSCP Strategic Plan and the Plan for Fife. Collectively all this work supports a shift to more joined up services with a focus on anticipatory and preventative care.

Supporting delivery of our vision are a series of enabling strategies that collectively cover all the work of NHS Fife. The relationship between the PH&WS and the enabling strategies, which includes HSCP strategies and delivery plans such as the Prevention and Early Intervention strategy, is described in 'Our Strategic Framework' in the annual report. Updates of these supporting strategies are outlined in appendix one of the annual report.

This approach aligns with the Scottish Government's Population Health Framework (PHF) published in June 2025. This recognises the need to improve population health through tackling the root causes of ill health to prevent poor health from developing, noting that around 80% of what impacts on health and wellbeing happens out with the health and care system. NHS Fife will continue to build on this approach in 2026-27, ensuring that we continue to align the delivery of all our work and that we fully participate in supporting improvements in population health and wellbeing for all the communities we serve.

This report provides the following Level of Assurance:

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

This paper provides moderate assurance that the ambitions described in the PH&WS continue to be implemented, coordinated through the delivery of the NHS Fife Corporate Objectives, with actions underway to deliver meaningful change.

2.3.1 Quality, Patient and Value-Based Health & Care

The 2025-26 annual report provides moderate assurance on the work undertaken to deliver high quality, patient centred and value-based health & care in the 2025-26 financial year in line with our strategic priorities.

2.3.2 Workforce

The enclosed report provides a high-level progress update on the work on the work being undertaken to improve staff experience and wellbeing in the 2025-26 financial year in line with the commitments made in the Corporate Objectives, the Annual Delivery Plan and the vision outlined in the PH&WS.

2.3.3 Financial

The implementation of the PH&WS 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 the healthcare system through preventive actions which will improve the health and wellbeing of the population.

2.3.4 Risk Assessment / Management

A deep dive of the corporate risk associated with implementation of the PH&WS was undertaken in summer 2023. This considered how assurance is provided that the strategy is being implemented and is creating impact for patients, staff and communities. Following

the deep dive management actions were agreed which included a commitment to the production of an annual report each year.

NB: The Corporate Risk Register is currently in the process of being reviewed. It is expected that the risk associated with the implementation of the PH&WS will be merged with the inequalities risk. It is proposed that the mitigations for this new risk will continue to include an ongoing commitment to an annual report detailing progress with the delivery of the PH&WS for the remainder of the strategy implementation period.

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

The PH&WS contributes to NHS Fife's commitment to addressing equality, human rights, children's rights, and reducing health inequalities. Core to this approach is ensuring that equity is embedded as the strategy is implemented. The annual report provides an overview of all the work that is collectively underway across NHS Fife during 2025-26. As individual pieces of work are progressed these issues are considered with full granularity in collaboration with all stakeholders. No Equality Impact Assessment has been undertaken as this is not required for an annual report.

2.3.6 Climate Emergency & Sustainability Impact

The annual report does not raise, directly, issues relating to climate emergency and sustainability. However, these items do form important parts of the strategy. This update makes reference to key aspects of the work that has been taken forward, for example how the energy usage and carbon emissions is being reduced.

2.3.7 Communication, involvement, engagement and consultation

This paper reflects a range of communication, involvement, engagement and consultation across NHS Fife and beyond.

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 Leadership Team,** 30 April 2026
- **Public Health and Wellbeing Committee,** 11 May 2026
- **Area Partnership Forum,** 11 May 2026.

2.4 Recommendation

This paper is provided to the NHS Fife Board for:

- **Assurance** – this paper provides moderate assurance that the NHS Fife Population Health and Wellbeing Strategy continues to be implemented.

3 List of appendices

The following appendices are included with this report:

- Appendix No. 1, Living well, working well and flourishing in Fife, Population Health and Wellbeing Strategy 2023-2028, Annual Report 2025-26

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NHS Fife

Population Health and Wellbeing Annual Report 2025-26

Living well, working well and flourishing in Fife

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Contents

Introduction 4
Our Strategic Framework 5
Our Work in Action: how we are making a difference in practice 6
Case Study 1: Improving the care of frail patients in NHS Fife 6
Case Study 2: improving our prostate cancer pathway 8
Update on our work 11
Strategic Priority 1: improve health and wellbeing 11
Strategic Priority 2: improve the quality of health and care services 18
Strategic Priority 3: improve staff experience and wellbeing 23
Strategic Priority 4: deliver value and sustainability 27
Conclusion 31
Annex One: Strategies and Programmes Update 32
NHS Fife Local Strategies 32
NHS Fife Strategic Programmes Update 36
Fife HSCP Strategies 38
Annex Two: Glossary of Abbreviations and Acronyms 43

Introduction

This report provides an update on the work in the period 2025-26 and describes how we are continuing to implement our **2023-28 NHS Fife Population Health and Wellbeing Strategy**. It is now 3 years since we began implementing the strategy and there is growing momentum with a range of work now underway.

As well as providing narrative of key achievements, this report seeks to showcase the impact of our work through two case studies. The first outlines how we have opened an Acute Frailty Unit that is supporting patients to receive the right care, in the right place, without unnecessary delays. The second describes how we have taken forward improvements in our prostate cancer pathway removing delays in diagnosis and treatment.

The main section of the report is structured around the Corporate Objectives. These are refreshed every year and have been aligned to our long-standing Strategic Objectives described in the Population Health and Wellbeing Strategy. Finally, the appendices provide an update on all the associated strategies and programmes that are currently underway across NHS Fife supporting the continued implementation of the Population Health and Wellbeing Strategy.

During 2025-26 the Scottish Government, jointly with COSLA, published the **2025-2035 Population Health Framework** (PHF). In tandem the **2025-2035 Health and Social Care Service Renewal Framework** was also published. Together these outline a commitment to improving the lives and health of the population of Scotland through joined up action across all our public services. This national policy steer is very much in line with the vision of the NHS Fife Population Health and Wellbeing Strategy and demonstrates strong strategic alignment between the work of NHS Fife and our partners.

This report shows how we have continued to build on the successful delivery of the Population Health and Wellbeing Strategy in 2023-25, and whilst there is more to do to fully realise our vision, it demonstrates and celebrates the significant achievements made in 2025-26. To all those who have supported our work to this point, we thank you for everything you have done.



Our Strategic Framework

Vision: Living well, working well and flourishing in Fife

Our Values

- Care and compassion
- Dignity and respect
- Openness, honesty and responsibility
- Quality and teamwork

Our Principles

- Listening and involving
- Supporting communities
- Empowering people Prevention and early intervention
- Creating wellbeing
- Being kind

Strategic Priorities

Strategic Priority 1:
Improve health and wellbeing

We work to close the inequality gap ensuring that all people of Fife can flourish from cradle to grave.

Strategic Priority 2:
Improve the quality of health and care services

We provide the safest and best possible health and care services, from cradle to grave, for the people of Fife.

Strategic Priority 3:
Improve staff experience and wellbeing

We value and look after our staff.

Strategic Priority 4:
Deliver value and sustainability

We use our resources wisely to ensure our services are sustainable and meet our population's needs.

Tactical Response

Reform, Transform and Perform (RTP)

Enabling Strategies

NHS Fife Strategies

- Anchor Institution Strategic Plan
- Cancer Framework
- Clinical Governance Strategic Framework
- Digital Framework
- Greenspace Strategy
- Pharmacy and Medicines Strategic Framework
- Procurement Strategy
- Property and Asset Management Strategy
- Research, Innovation, and Knowledge Strategy
- Realistic Medicine and Value Based Health
- Women's Health Plan
- Workforce Plan

Fife HSCP Supporting Strategies

(all aligned to Fife HSCP Strategic Plan)

- Alcohol and Drug Strategy
- Carers Strategy
- Childrens Services Plan
- Dementia Strategy
- Fife HSCP Digital Strategy
- Home First Strategy
- Mental Health and Wellbeing Strategy
- Prevention and Early Intervention Strategy
- Primary Care Strategy
- Fife HSCP Workforce Strategy and Plan

Delivery

NHS Fife Corporate Objectives

Assurance

Annual Delivery Plan (ADP) | Integrated Performance and Quality Report (IPQR)

Our Work in Action: how we are making a difference in practice

Case Study 1: Improving the care of frail patients in NHS Fife

Why is this work a priority?

Frailty is a term that is used a lot but is often misunderstood. It refers to a person's mental and physical resilience, or their ability to bounce back and recover from events like illness and injury. Being frail means a relatively 'minor' health problem, such as a urinary tract infection, can have a severe long-term impact on someone's health and wellbeing.

Frailty is correlated with age, so as people get older, they are more likely to become frail. We have a growing older population which means we have more people living with frailty. We are working to deliver earlier frailty identification and improved integrated pathways to enhance outcomes for patients and their families.

What has NHS Fife done?

In line with recommendations and policy steers from Scottish Government[1], NHS Fife has developed a range of pathways to support people to receive the right care at the right time, including Discharge Without Delay, Home First, Frailty at the Front Door, and community-based rehabilitation.

In September 2025, an 11-bedded Acute Frailty Unit (AFU) opened at the Victoria Hospital. This is a short stay assessment ward and supports patients to return home or to community care. Most patients will be here for 48-72 hours. The unit helps prevent hospital-acquired deconditioning and supports patients to promptly return home or to a homely setting. A rapid screening process and a multidisciplinary team approach ensure that patients and their families are involved in planning the right care and support for people's needs.



[1] Evidence: Aging and Frailty – Standards for the care of older people

How are we evaluating the impact of our work?

Patient and staff feedback has been collected since the AFU opened. Patients have rated the care received highly, emphasising the kindness of staff and the time taken to communicate clearly. Staff recognised the positive impact of the unit for both patients and themselves.

"staff are kind, helpful and smiley" (Patient feedback on the Frailty Unit)

Alongside patient feedback, four key performance measures are monitored:

Admission Times
Patients referred to the AFU are admitted promptly with minimal waiting times demonstrating that we are able to provide timely access to care for patients.

Average Length of Stay
Most patients spend 2–4 days in the unit, demonstrating effective assessment, early decision-making and safe discharge planning

Weekend Discharges
While rates vary week to week, weekend discharge levels remain lower than we would like. This is a current focus for improvement.

Discharges Directly Home
70-90% of patients are able to go home directly from the AFU. This reflects the unit's success in supporting people without the need for further interventions from across the Fife Health and Care system.

What are we doing next?

We are continuing to invest in and grow our workforce team so we can further expand this service with an increased bed base. As part of this we will continue to monitor the development of the AFU to ensure that it is meeting the needs of patients. The data that is collected is being regularly reviewed to understand variation and embed continuous improvement as the unit is fully established.



Case Study 2: improving our prostate cancer pathway

Why is this work a priority?

Prostate cancer is the most common cancer affecting men in Scotland, with over 5,000 people diagnosed each year. In recent years, public awareness has increased significantly (particularly among younger men) thanks to more open conversations about symptoms and greater media attention. This rise in awareness has encouraged more men to seek testing earlier, helping to identify cancers sooner when treatment is likely to be more effective.

What has NHS Fife done?

Every year, around 600 people in Fife are referred with suspected prostate cancer, and approximately 15% of them receive a confirmed diagnosis. Recognising that referrals were increasing and waiting times rising, work was undertaken to understand how we could redesign our service to improve patient experience.

In August 2025 NHS Fife introduced a new Straight to Test model. This redesigned diagnostic pathway means people with suspected prostate cancer receive a nurse-led telephone call within 5 days of referral. Where indicated, patients receive an MRI within 2 weeks followed by a Transperineal (TP) biopsy. This reduces the wait for diagnosis and ensures that those who require treatment commence their care sooner.

As well as redesigning the diagnostic pathway, a robotic-assisted laparoscopic prostatectomy (RARP) service has been launched using the advanced Da Vinci Surgical System. This provides a minimally invasive surgical option for people who need their prostate gland removed. This technique allows for smaller incisions, less bleeding, shorter hospital stays, and a quicker recovery compared to traditional open surgery.

Finally, to further support patients, the Urology team has created an in-person forum for those undergoing prostate cancer treatment. This group gives patients the opportunity to meet specialist nurses before and after surgery, ask questions, and better understand the potential impacts of their treatment as part of both their prehabilitation and rehabilitation journey.



How are we evaluating the impact of our work?

Patient feedback has been collected from those attending the support group. All participants agreed that information was clear and easy to understand and that their concerns and questions were addressed – helping to alleviate any fears.

"I left feeling happy with the talk and explanation and questions answered"
(Patient feedback from the support group)

Since the inception of the rapid access diagnostics service, we have seen the following numbers of patients:

573 **Patients referred with suspected prostate cancer.**

234 **Patients identified as requiring an MRI. Patients received this within 3 days of referral.**

99 **Patients received a biopsy.**

Average waiting times for the RARP service have reduced from 128 days in August 2025 to 16 days in February 2026.

What are we doing next?

We will continue to improve patient experience. A bladder histology clinic will commence imminently, ensuring patients with low-grade bladder cancer receive their results in a face-to-face appointment with a Clinical Nurse Specialist. A patient focus group will be established to review the feedback from the Radical Prostatectomy (RARP) patient information sessions ensuring we utilise lived experience to shape improvements, and there will be continued emphasis on promoting Maggie's Prehabilitation sessions at each stage of the patient's urology cancer journey.



Update on our work

Strategic Priority 1: improve health and wellbeing

Corporate Objective 1: By March 2026, increase the reach and impact of primary care services in NHS Fife by strengthening our integrated workforce to build capacity and capability, embedding preventative approaches such as proactive engagement with patients at risk of frailty and cardiovascular disease (CVD), and expanding the use of digital technologies, including the digital dermatology pathway, in routine primary care practice.

Our **Primary Care Strategy** (2023-26) seeks to deliver a resilient and thriving primary care service at the heart of an integrated health and social care system supporting delivery of excellent, high quality, accessible and sustainable services for the population of Fife. During 2025-26 we have continued implementing our primary care strategy with a focus on ensuring capacity and capability, prevention, and utilising digital approaches to support service redesign supported by the national **Primary Care Improvement Plan**.

In conjunction with our Primary Care Strategy, we have continued to implement the **2024-2027 Prevention and Early Intervention** (P&EI) Strategy. This aims to enable the people of NHS Fife to live independent and healthier lives. The launch of the **Scotland's Population Health Framework 2025-2035** provides a national direction for a whole-system, prevention-focused approach. We are currently undertaking a baseline survey to inform current practice and help us plan our work in 2026-27 and developing a performance framework to assist our work.



Key achievements in 2025-26:

- By November 2025 we successfully completed the transfer of management of six GP Practices from the NHS back into independent status. This means that services have returned to the management of GPs and demonstrates our commitment to the delivery of sustainable high quality primary care services led by GPs working in the heart of the communities they serve.
- We have successfully implemented the Digital Dermatology pathway from primary care into secondary care. NHS Fife has been asked to share our success in implementing with other NHS Boards in Scotland. Supporting a preventative approach within primary care, a National Direct Enhanced Service for Cardiovascular Disease (CVD) was delivered by all General Practices across Fife in 2025-26 and this will continue into 2026-27.
- We have continued to invest in and embed multidisciplinary working as part of the Primary Care Improvement Plan. For example, we now have fully integrated pharmacotherapy teams in all GP Practices. This work is overseen by the General Medical Services Implementation Group who are supporting collaborative working between all stakeholders.
- Working in partnership with GP colleagues, we have undertaken a review of the Local Enhanced Services (LES) provided by GP Practices in Fife. This has led to refinement of the range of Local Enhanced Services offered with a focus those that add value for patients in Fife. This work will continue into 2026-27 overseen by a newly convened LES oversight group to ensure that provision is fit for purpose and sustainable.



Spotlight on: NHS Fife's Public Dental Service in Partnership with Substances Support Scotland

NHS Fife's Public Dental Service is working in partnership with Substances Support Scotland (SSS) Wellness substance recovery project to take dental care and advice directly to people who may not otherwise access it.

Having a healthy, pain-free mouth is an essential part of overall wellbeing and should be something everyone in Scotland can expect. People affected by substance misuse often face additional challenges that make it harder to look after their oral health. This can lead to serious problems such as untreated tooth decay, gum disease, missing teeth, mouth pain, infections, and in some cases, oral cancer.

Substance Support Scotland's **KY Clubs** make it easier for people to access drug and alcohol support close to home. These friendly, drop-in sessions are held in Methil, Cardenden, and Kirkcaldy, providing safe, welcoming spaces where people can enjoy a warm drink, food, and connection with a range of local services. This includes the chance to speak with dental staff who attend weekly to provide practical help, give oral health advice, and supply essentials such as toothbrushes and toothpaste.

Since January 2025, 110 people have been supported to engage with dental services through this approach.

Corporate Objective 2b By March 2026, advance NHS Fife's commitment to the UNCRC by embedding children's rights into service planning and delivery, ensuring alignment with national priorities and strengthening early intervention approaches, including increasing infant immunisation uptake at 12 months to 93% or higher in the most deprived areas of Fife, in line with NHS Scotland's national vaccination strategy.

The United Nations Convention on the Rights of the Child (Incorporation) (Scotland) Act 2024 legally incorporated the United Nations Convention of the Rights of the Child into Scottish law. This came into force in July 2024 and makes it unlawful for public authorities to act incompatibly with UNCRC requirements and empowers children to use the courts to enforce their rights.

Childhood immunisation helps protect against serious, vaccine-preventable disease. The community immunisation team runs the childhood immunisation programme in Fife and administers these vaccines. Immunisation supports improved health outcomes at the individual, community and population level.

Key achievements in 2025-26:

United Nations Convention on the Rights of the Child

- NHS Fife and Fife Health and Social Care Partnership established a UNCRC Implementation Group to oversee progress in advancing the rights of children and young people. The group looks not only at the rights of children accessing services as patients, but of all children in contact with NHS Fife, whether as patients, visitors, loved ones, carers or those looking for information. The Implementation Group is currently developing its first UNCRC report covering the period July 2024 - March 2026.
- We have embedded UNCRC within our wider equalities work as part of our redesigned Equality Impact Assessment (EQIA) process. This ensures that when developing or reviewing a new or existing policy, strategy, function, service, or practice children's rights are considered as part of the impact assessment undertaken to support the service planning or delivery. This work will continue into 2026-27 as we take forward implementation of the new EQIA process and demonstrates how we are embedding children's rights in all aspects of organisational decision making.



Childhood Immunisation

- The overall 12-month uptake in Fife of the 6-in-1 vaccine[2] (completion of the 3 doses first offered at 8, 12 & 16 weeks of age) within the most deprived quintile SIMD 1 was 91.1% in 2025, which was the same as uptake in 2024, and is below the 93% corporate objective target for this quintile.
- We have now established an Immunisation Transformation Oversight Group which will focus on quality, improved uptake, and reducing inequalities. An improvement plan is now in place and overseen by the Community Immunisation Programme Board.
- Working in partnership with the Immunisation team, Child Health Visitors are supporting with promotion of tailored vaccination opportunities to parents and guardians of children identified as having incomplete vaccination status.

Corporate Objective 3: By March 2026, evidence NHS Fife's progress in implementing Marmot Principles through the Anchor Progression Framework, while advancing progressive recruitment for priority groups and delivering the ambitions of our Anchor Strategic Plan.

We agreed our Anchor Institution Strategic Plan in 2023. This recognises the role NHS Fife plays in reducing health inequalities and addressing the social determinants of health as an anchor institution. The Anchor Progression Framework is a self-assessment tool considering our role as an employer, our procurement practice, and use of our assets such as buildings and land. It also helps us evaluate how we collaborate with partners and communities to share resources and achieve common goals.

During 2025-26 we have continued delivery of our work to widen employment access. Our goal is to build a more inclusive and diverse workforce by engaging with priority groups (for example, lone parents, current unemployment/ under-employment, people with disabilities, and former services personnel) and in areas of multiple deprivation within Fife.



[2] The 6-in-1 vaccine (DTaP/IPV/Hib/HepB) is a safe, highly effective injection given to babies to provide immunity against six serious diseases: diphtheria, tetanus, pertussis (whooping cough), polio, Haemophilus influenzae type b (Hib), and hepatitis B. It is routinely administered at 8, 12, and 16 weeks old, often followed by a booster at 18 months.

Key achievements in 2025-26:

- Within the 2025-26 period, we have hosted 8 people with identified barriers to employment on paid placements through employability initiatives. Four have now secured permanent employment in NHS Fife.
- Delivered two application guidance and information sessions for those interested in careers within NHS Fife referred by the Department for Work and Pensions (DWP) with approximately 50 people attending.
- Commenced collaboration with Fife Gingerbread and Life Chances to provide paid placements for a period of 6 months for lone parents in Band 2 Healthcare Support Worker (HCSW) roles. These will commence in May 2026 and we are actively seeking further opportunities to further expand this programme.
- We reviewed our 2024-29 **Procurement Strategy**. Developed in line with our Population Health and Wellbeing Strategy it actively supports delivery of our Anchor Ambitions. We continue to review 'Grow Local' opportunities against national frameworks to identify actual opportunities to increase procurement spend with local Fife suppliers. Local contracts and tenders continue to be monitored to ensure compliance with living wage requirements.
- Anchor ambitions are aligned to our existing Greenspace Strategy, engaging with Community Planning Partnerships to make better use of our greenspace for our communities. We continue to promote local community use of our existing land and assets.



Spotlight on: How NHS Fife is delivering employability commitments

Louise* is a lone parent to two young children who, supported by a local third sector organisation, applied for a 6-month paid placement opportunity within NHS Fife. Facing significant barriers to employment, including long-term unemployment, health conditions, reduced confidence, and ongoing childcare challenges following the closure of local after-school clubs, her availability is restricted and she relies heavily on family and friends for childcare.

Louise was keen to return to work, gain experience, rebuild her confidence and achieve a sustainable career, ideally in a role that allows her to support others and utilise her transferrable skills. Through the **Life Chances** programme (run by Fife Council and helps people who need support to get back into work), Louise has been working 16 hours/ week, which fits with her childcare needs. Achieving excellent feedback from her manager, Louise reports feeling supported, valued and confident at work. Highly motivated to develop a long-term career with NHS Fife, Louise recently applied for and was successful in securing permanent employment within NHS Fife.

* *Names and personal details have been changed.*

Strategic Priority 2: improve the quality of health and care services

Corporate Objective 2a: By March 2026, successfully open, embed, and demonstrate impact of the new Women's Health Unit at Queen Margaret Hospital, ensuring implementation of the refreshed Women's Health Plan, improved access to specialist care, measurable service improvements, and a clear return on investment through enhanced patient outcomes and service expansion.

The Fife Gynaecology Unit at Queen Margaret Hospital provides a comprehensive and specialised range of outpatient services including diagnostic and minor surgical procedures. The new unit follows the development of the Gynaecology Inpatient Ward at Victoria Hospital in Kirkcaldy, which opened in June 2023. Together, these improvements represent a significant investment in women's health services across Fife and support the local implementation of the Scottish Government's Women's Health Plan.

The design of the unit prioritises the comfort, privacy, and dignity of patients, aligning with the latest UK Government guidance for intimate examinations and surgical procedures. It features dedicated spaces for pre- and post-operative care, promoting efficient clinical sessions and reducing the need for overnight hospital stays. The entire unit is fully accessible, with the facilities tailored to meet the needs of all patients.

Key achievements in 2025-26:

- The new unit at QMH is now operational 5 days per week with increased nurse led urogynaecology clinics, Post Menopausal Bleeding (PMB) and colposcopy clinics, bringing colposcopy waits to within the recommended guidelines (within 2 weeks for urgent suspicion of cancer, 4 weeks for urgent referrals, and 8 weeks for routine referrals).
- Minor operation clinics have increased from 14 per month to 21 per month and have brought routine hysteroscopy waits down to under 12 weeks (9 weeks currently). The service is looking to improve the management of miscarriage over the next 12 months following the publication of the new Miscarriage Framework guidelines
- Phase 2 of the Women's Health Plan was published in January 2026. We will work together to ensure implementation of the recommendations from the refreshed plan.



Corporate Objective 4: By March 2026, actively contribute to the national waiting time recovery programme by reducing the number of patients waiting over 52 weeks for inpatient/day case procedures and outpatient appointments, while collaborating with other NHS Boards where challenges remain.

Waiting times are key indicator of how well our health system is functioning. When patients wait longer for services this leads to a poorer patient experience. In common with other NHS organisations, patients have experienced longer waiting times in recent years. In line with Scottish Government guidance, NHS Fife is committed to reducing the longest waits for our patients.

Key achievements in 2025-26:

- The number of patients waiting over 52 weeks for a New Outpatient appointment has reduced to 20 by Mar-26, from 4,718 at the end of Mar-25. The number of patients waiting over 52 weeks for inpatient or day case treatment has fallen to 401 by end of Mar-26, from 653 at the end of March 2025.
- This significant progress has been delivered through weekly and monthly oversight, supported by intensive validation of our data, re-vetting, and use of Patient Hub. Patient Hub has seen digital appointment letters now offered by 6 specialities, modernising how we communicate with patients.
- Teams have been working collaboratively regionally and nationally to utilise our capacity for the benefit of all patients in Scotland. For example, we carried out additional orthopaedic operations in the National Treatment Centre. Urology services have also provided a range of treatments for other NHS Boards.
- For inpatients and day cases, efforts have been made to move elective activity to Queen Margaret Hospital, where clinically and operationally appropriate. Theatre utilisation at QMH has been maximised, particularly over the winter period. The majority of inpatient/day case waits over 52 weeks were within Ophthalmology, which experienced staffing and accommodation issues. Additional ophthalmology theatre capacity for cataract surgery will be fully operational by Spring 2026.



Corporate Objective 5: By March 2026, improve A&E waiting times compared to 2024/25, with a minimum of 82% of patients seen within 4 hours, through whole-system improvements including utilisation of virtual beds (Hospital @ Home) optimising patient flow, enhancing the Flow and Navigation Centre, expanding Same-Day Emergency Care pathways, and strengthening community-based alternatives to hospital admission.

In 2025-26 our performance against 4-hour Emergency Access Standard decreased from 73.5% in 2024/25 to 71.9 % in 2025/26. There has been an 4.7% increase in the number of attendances through all A&E sites, and a 4% increase in Emergency Department attendances. An increase in long waits was also experienced with 8-hour breaches 22.2% higher than previous year with a 40.2% increase in 12-hour breaches.

Key achievements in 2025-26:

- To support improvement and reduce long waits, the Actions (for) Clinical Capacity Escalation and Site Safety (ACCESS) model has been implemented. This embeds the 'continuous flow' model which maintains patient throughput and avoids overcrowding in the Accident and Emergency department.
- We have been working with the Centre for Sustainable Delivery (CFSD), as part of the National Unscheduled Care Programme. CFSD have shared a range of best models and practice, which has shaped the priority areas that all NHSScotland Boards have used to inform unscheduled care improvement plans. In NHS Fife work has focussed on:
  - Fully utilising our Flow Navigation Centre (FNC) – this is supporting navigation of patients into a range of alternatives to A&E including: Hospital at Home, Social Care, Social Work & Mental Health pathways. This ensures patients are cared for in the most appropriate setting for their needs and reduces delays.
  - Growing our Hospital at Home (H@H) Service – providing a critical community-based alternative to hospital admission, supporting admission avoidance and earlier discharge by enabling patients to receive acute hospital-level care from a multidisciplinary clinical team while remaining in their own home. During 2025-26, service changes were implemented to improve efficiency, reduce average length of stay, and increase capacity.
  - Opening our Same-Day Emergency Care (SDEC) unit providing rapid assessment, diagnosis, and treatment for urgent conditions without requiring an overnight hospital stay. It avoids



unnecessary admissions into hospital. Generally operating for urgent, non-life-threatening conditions it is ideal for conditions that need same day attention but are not life threatening. For example, severe infections, or acute medical conditions.

- We remain committed to improving our unscheduled care performance during 2026-27.

Corporate Objective 6: By March 2026, improve compliance with the Cancer 62-day referral-to-treatment standard by optimising treatment pathways.

The incidence of cancer is rising, and we are committed to ensuring that NHS Fife patients receive timely, effective treatment. The 62-day referral to treatment standard means 95% of those referred urgently with a suspicion of cancer by a primary care clinical (e.g. a GP) should begin treatment within 62 days of receipt of referral. Patients who have their diagnosis picked up through a screening programme or through direct referral to hospital (e.g. following attending the Accident and Emergency Department) are also included in this standard.

Key achievements in 2025-26:

- Our performance in 2025-26 was 72.1%, this was the same as the previous year (2024-25). During 2025-26 there has been extensive work to understand how we can improve performance locally. At a sub-speciality level, we know that the urology tumour group has the lowest performance. Improvements made to urology pathways include:
  - Implementation of a new comprehensive direct to MRI Prostate pathway, to reduce diagnostic waiting times and speed up the pathway to treatment (as outlined in Case Study 2)
  - Eradication of the surgical backlog for robotic assisted prostatectomy.
  - Working with renal surgeons to reduce the remaining urological surgical backlog.
- Across all specialities we have introduced tracking and escalation processes to improve patient flow and identify delays early. This includes tracking of patients that have breached but not yet been treated ensuring that there is a real-time monitoring of patient flow.
- Looking ahead into 2026-27 we will continue to drive improvement in our waiting times in line with the commitments outlined in our refreshed Cancer Framework Delivery Plan for 2026-29 which has been developed in line with the national **Cancer Strategy for Scotland 2023-33**.



Corporate Objective 7: By March 2026, fully implement the Core Mental Health Quality Standards through the delivery of the Fife Mental Health Strategy, embedding the Mental Health Built Environment Quality and Safety Toolkit to ensure consistent, high-quality, person-centred care across all services, with a focus on a new model of mental health delivered closer to people's homes.

The **Core Mental Health Quality Standards** were published in September 2023 setting out clear expectations for what services will look like as they provide high-quality care. The **Fife Mental Health and Wellbeing Strategy** (2026-29) will support delivery of the Mental Health Standards in Fife. **The Mental Health Built Environment Quality and Safety Toolkit**, published in autumn 2025, supports the completion of Mental Health Built Environment assessments to identify and address key environmental factors evidenced to impact our mental health service quality and safety outcomes. Collectively all this work underpins the delivery of safe, high quality, effective mental health services in NHS Fife.

Key achievements in 2025-26:

- A self-assessment tool has been completed for the National Mental Health Core Standards. Completion of the tool has supported clear priorities for the Mental Health Strategy.
- The Mental Health Built Environment Quality and Safety Toolkit has been used to review wards and findings have been used to feed into the refurbishment of wards (as detailed under objective 12b).
- The Distress Brief Intervention Service (DBI) Project is now operational across all Fife localities. Delivered in Partnership with Scottish Action on Mental Health (SAMH) frontline colleagues, such as primary care teams, Police Scotland and the Scottish Ambulance Service, receive training in how to recognise and ease the distress of those they meet through a compassionate person-centred approach. Where appropriate, they can refer people to the additional support from the DBI Service provided by SAMH. During 2025-26 83 front line staff were trained and 793 referrals were received by SAMH. Those referred reporting significant reductions in distress and improvements in their ability to cope. Robust evaluation of the service secured long term funding to sustain and embed the service as part of core services.
- The Mental Health Clinical Service Review and Redesign Project has been established to progress the redesign of Urgent and Unscheduled Care, Older Adult, and Rehabilitation Services. Clinical models being designed to support people in a community setting and reduce reliance on inpatient care.



Strategic Priority 3: improve staff experience and wellbeing

Corporate Objective 8: By March 2026, implement enhanced workforce planning measures to optimise recruitment, retention, and skill mix, ensuring a sustainable and adaptable workforce that meets future service demands. This will include rationalising whole-time-equivalent (WTE) in central function job families in line with NHS Scotland guidance, incorporating effective vacancy panels, skills mix assessments, grade profile reviews, automation opportunities, and shared service models between Boards, while ensuring alignment with national employment terms and conditions.

NHS Fife's workforce is essential to the delivery of high-quality services. Workforce planning priorities have been embedded within the People and Change Board, setting out how we will develop our workforce to ensure that we deploy our staffing resources effectively. Through a combination of redesign, collaboration, and transformation we have delivered reductions in staffing in central job families.

Key achievements in 2025-26:

- Progressed the first year of implementation of *Our Leadership Way*, establishing the foundations for a more consistent, values-led, and adaptive, collaborative, and compassionate leadership culture across NHS Fife.
- Secured agreement to undertake a procurement process for a best-value Employee Assistance Programme provider, signalling NHS Fife's commitment to staff wellbeing and ensuring access to a more consistent and sustainable offer of support for staff.
- Improved compliance with mandatory and statutory training from 60% to 77% across the year (up to 31st March 2026), strengthening organisational assurance while also supporting staff to maintain the knowledge and skills needed to work safely and confidently.
- Planned for the delivery of the final phase of the Reduction in Working Week, with targeted investment amounting to 220 WTE agreed for priority (front line) areas.
- Embedded monthly vacancy control management panels, allowing for a coordinated approach on how resources are allocated against workforce plan considerations. This approach has delivered a reduction of circa 120 whole time equivalent (WTE) in the overall size of our workforce, 75% of which is focused on Administrative Services and Support Service Job Families.

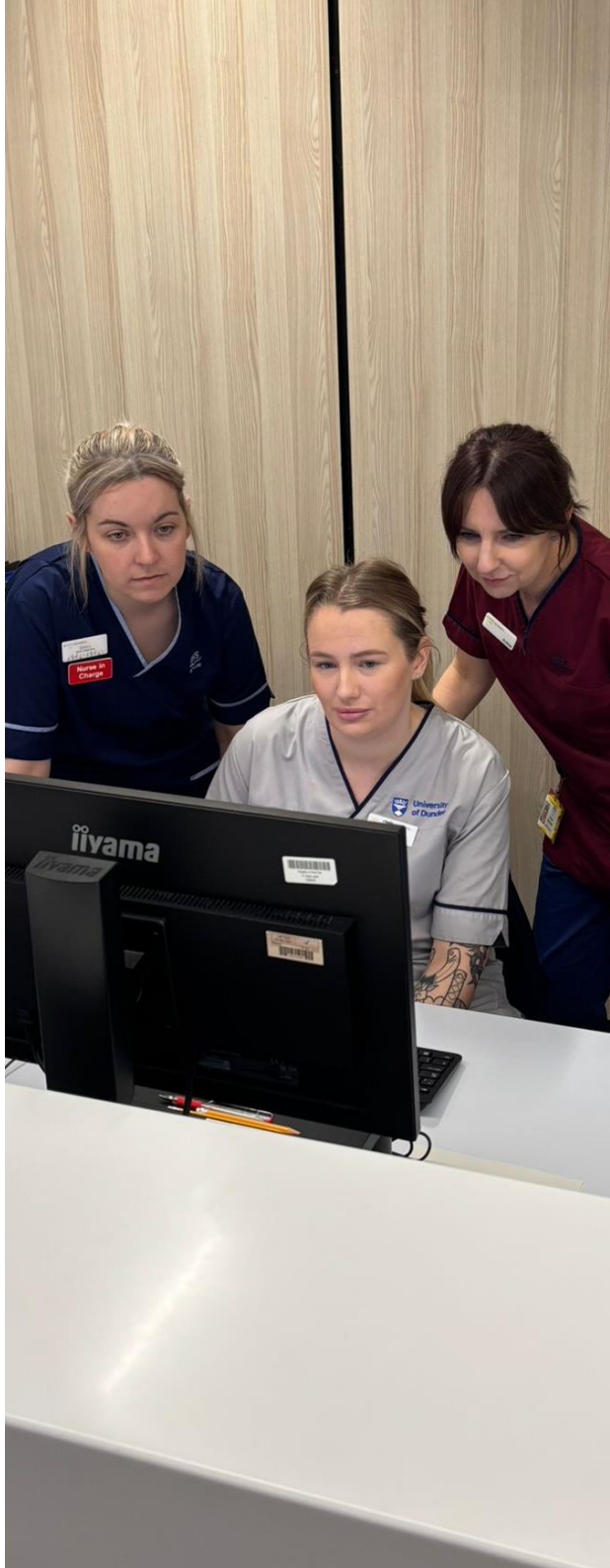


Corporate Objective 9: By March 2026, we will enable our workforce to work more efficiently using digital tools by designing and delivering a training and education programme which will demonstrate an increase in digital adoption within functions and service areas by a minimum of 10%, enhancing both capacity and efficiency. This will include the expansion of technology-enabled care solutions to improve patient access, service efficiency, and remote care delivery.

Central to all our transformation work is embedding redesign and improvement using digital tools. This supports more efficient ways of working, enhances productivity, and ultimately delivers safer and more effective care to patients. Whenever we adopt a new technology, support is provided to staff to become confident in the operation of systems and processes.

Key achievements in 2025-26:

- Adopted Co-Pilot across our corporate functions. This supports staff working with the Microsoft Office suite of applications by providing AI assistance when preparing and drafting outputs. When integrated into the MS Teams platform it can support generation of agendas, action logs, and minutes of meetings. The adoption of all AI is governed by our **Generative Artificial Intelligence Acceptable Use Policy** agreed in October 2025.
- Tested speech recognition software which is supporting direct to speech dictation of clinical notes. It is ensuring more timely and accurate production of notes and letters following clinic appointments.
- Tested 'hybrid' and 'Bulk Mail' which prints, packs, and posts letters at a lower cost than existing mail systems. The learning from the test will inform the next steps including how we scale up and adopt this work.
- Implemented the national JobTrain Vacancy Management Form (VMF) solution, to further digitise VMF processes, improve tracking, and transparency.
- Supported the redesign of the People & Culture Function by developing an online service desk platform that allows the Directorate to better track, assign, and manage all enquiries.
- Embedded use of patient hub. Modernising how we communicate with patients and simplifying how patients communicate with us



- Developed our refreshed Digital Framework which positions digital technology as a core enabler of NHS Fife's transformation agenda. Aligning with national programmes and organisational priorities implementation of the framework will drive modernisation, equity, and sustainability across NHS Fife

Corporate Objective 10: By March 2026, deliver key actions from NHS Fife's interim Equality Outcomes and Mainstreaming Plan 2025-2029, embedding anti-racism, supporting workforce equality, and advancing NHS Fife's United Nations Convention of the Rights of the Child (UNCRC) commitments to ensure inclusive and equitable service delivery

In 2025-26 we took forward an improvement plan in relation to our Equality and Human Rights practice. Structured across 5 work streams it has ensured that NHS Fife is able to deliver its commitments and ambitions with regard anti-racism, workforce equality, and UNCRC obligations. Collectively this work demonstrates how seriously we take equality and human rights. Moving into 2026-27 we are committed to continuing to progress this work building on the foundations of what we have achieved to date.

Key achievements in 2025-26:

- Strengthened governance and oversight of all work relating to Equality, Diversity, and Inclusion (EDI) across NHS Fife. This includes refreshing the Equality and Human Rights Steering Group with updated terms of reference, revised membership, and strengthened reporting arrangements into the Staff Governance Committee. This will oversee the continued delivery of the Boards anti-racism plan, and in 2026-27 update the Equality Outcomes Mainstreaming Plan.
- Redesigned the Equality Impact Assessment (EQIA) process to ensure that this process is robust, effective, with sufficient oversight and assurance across the organisation. The updated process will be implemented from April 2026 with oversight and scrutiny from the Equality and Human Rights Steering Group. The new EQIA process has considered UNCRC commitments (as outlined in Objective 2b).
- Completed an invited assurance review of the People and Culture function in NHS Fife to assess functional alignment, capacity, credibility, and responsiveness and developed a comprehensive and overarching People and Culture Directorate Action Plan. Implementation is currently underway with scrutiny and assurance from the Staff Governance Committee.



- Identified plans to develop our organisational culture so staff can discuss and address issues relating to equality, diversity, and inclusion. A range of approaches, including staff networks, will facilitate connections, discussion, and influence of decision making. A training programme is planned to equip our staff with the knowledge and skills to undertake this work effectively and we have developed a Staff Networks Good Practice Guide.
- We have worked with partners to improve the way we manage EDI in NHS Fife.



Strategic Priority 4: deliver value and sustainability

Corporate Objective 11: By March 2026, we will establish an evidence-based trajectory towards achieving NHS Scotland's 2030 carbon reduction targets by implementing sustainable estate management practices, reducing energy consumption, and embedding the Environmental Management System across NHS Fife facilities.

As part of our commitment to becoming a net-zero health board by 2040 (with 75% reduction in carbon emissions from our buildings by 2030 from a 2010 baseline) in line with the NHS Scotland Climate Emergency & Sustainability Strategy 2022–2026, NHS Fife has prioritised delivery of sustainability across all parts of NHS Fife. We recognise our role as an Anchor Institution within the region and mitigating climate-related health harms that disproportionately affect disadvantaged communities. Through all our work we are building a more sustainable healthcare system for the people of Fife, both now and for future generations.

Key achievements in 2025-26:

- Confirmation that NHS Fife has delivered a 51% reduction in carbon emissions against the 2010 baseline. Demonstrating progress in our commitment to becoming a net-zero health service.
- Full electrification of our fleet of small and light vehicles.
- Installation of energy metering to allow us to monitor energy usage in individual buildings or within specific areas of buildings to support further improvements.
- Redesigned waste management in a range of areas across the NHS Fife estate leading to an increase in recycling rates, reduction in refuse costs, and ongoing process improvement. For example, we implemented new recycling bins within catering departments at Cameron and Glenrothes Hospitals. We continue to deliver circular economy benefits through reuse via the Warp-it platform.
- Promoted active and sustainable travel for staff and patients. Supporting reduced carbon emissions whist supporting physical activity, mental wellbeing and healthier lifestyle behaviours. For example, we signed up 100 low/zero emission vehicles with the Electric Vehicle Salary Sacrifice Schemed for staff, reducing commuting emissions and fuel costs for staff. Our EV bike rental has also been popular, with plans to expand the scheme in future.



More broadly, we have continued delivery of work to address resilience, health, and biodiversity (rather than direct carbon reduction). This supports mental wellbeing for patients, staff and communities by creating healthy places, preventing harm, and supporting greener models of care. Key achievements include:

- Development of our own Biodiversity Action Plan for NHS Fife in partnership with Fife Coast and Countryside Trust. To date, intensity of grass cutting has been reduced, and we have planted 100 trees on our sites.
- Completed comprehensive flood assessments at the Victoria Hospital Kirkcaldy in partnership with NHS Assure. The learning from this will identify how we can mitigate the risks and impact of flooding in the future. We will consider the findings of the report as part of our long-term site management plans.
- Supported green prescribing and Green Health Partnerships, linking clinical care with community-based prevention and wellbeing. For example, we have developed an ecotherapy garden for the pain management service in Queen Margaret Hospital, agreed Gardening Allotments at Skeith – these will be managed by Fife Council for community use, and continued improvements across our grounds with funding secured for benches and raised beds in a number of sites.

Spotlight on: Developing our Greenspaces

An Ecotherapy Garden has been built at Queen Margaret Hospital (QMH). Developed following consultation with NHS Fife's Pain Management Team and other on-site services, the project arose from a clear need for an accessible natural space to support patient rehabilitation. Funded by the Scottish Government, this will be the first trauma-informed garden of its kind within a Pain Management Service in Scotland. Designed to promote nature-based health and recovery for people living with chronic pain and those with a history of trauma, the garden includes outdoor consultation spaces and fully accessible planting, including a unique wheelchair-accessible planting bed.



Corporate Objective 12a: By March 2026, deliver financial sustainability in line with NHS Fife's Medium-Term Financial Plan, ensuring in-year financial balance through cost containment, efficiency improvements of at least 3%, and value-based healthcare approaches, while progressing long-term financial recovery and sustainability measures.

Financial sustainability is an essential prerequisite to the successful delivery of the NHS Fife Population Health and Wellbeing Strategy. In common with other NHS Boards, NHS Fife continued to face significant financial and operational pressures in 2025–26. Through the work of Reform, Perform, Transform (RTP) we have managed to continue our journey to financial sustainability.

With financial challenges expected to persist, the Scottish Government requires NHS Boards to plan collaboratively and work together to navigate this difficult landscape and deliver financial plans via the respective sub-national structures.

Key achievements in 2025-26 include:

- Delivered a breakeven financial position, in line with the approved 2025-26 Financial Plan (subject to external audit).
- Achieved 80% of our planned savings programme, equivalent to £22.858m, representing 2.44% of the baseline Revenue Resource Limit. Whilst this fell short of the 3% savings target, delivery was impacted by significant operational challenges, particularly pressures on patient flow during the winter period, alongside other external factors that constrained savings delivery. Although the Board remained challenged in achieving the full savings requirement, activity to identify and progress productivity opportunities continued throughout the financial year.
- Commenced formal engagement within the new Sub-National East structure, supporting collaboration with partner Boards to progress the actions required to achieve sustainable financial balance across the East of Scotland Sub-National region.



Corporate Objective 12b By March 2026, deliver Phase 1 of the risk-based essential infrastructure investment plan (capital depending), prioritising mental health estate refurbishment and critical safety upgrades at Victoria Hospital, ensuring improved patient safety and service resilience.

In June 2025 the Scottish Government updated its approach to **infrastructure investment planning and the governance arrangements for capital spending**. Phase one of this work commenced in January 2025 when all NHS Boards provided a Business Continuity Plan to the Scottish Government. These were reviewed and assessed by Scottish Government, with successful funding requests confirmed in summer 2025. Future Business Continuity Plan submissions will be on a two-yearly full submission cycle. Scottish Government will develop a Scotland-wide pipeline of investment priorities for the next circa 20–30-year period. Within NHS Fife we are working within this framework and have been successful in a number of funding bids in the 2025-26 period supporting our ambition to provide high quality buildings and facilities for patients, their families, and staff.

Key achievements in 2026-26:

- Opened refurbished inpatient Mental Health Facilities at Ward 3, Queen Margaret Hospital in January 2026. This allows us to offer a more supportive, calming, fit for purpose environment for older adults requiring inpatient mental health care, alongside improved facilities for staff and visiting families.
- Received confirmation from Scottish Government of £12million to support modernisation of wards 1, 2 and 4 at Queen Margaret Hospital, as well as further improvements at Lynebank and at Stratheden Hospitals.
- Repaired cladding and windows at Victoria Hospital, phase 2.



Conclusion

NHS Fife is proud of all the work that has been taken forward in the period 2025-26. We are delivering against the aims and objectives of our strategy. However, we know that there is much more to do to ensure that we deliver sustainable care that meets the needs of all the communities we serve.

Looking ahead, our efforts to continue the transformation of NHS Fife's Services continues. Our priority is to continue to support the delivery of high-quality care in line with the aims and aspirations of the Population Health and Wellbeing Strategy. As part of the Annual Delivery Plan for 2026-27 we have agreed refreshed Corporate Objectives, and these will be used to provide further updates on progress at the end of the 2026-27 financial year.

Annex One: Strategies and Programmes Update

NHS Fife Local Strategies

Delivery status: signed off and being implemented
In Development status: strategy being written and pre-sign off

Strategy		Timeline	Status	Strategic Priority				Summary of Progress
				1	2	3	4	
1.	Anchor Institution Strategic Plan	2023-2028	Delivery	●		●	●	Over the past year, progress has been made on employability by strengthening partnerships, widening opportunities, and improving access. Efforts have also focused on building community wealth by using procurement to deliver economic and social benefits, and by making better, more sustainable use of land and assets.
2.	Cancer Framework	2022-2025	Delivery		●			Currently working towards completion of the refreshed Cancer Framework which will align with the Population and Wellbeing Strategy and 10-year Cancer Strategy. The delivery plan for 2026/2027 is in development.
3.	Clinical Governance Strategic Framework	2022-2025	Delivery		●		●	Of the 8 workstreams involved in delivery of plans for 25/26, 4 have been completed, 3 partially delivered and one has a revised timescale. Work is currently underway to refresh the Framework and align with the Clinical Governance Standards.

Strategy		Timeline	Status	Strategic Priority				Summary of Progress
				1	2	3	4	
								The Refresh will cover 2026-29 and will be presented to the Clinical Governance Committee in July 2026.
4.	**Digital Framework**	2025-2028	Delivery		●	●	●	The NHS Fife Digital Framework 2025–2028 was agreed by the NHS Fife Board in January 2026. It positions digital as a core enabler of NHS Fife's transformation agenda, aligning with national programmes and organisational priorities. It will drive modernisation, equity, and sustainability across NHS Fife. Further detailed planning is now underway to develop a Delivery Plan with prioritisation aligned to key priorities, available resources, and finance.
5.	**Greenspace Strategy**	2023-2030	Delivery	●			●	NHS Fife continues to progress its climate emergency goals by expanding renewable energy initiatives and developing greenspaces. Current projects include the Pain Management Garden at Queen Margaret Hospital and a full Greenspace Plan for Lynebank Hospital. Work is supported through growing partnerships with Fife Council, Fife Communities Climate Action Network (FCCAN) and local community groups.
6.	Pharmacy and Medicines Strategic Framework	2024-2026	Delivery		●			Continued to progress Pharmacy and Medicines Strategic Framework objectives across all pharmacy services, including major programmes such as digital medicines (HEPMA), high-risk medicines, medicines optimisation, hospital pharmacy transformation, pharmacist prescribing, antimicrobial

Strategy		Timeline	Status	Strategic Priority				Summary of Progress
				1	2	3	4	
								stewardship, and Pharmacy First. A new strategic framework will be developed in 2026-27, carrying forward key objectives, with progress reported through the Pharmacy Senior Leadership Team.
7.	**Procurement Strategy**	2024-2029	Delivery	●	●	●	●	The NHS Fife Procurement Strategy was agreed by NHS Fife Board in 2024. It details 4 objectives: delivering savings to NHS Fife to reinvest in patient care, investing in our people, providing transparent and effective oversight of the procurement function, and supporting implementation of Genesis Point of Care inventory management. The strategy supports delivery of our Anchor Institute ambitions. An update was provided to the NHS Fife Board in November 2025 indicating a significant level of assurance that NHS Fife meets the regulatory requirements of the Procurement Reform (Scotland) Act 2014.
8.	Property and Asset Management Strategy (PAMS)	2023-2030	Delivery				●	Ongoing estate improvement as part of Business continuity planning. Ahead of a business case being developed an SBAR has been prepared for Boards and committees, outlining three strategic assessments aligned to the planning and delivery of significant infrastructure investment over a 20–30-year period.

Strategy		Timeline	Status	Strategic Priority				Summary of Progress
				1	2	3	4	
9.	Research Innovation and Knowledge Strategy	2022-2025	Delivery	●	●		●	Strategy is now complete. Development of refreshed strategy will commence in 2026-27.
10.	Realistic Medicine and Value Based Health	2024-2025	Delivery	●	●		●	Realistic Medicine is progressing across NHS Fife through stronger partnerships, improved staff training, and more person-centred communication. Key developments include greater use of patient-directed clinic letters, collaboration with local universities, and a more coordinated approach to Shared Decision Making. Next steps focus on clearer measurement, better use of national tools, and a more data-driven approach to improving population health.
11.	Women's Health Plan	Ongoing	Delivery		●			NHS Fife is progressing the Women's Health Plan through improved access to contraception, including a new Long-Acting Reversible Contraception (LARC) model in North-East Fife and post-partum LARC training for obstetricians. Phase 2 of the national plan introduces new priorities, and Fife remains on track to eliminate long gynaecology waits by March 2026. As the programme moves toward a stronger population-health focus, leadership will transfer to the Director of Public Health.
12.	**NHS Fife Workforce Plan**	2022-2025	Delivery			●		Workforce plan for NHS Fife and HSCP are now complete and in line with Annual Delivery and Financial plans. The plans will be submitted to Scottish Government following approval

Strategy		Timeline	Status	Strategic Priority				Summary of Progress
				1	2	3	4	
								through governance committees. Continued implementation of Direct Engagement and transition of medical and other locums to Staff Bank. The new Leadership Framework has been published.

NHS Fife Strategic Programmes Update

Delivery status: signed off and being implemented
In Development status: strategy being written and pre-sign off

Strategy		Timeline	Status	Strategic Priority				Summary of Progress
				1	2	3	4	
1.	Integrated Unscheduled Care Programme	April 2025-March 2026	Delivery		●			A wide range of work continues to progress to support people to access urgent care in the right location and where safe to do so scheduling appointments to enhance people's experience. The Same Day Emergency Care (SDEC) service continues to develop and support a reduction in pressures on Accident and Emergency and Admissions Unit 1 (AU1) with an average of 32 patients per day. September 2025 saw the Acute Frailty Unit open, supporting people with frailty to be rapidly assessed and return to their home as soon as possible, reducing the risk of deconditioning in a hospital bed. Investment in Advanced Nurse Practitioners (ANP), Accident and Emergency Consultants, and

Strategy		Timeline	Status	Strategic Priority				Summary of Progress
				1	2	3	4	
								Acute Medicine Consultants has supported the development of an integrated model with colleagues rotating across ED, SDEC and the Flow Navigation Centre (FNC) supporting learning, sharing, and operational delivery. We've developed how we capture data and information in SDEC and the FNC to understand how pathways can support patients better and to inform how we develop our unscheduled care pathways further. As we enhance our Hospital @ Home service (H@H), we are developing a range of pathways development and scoping digital and remote monitoring.
2.	Integrated Planned Care Programme	April 2025-March 2026	Delivery		●			Significant progress has been made throughout 2025/26, with substantial reductions in long waits across most specialties. There has been a focus in supporting patient access with work to minimise same day cancellations by our day surgery teams, agreement to move to Patient Focused booking and rolling out of the Patient Hub. Patient Hub has seen digital appointment letters now offered by 6 specialities, modernising how we communicate with patients. Teams across specialities and theatres have innovated in a range of ways to enhance efficiency. The National Treatment Centre continues to deliver strong activity as planning progresses to ensure future sustainability.

Fife HSCP Strategies

Delivery status: signed off and being implemented
In Development status: strategy being written and pre-sign off
Complete: Strategy has been completed

Strategy		Timeline	Status	Strategic Priority				Summary of Progress
				1	2	3	4	
1.	Fife HSCP Strategic Plan	2023-2026	Complete	●	●	●	●	During 2025–26, delivery of the Fife HSCP Strategic Plan 2023-26 concluded. This has made a significant contribution to the delivery of the NHS Fife Population Health and Wellbeing Strategy, particularly in relation to prevention, quality, workforce sustainability and tackling inequalities. Collectively, this work has supported NHS Fife to improve population health outcomes, reduce inequalities and shift the balance of care towards prevention and community-based support. An updated Strategic Plan for 2026-29 has been developed and is expected to be signed off in early 2026-27.
2.	Alcohol & Drug Strategy	2024-2027	Delivery	●				Progress focused on improving early intervention, service accessibility, and whole-family support. While recommissioning work was delayed due to redesign within Children's Services, this allowed real-time testing of the new model and identification of gaps for future commissioning. Further developments included deep-dive analysis of cocaine and crack cocaine use, enhanced harm-reduction pathways aligned to MAT standards, and strengthened collaboration with partners to improve system-wide support and treatment.

Strategy		Timeline	Status	Strategic Priority				Summary of Progress
				1	2	3	4	
3.	Carers Strategy	2023-2026	Delivery		●			A full review of commissioned providers was completed, ensuring alignment with service expectations and future commissioning needs. The Adult Carer Support Plan process was streamlined from nine sections to three, improving accessibility, consistency, and eligibility assessment. The Carers Experience Survey provided insight into current awareness levels, supporting creation of an action plan for 2026. Despite recruitment challenges, existing internal staff will deliver the plan. The strategy continues to prioritise improved access to information, meaningful engagement, and timely support for unpaid carer
4.	Children's Services Plan	2023-2026	Delivery		●			Key achievements include delivery of Whole Family Wellbeing projects, with 12 new Sleep Counsellors trained and 392 staff completing Sleep Awareness training. Evaluation showed improved skills, confidence, and early intervention capacity. Work progressed on improving accessibility of information, health literacy, and disability-focused workforce development. Children's Services collaborated with health intelligence teams to create clearer resources supporting children and young people with disabilities. All ongoing activity will align with the refreshed Fife Children's Services Partnership Plan 2026–2030 currently in development.

Strategy		Timeline	Status	Strategic Priority				Summary of Progress
				1	2	3	4	
5.	Dementia Strategy	n/a	n/a		●			Fife Health and Social Care Partnership has adopted the National Dementia Strategy for Scotland (Dementia in Scotland – Everyone's Story). Building on several years of globally recognised public policy on dementia, the national strategy sets out a positive shared vision for change over the next 10 years. We have developed a self-assessment tool to allow us to benchmark our delivery activity in Fife against the national delivery plan. This is also helping us to identify further local actions that are required specific to Fife. Future work will develop a comprehensive action plan shaped by engagement, equality data, and national alignment.
6.	**Fife HSCP Digital Strategy**	2024-2027	Delivery				●	Implementation of the Fife HSCP Digital Strategy has supported improvements in access, supporting prevention and independence, and enabling more sustainable, person-centred care. Collectively this has strengthened integrated working, population-informed decision-making, and value-based care.
7.	**Home First Strategy**	2023-2026	Delivery		●			The work to implement the Home First Strategy has continued during 2025-26 with a range of work underway. The Home First Strategy is due to conclude in 2026. A final report will be collated to outline impact and next steps during summer 2026.

Strategy		Timeline	Status	Strategic Priority				Summary of Progress
				1	2	3	4	
8.	Mental Health and Wellbeing Strategy	2026-2029	Delivery		●			Significant progress was made expanding community-based support, including embedding the Distress Brief Intervention service and strengthening Community Led Support across localities. Wells were relocated to accessible venues and referrals increased across 2024–2025. An Equalities Review informed the new strategy and highlighted priorities for engaging under-represented groups. A Test of Change with Urgent Care aims to streamline referral pathways. Work also advanced on digital access, with surveys informing improvements to the Access Therapies Fife and Moodcafé websites to support future development.
9.	Prevention and Early Intervention Strategy	2024-2027	Delivery	●				The strategy advanced its aim of embedding prevention within routine practice by improving access to self-management information, signposting resources such as Life Curve and NHS Inform, and delivering targeted health literacy training. A comprehensive communication and self-management plan delivered regular bulletins and awareness activity. Training programmes across 2025–2026 provided wide-ranging development for staff, addressing core skills and priority health areas. This rolling programme will continue to build competence, improve early identification of health risks, and encourage proactive wellbeing management across services.

Strategy		Timeline	Status	Strategic Priority				Summary of Progress
				1	2	3	4	
10.	Primary Care Strategy	2023-2026	Delivery		●			Primary Care strengthened locality relationships, GP Cluster collaboration, and communication channels. The Interface Group was established to support smoother connections between primary and secondary care. Workforce sustainability remained a priority, with expanded multidisciplinary teams, ongoing promotion of portfolio careers, and enhanced training pathways. Public communications improved understanding of pharmacy and dental access. These developments collectively support a more resilient, accessible, person-centred primary care system aligned with the 2023–2026 priorities of sustaining high-quality care and ensuring system-wide collaboration.
11.	HSCP Workforce Strategy and Plan	2022-2025	Delivery			●		Delivery of the Fife HSCP Workforce Strategy has strengthened workforce sustainability, improved staff wellbeing, and supported delivery of high-quality, person-centred care. Collectively this has supported improved staff experience and wellbeing, ensured safe and sustainable services, and enabled integrated teams to deliver improved population health outcomes for the people of Fife.

Annex Two: Glossary of Abbreviations and Acronyms

A&E	Accident and Emergency
ACCESS	Actions (for) Clinical Capacity Escalation and Site Safety
ADP	Annual Delivery Plan
AFU	Acute Frailty Unit
AI	Artificial Intelligence
ANP	Advanced Nurse Practitioner
AU1	Admission Unit 1
CFSD	Centre for Sustainable Delivery
COSLA	Convention of Scottish Local Authorities
CVD	Cardiovascular Disease
DBI	Distress Brief Intervention
DTaP	Diphtheria
DWP	Department for Work and Pensions
ED	Emergency Department
EDI	Equality, Diversity and Inclusion
EQIA	Equality Impact Assessment
EV	Electric Vehicle
FCCAN	Fife Communities Climate Action Network
FNC	Flow Navigation Centre
HCSW	Healthcare Support Worker
HiB	Haemophilus Influenzae type b
HSCP	Health and Social Care Partnership
H@H	Hospital at Home
HEPB	Hepatitis B
HEPMA	Hospital Electronic Prescribing and Medicines Administration
IPV	Inactivated Polio Vaccine
LARC	Long-Acting Reversible Contraception
LES	Local Enhanced Services
MMR2	Measles, Mumps and Rubella Virus Vaccine
MRI	Magnetic Resonance Imaging
PE&I	Prevention and Early Intervention
PHF	Population Health Framework
PMB	Post Menopausal Bleeding
QMH	Queen Margaret Hospital
RARP	Robotic Assisted Laparoscopic Prostatectomy
RTP	Reform, Transform and Perform
SAMH	Scottish Action on Mental Health
SDEC	Same Day Emergency Care
SIMD	Scottish Index of Multiple Deprivation
SSS	Substances Support Scotland
TP	Transperineal
UNCRC	United Nations Convention on the Rights of the Child
VMF	Vacancy Management Form
WTE	Whole Time Equivalent

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

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

NHS Fife
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nhsfife.org

NHS Fife

Meeting:	**Fife NHS Board**
Meeting Date:	**26 May 2026**
Title:	**Area Partnership Forum Annual Assurance Report 2025/2026**
Responsible Non Executive:	**Lynne Parsons, Employee Director**
Report Author:	**Lynne Parsons, Employee Director**

Executive Summary

- This report provides a **Significant** Level of Assurance that the Area Partnership Forum (APF) has fulfilled its remit for the financial year 2025/2026.

1. Purpose

This report is presented for:
- Assurance

This report relates to:
- NHS Board

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

2 Report Summary

2.1 Situation

All formal Committees of the NHS Board are required to provide a mid-year and an Annual Statement of Assurance for the NHS Board. The requirement for these statements is set out in the Code of Corporate Governance.

This report is an annual statement of assurance that the Area Partnership Forum has fulfilled its remit.

2.2 Background

Work has been undertaken by Co-Chairs and members of the APF to increase the profile of the Forum. This report is part of the commitment from the Board to assist the APF in this action and this is the second annual statement of assurance report being provided by the APF.

2.3 Assessment

The annual statement of assurance report is an appendix to this paper, which indicates the span of business considered by the APF and draws out any areas of concern to be highlighted.

This report provides the following Level of Assurance:

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

2.3.1 Quality, Patient and Value-Based Health & Care

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

2.3.2 Workforce

The APF is the principal vehicle for partnership working and reports into the Staff Governance Committee which ensures the five strands of the staff Governance standard are embedded throughout the organisation as we strive to be an exemplar employer.

2.3.3 Financial

The production and review of mid and year-end assurance statements are a key part of the governance process with no financial impact.

2.3.4 Risk Assessment / Management

The identification and management of risk is an important factor in providing appropriate assurance to the NHS Board. There is a risk that the five strands of Staff Governance are not aligned to the work of the forum, to ensure our strategic ambitions are achieved. To mitigate any risk the forum, have a Workplan that compliments the Staff Governance Committee workplan and is agreed and delivered in partnership.

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

The Area Partnership forum ensure that staff, through their accredited representatives, are involved in strategic decision making and that the views of the workforce are properly and fully considered by the Board and the Executive Leadership Team's thinking and decision-making on issues affecting the workforce.

Working in partnership with staff side colleagues, the workplan of the APF ensures the work is aligned to the five Staff Governance Standards and ensures our strategic ambitions are achieved.

2.3.6 Climate Emergency & Sustainability Impact

No direct impact from this paper.

2.3.7 Communication, involvement, engagement and consultation

Both LPF's have contributed to the development of both the mid-year review and annual statement of assurance report.

2.3.8 Route to the Meeting

Both LPF's have fed into the APF which has informed the development of the content presented in this report. This paper was also presented to Staff Governance Committee on 12 May 2026 and to Area Partnership Forum on 20 May 2026 to provide assurance.

2.4 Recommendation

The paper is provided to Board members for:

- **Assurance** – For Members to take a **Significant** Level of Assurance that the forum has delivered on its remit annual statement of assurance in the reporting year.

3. List of Appendices

The following appendix is included with this report:

- Appendix 1: Area Partnership Forum Annual Assurance Report

Report Contact:

Lynne Parsons
Employee Director, Co-Chair APF
Email lynne.parsons@nhs.scot

Appendix 1

ANNUAL STATEMENT OF ASSURANCE FOR NHS FIFE AREA PARTNERSHIP FORUM

1. Purpose

1.1 The Area Partnership forum will ensure that staff, through their accredited representatives are involved in strategic decision making. The purpose of the Area Partnership Forum is to ensure that the views of the workforce are properly and fully considered by the NHS Board and the Executive Leadership Team's thinking and decision-making on issues affecting the workforce.

1.2 The Area Partnership Forum is supported by two Local Partnership Forums:

- Health & Social Care Partnership Local Partnership Forum
- Acute and Corporate Directorates Local Partnership Forum

2. Membership

2.1 During the financial year to 31 March 2026, membership of the Area Partnership Forum comprised, at date of writing the annual assurance statement as below: -

Name	Role / Designation
Lynne Parsons	Employee Director (Co-Chair)
Carol Potter	Chief Executive (Co-Chair)
Sharon Adamson	Royal College of Nursing
Jennifer Bell	Chartered Society of Physiotherapists
Vicki Bennett	British Dietetic Association
Cheryl Brash	Royal College of Nursing
Helen Caithness	Royal College of Nursing
Claire Dobson	Director of Acute Services
Susan Dunsmuir	Director of Finance
Kevin Egan	UNITE
Fiona Forrest	Acting Director of Pharmacy & Medicines
Lynne Garvey	Director of Health & Social Care
Mary Ann Gillan	Royal College of Midwives
Alistair Graham	Director of Digital & Information
Neil Groat	Society of Radiographers
Benjamin Hannan	Director of Reform and Transformation
Paul Hayter	UNISON
Joy Johnstone	Association for Laboratory Medicine
Jenni Jones	Associate Director of Culture, Development & Wellbeing
Janette Keenan	Director of Nursing
Angela Kopyto	British Dental Association
Chu Lim	British Medical Association
Roddy MacEwan	British Orthoptic Society
Kirsty MacGregor	Director of Communications & Engagement
Liam Mackie	Royal College of Nursing
Gillian McAuley (from July 2025)	Director of Nursing
Neil McCormick	Director of Property & Asset Management
Deborah McGirr	Speak Up/ Whistleblowing Coordinator
Christopher McKenna	Medical Director
David Miller	Director of Workforce
Benjamin Morrison	Royal College of Podiatry
Louise Noble	UNISON
Joanna Pickles	British Medical Association
Sandra Raynor	Head of Workforce Resourcing & Relations
Wendy Rowbotham	GMB
Caroline Somerville	UNISON
Joy Tomlinson	Director of Public Health

Andrew Verrecchia	UNISON
Rhona Waugh	Head of Workforce Planning & Staff Wellbeing
Clare Weir	Royal College of Midwives
Laura Wheatley	British Dental Association

2.2 The Area Partnership Forum may invite individuals to attend meetings for agenda particular items determined by the Co-chairs. Other attendees, deputies and guests are recorded in the individual minutes of each meeting.

3. Meetings

3.1 The Area Partnership Forum has met during the financial year to 31 March 2026 on the undernoted dates:

21 May 2025
23 July 2025
24 September 2025
19 November 2025
21 January 2026
25 March 2026

4. Business

4.1 **Area Partnership Forum inclusion and engagement:** the work continues by the Chair and Co-Chair to increase engagement with key stakeholders and widen attendance both on management and staff side on a regular basis to the forum.

The Area Partnership Forum has received regular updates and feedback regarding the financial position of the Board.

4.2 **Nursing & Midwifery Taskforce Recommendations:** The Taskforce was set up with a remit to explore concerns in relation to recruitment and retention within Nursing and Midwifery job families. The report lists 44 recommended actions: 15 of which involve Boards, the remainder will be addressed nationally Work is ongoing and comprises the development of an implementation plan including timescales and a financial framework with regular reporting to the Executive Leadership Team (ELT) and APF.

4.3 **Nursing & Midwifery Health Check:** A comprehensive Nursing and Midwifery Workforce Health Check is being implemented in NHS Fife, which aligns with the duties of the Health and Care (Staffing) (Scotland) Act 2019 and drives the transition from SSTS to eRostering by March 2028. The aim of the Workforce Health Check is to draw all data sources together using the Common Staffing Method to support decision making, professional judgement, and effective and efficient workforce planning. It has been agreed that financial data will be used in relation to the workforce funded establishments and planning will be centred around this key data point.

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

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

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

There is an agreed schedule of Tool Runs which is overseen by the Corporate Nursing Directorate and the results of these tool runs are provided to services for consideration after quality assurance checks have been completed.

The Operational Levels Escalation Tool (OPEL) in the Acute Services Division and Fife Health and Social Care Partnership are a good source of information to support reporting. This has been adapted for use in other services, for example, Physiotherapy and Podiatry.

- Staff training relating to the Act and in respect of Common Staffing Method Tool Runs has been delivered and is monitored and the output of Tool Runs is reported within the Board.
- One of the highlights is collaboration across different service areas through our Local HCSA Steering Group.
- We have staff side input to the group and information is shared widely within services, including regular reports to the Area Partnership Forum.

4.5 **Non-Financial Aspects of the AFC Pay Deal 2023 / 2024:** The Area Partnership Forum receives regular updates on the reduced working week, band 5 nursing review and protected learning time. The Area Partnership Forum has offered constructive feedback regarding the current challenges being experienced around the reduced working week and are provided with regular updates on the implementation of the reduction of 1 hour 30 minutes in the working week across the organisation.

4.6 **Core Skills Training and PDPR:** The Area Partnership Forum receives regular updates on the Board's performance in relation to Core Skills training compliance and PDPR engagement. There is a shared understanding of the need to strengthen efforts at local levels to improve compliance across both areas. The Forum has provided constructive feedback on the challenges impacting progress, including the implications of the reduced working week and the growing demands on service delivery.

5. Risk Management

5.1 The provision of a multi professional perspective on the development of the Annual Workplan for the Area Partnership Forum and the strategic objectives of the NHS Board.

5.2 Sharing best practice and encouraging multi-professional working in healthcare and health improvement.

5.3 Through the Area Partnership Forum Co Chair, being fully engaged in NHS Board business.

5.4 Supporting the NHS Board in the conduct of its business through the provision of multi professional advice

6. Conclusion

6.1 As a Co-Chair of the Area Partnership Forum during financial year 2025 / 2026, I am satisfied that the integrated approach, the frequency of meetings, the breadth of the business undertaken and the range of attendees at meetings of the Area Partnership Forum has allowed us to fulfil our remit to date. As a result of the work undertaken during to the year, I can confirm that adequate and effective governance arrangements were in place in the areas under our remit during the year.

6.2 I can confirm that that there were no significant control weaknesses or issues at the annual review which the Area Partnership Forum considers should be disclosed in the Governance Statement, as they may have impacted financially or otherwise in the year or thereafter.

6.3 I would pay tribute to the dedication and commitment of fellow members of the Area Partnership Forum and to all attendees. I would thank all those members of staff who have prepared reports and attended meetings.

Signed: Date:

Lynne Parsons, Co-Chair 5/5/26
On behalf of the Area Partnership Forum

Appendix 1 – Attendance Schedule

NHS Fife Area Partnership Forum Attendance Record
1 April 2025 to 31 March 2026

	21.05.25	23.07.25	24.09.25	19.11.25	21.01.26	25.03.26
Members						
Lynne Parsons, Employee Director (Co-Chair)	✓	✓	✓	✓	✓	x
Carol Potter, Chief Executive (Co-Chair)	✓	✓	x	✓	✓	✓
Sharon Adamson, Royal College of Nursing	✓	✓				
Yvonne Batehup, Welfare Officer, UNISON	x	x	x	✓	x	x
Jennifer Bell, Chartered Society of Physiotherapists	x	x	x	x	x	x
Vicki Bennett, British Dietetic Association	✓	✓	x	✓	✓	✓
Cheryl Brash, Royal College of Nursing				✓	✓	x
Helen Caithness, Royal College of Nursing	✓	✓	✓	✓	✓	✓
Claire Dobson, Director of Acute Services	✓	✓	✓		✓	✓
Susan Dunsmuir, Director of Finance	✓	✓	✓	✓	x	✓
Kevin Egan, UNITE	x	x	x	x	x	x
Simon Fevre, British Dietetic Association - National Employment Relations Officer, Scotland & NI	x	x	x	x	x	x
Fiona Forrest, Director of Pharmacy and Medicines	x	✓	x	x	x	x
Lynne Garvey, Director of Health and Social Care	✓	✓	✓	x	x	x
Mary Ann Gillan, Royal College of Midwives	✓	✓				
Alistair Graham, Director of Digital & Information	✓	✓	x	✓	x	✓
Neil Groat, Society of Radiographers	x	x	x	x	x	x
John Hackett, UNISON – Regional Officer	✓	✓	x	x	✓	x
Ben Hannan, Director of Planning and Transformation	✓	x	✓	✓	✓	x
Paul Hayter, UNISON	✓	✓	✓	✓	✓	✓
Joy Johnstone, Association for Laboratory Medicine	x	x	x	x	x	x
Jenni Jones, Associate Director of Culture, Development & Wellbeing	x	✓	✓	✓	x	✓
Janette Keenan, Director of Nursing (retired July 2025)	✓					
Bryan Kerr, UNITE	x	x	x	x	x	x
Chu Lim, British Medical Association	✓	x	x	✓	x	x
Roddy MacEwan, British Orthoptic Society	x	x	x	x	x	x

	21.05.25	23.07.25	24.09.25	19.11.25	21.01.26	25.03.26
Kirsty MacGregor, Director of Communications & Engagement	x	✓	x	✓	✓	✓
Liam Mackie, Royal College of Nursing	x	x	x	✓	✓	✓
Gillian McAuley, Director of Nursing (from July 2025)		✓	✓	x	✓	✓
Neil McCormick, Director of Property & Asset Management	✓	✓	x	✓	x	✓
Deborah McGirr, Speak Up/ Whistleblowing Coordinator	✓	✓	x	x	x	✓
Christopher McKenna, Medical Director	✓	x	x	✓	✓	✓
David Miller, Director of Workforce	✓	✓	✓	✓	✓	✓
Benjamin Morrison, Royal College of Podiatry	✓	✓	x	✓	✓	✓
Louise Noble, UNISON	✓	x	✓	✓	✓	✓
Joanna Pickles, British Medical Association	x	x	x	x	x	x
Sandra Raynor, Head of Workforce Resourcing & Relations	✓	✓	✓	✓	✓	✓
Susan Robertson, UNITE – Regional Officer	x	x	x	x	x	x
Wendy Rowbotham, GMB	x	x	x	x	x	x
Caroline Somerville, UNISON	✓	✓	✓	✓	✓	✓
Gillian Tait, Royal College of Nursing – Regional Officer	x	✓	x	x	x	x
Joy Tomlinson, Director of Public Health	✓	✓	x	✓	✓	✓
Matt Valenti, UNISON (from July 2025)		✓	x	x		
Andrew Verrecchia, UNISON	x	✓	✓	✓	x	x
Rhona Waugh, Head of Workforce Planning & Staff Wellbeing	x	✓	x	✓	✓	
Clare Weir				✓	✓	x
Laura Wheatley, British Dental Association	x	x	x	x	x	x
In Attendance						
Jim Rotheram, Head of Facilities	✓					
Jackie Millen, Learning & Development Manager	✓ Deputising	✓		✓		
Brian McKenna, Workforce Planning Lead	✓ Deputising					✓
Susan Fraser, Deputy Director of Planning & Transformation		✓ Deputising				✓
Jane Anderson	✓	✓	✓	✓ Deputising		
Nicola Roberson			✓ Deputising			
Lisa Cooper				✓ Deputising		

	21.05.25	23.07.25	24.09.25	19.11.25	21.01.26	25.03.26
Lynn Barker				✓ Deputising		
Rebecca Beveridge				✓ Observing		
Christopher Conroy, Head of Community Care Services					✓ Deputising	✓ Deputising
Maxine Michie, Deputy Director of Finance					✓ Deputising	

Fife HSCP Integration Joint Board **(Meeting on Wednesday 28 January 2026)**
No issues were raised for escalation to the Board.

Fife HSCP Integration Joint Board

Fife Health & Social Care Partnership
Supporting the people of Fife together

CONFIRMED MINUTE OF THE FIFE HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD (IJB)

WEDNESDAY 28 JANUARY 2026

Present:	David Ross (DR) **(Chair)** Fife Council – David Alexander (DA), Dave Dempsey (DD), Eugene Clarke (EC), Lynn Mowatt (LM), Rosemary Liewald (RLie), Sam Steele (SS), NHS Fife Board Members (Non-Executive), Alistair Morris (AM), John Kemp (JK), Sinead Braiden (SB) Debbie Fyfe (DF), Joint Trade Union Secretary Kenny McCallum (KMcC), Staff Representative, Fife Council Kenny Murphy (KM), Third Sector Lead Lynne Parsons (LP), Employee Director, NHS Fife Ken Fraser (KF), Public Representative Morna Fleming (MF), Carer Representative Paul Dundas (PD), Independent Sector Lead Vicki Bennett (VB), Staff Representative, NHS Fife
Professional Advisers:	Lynne Garvey (LG), Director of Health and Social Care/Chief Officer Tracy Hogg (TH), Chief Finance Officer Lynn Barker (LB), Director of Nursing
Attending:	Amanda Wong (AW), Director of Allied Health Professionals Caroline Cherry (CCh), Principal Social Work Officer Chris Conroy (CC), Head of Community Care Services Clare Buchanan (CB), Local Democracy Reporter Karen Marwick (KM) Head of Complex & Critical Care Services Lisa Cooper (LC), Head of Primary & Preventative Care Services Vanessa Salmond (VS), Head of Corporate Services, IJB Secretary & Head of Strategic Planning & Performance Gillian McAuley (GMcA), Executive Nurse Director Jo Bennett, Non-Executive member Ashleigh Allan, Finance Business Partner, Fife Council Louise Radcliffe (item 7.3) (LR), Organisational Development and Culture Specialist Martyn Berrie, (MB), Interim Clinical Services Manager / Senior Advanced Nurse Practitioner, Urgent Care Services Sarah Hourston (SH), Executive Assistant to Lynne Garvey **(minutes)**
Apologies:	James Ross (JR), Lead of Service, Children and Families and Justice Social Work Services & Chief Social Work Officer Fiona Forrest, (FF) Director of Pharmacy and Medicines/ Controlled Drugs Accountable Officer Roy Lawrence (RLaw), Head of Culture, Engagement and Communities Colin Grieve (CG) (Vice-Chair) Aylene Kelman, Consultant Physician and Associate Medical Director Primary and Community Care Services Fife HSCP Cara Forrester (CF) Communications Adviser Professor Chris McKenna (CMcK), Medical Director, NHS Fife Clare Gibb (CG), Communications Adviser

	Hazel Williamson, (HW) Communications Adviser Jackie Drummond (JD), Associate Medical Director Joy Tomlinson, (JT) Director of Public Health Cllr Mary Lockhart Avril Sweeney (AS), Risk Compliance Manager Dafydd McIntosh (DM), Organisational Development & Culture

1 CHAIRPERSON'S WELCOME / OPENING REMARKS / APOLOGIES

David Ross, Chair of the Integration Joint Board (IJB), opened the meeting by welcoming all attendees to the first Integration Joint Board meeting of 2026 and extended warm wishes for a Happy New Year. David noted the above apologies.

Those present were reminded that they should mute their mobile phones for the duration of the meeting and mute their microphone when not talking and in an effort to keep to our timings for this meeting, all questions and responses should be as succinct as possible.

David advised members that a recording device was in use at the meeting to assist with minute taking and the media have been invited to listen in to proceedings.

2 DECLARATION OF MEMBERS' INTERESTS

David Ross confirmed that there were no declarations of interest highlighted.

3 MINUTES OF PREVIOUS MEETING & ACTION NOTE – 26 NOVEMBER 2025

The Minute and Action Note from the meeting held on 26 November 2025 were both approved as an accurate record.

4 CHIEF OFFICER UPDATE

Lynne Garvey began her update by acknowledging the continued and significant winter pressures across health and social care in Fife. Staff communication was issued jointly with the Chief Executives of NHS Fife and Fife Council outlining the current position. Pressures are being driven by workforce challenges, increased demand, and wider system constraints.

Lynne advised that in order to help protect critical functioning services and the most vulnerable, the mobilisation of staff across the Fife HSCP, inviting colleagues in less critical functioning services to temporarily support services under the greatest strain. This approach has been agreed through the Local Partnership Forum and is focused on maintaining safe staffing, supporting continuity of care, and reducing reliance on bank and agency staff. All mobilisation is time-limited, aligned to existing skills, and supported by appropriate induction, supervision and wellbeing measures.

Lynne noted that the Annual Locality Planning Stakeholder Event took place recently, which was very well attended and demonstrated strong engagement from across partners and communities. The event reinforced the importance of our locality approach in shaping services around local need and fed directly into the work on our Strategic Plan priorities.

Lynne confirmed that the consultation on the Draft Strategic Plan priorities closed last Friday. Advising that engagement has taken place with around 200 people through a mix of online and face-to-face sessions, covering all key stakeholder groups, along with almost 200 online responses. While the numbers are not huge, the breadth of engagement means the feedback should be rich and insightful and will help to progress towards finalising the Strategic Plan.

Lynne spoke about the recent service developments, including the reopening of Ward 3 at Queen Margaret Hospital after a £3 million refurbishment to enhance older adult mental health care. An additional £12 million investment over two years has been confirmed to further modernise mental health facilities in Fife. Positive inspection outcomes were reported for both the West Care at Home Service and Methilhaven Care Home.

	Lynne highlighted some key achievements: • Lyndsey Dunn, Clinical Services Manager for Integrated Discharge Teams, was named Manager of the Year at the Nursing Times Workforce Summit and Awards, recognised for inspiring leadership and innovation across health and social care. • Emma McAuley, District Nursing Team Leader, was awarded Queen's Nurse status through the Queen's Nursing Institute Scotland, recognising clinical excellence, leadership and a commitment to reducing health inequalities. • Kelly Cunningham, newly qualified Community Mental Health Nurse (Older Adults, East Fife), received the Sarah Fletcher Memorial Prize for Compassionate Practice at Abertay University. • Fife School Nursing Service progressed to the final judging stage of the RCN Scotland Nurse of the Year Awards 2026 in the Children's Nursing and Midwifery category. • Contracts & Commissioning Team celebrated Lesley Elias achieving 40 years of service, recognising her long-standing contribution to social care finance and commissioning. • And congratulations to William McLaughlin who has been recruited to the post of Service Manager for the Care at Home Service. William held the post of interim service manager and brings with him a great deal of experience. Lynne provided assurance that whilst pressures remain significant, there is clear evidence of collaboration, resilience and progress across the Fife HSCP. Lynne concluded that risks will continue to be monitored, along with staff supported, and the Board will continue to be updated on both challenges and improvements as we move through the remainder of the winter period.
5	**COMMITTEE CHAIR ASSURANCE REPORTS** David Ross welcomed Vanessa Salmond who introduced the reports and confirmed that all statements had been signed off by current Chairs. Vanessa Salmond advised that as per standard practice these reports were being presented to enhance Governance arrangements by providing assurance to the IJB on Committee Business. Agreement on the principles of these reports was discussed at the Quality & Communities Committee on 7th January 2026, and the Finance, Performance & Scrutiny Committee on 14th January 2026. Vanessa Salmond advised that there was no Strategic Planning Meeting nor Audit and Assurance during this committee cycle. David Ross then invited Committee Chairs to comment in turn before opening to questions from Board members. Rosemary Liewald, Interim Chair of the Qualities and Communities Committee confirmed there were no areas of concern to escalate. Rosemary noted a successful meeting with a good discussion, nothing of any concern and all agenda items were fully discussed and/or fully agreed or assurance given. John Kemp, Acting Chair of the Finance, Performance and Scrutiny Committee, confirmed that all relevant items are included on today's agenda and that there is nothing requiring escalation. He noted that the Committee had a constructive discussion on the current financial position and wished to draw to the IJB's attention that, while a formal recovery plan is not in place, members were assured that appropriate management plans are being implemented. The Committee felt it was important to highlight this, and it will be recorded in today's minutes. It was also noted that this matter will be discussed later in the agenda. **Recommendation** The Board were assured that the Governance Committees are discharging their functions and remit and escalating any issues appropriately.

6 LIVED EXPERIENCE & WELLBEING

6.1 Lived Experience – Martin's Story

Lynn Barker introduced Martin who shared his own personal life story.

Lynn thanked Martin for sharing his powerful journey.

Rosemary Liewald, Interim Chair of the Qualities and Communities Committee, thanked Martin for sharing his powerful story. She expressed, on behalf of all Elected Members present, that this was an important message for everyone to hear as they engage across their Wards, and she acknowledged the significant work undertaken by the locality teams. It was noted that members of the press are attending today's meeting, and there is hope that Martin's story will be shared widely across our communities.

Dave Dempsey, Chair of the Audit and Assurance Committee, commented that Martin's account was far more impactful than many of the lived-experience videos typically presented to the Board, which are often positive stories. He noted that hearing directly from Martin was particularly valuable. Dave acknowledged that Martin was fortunate to have had a friend who helped him turn a corner, and he asked whether things have improved for him now. He also raised concern that similar issues persist today and asked what is being done to support people currently facing these circumstances.

Martin explained that access to recovery cafés and having people who can offer support are essential, as there is very little advertising and no wider public promotion, such as on television. He shared that he believes he would still face the same challenges today if he were in that situation again, as he often had no credit on his phone and had sold his TV to fund his addiction. He noted that without the intervention of a good friend, he could still be in that position. Martin emphasised that promoting recovery and making support more visible is crucial.

Morna Fleming thanked Martin for such a powerful testimony and lived experience; and acknowledged that if Martin did not have his friend to point him in the right direction he did not have anywhere to go.

Morna noted the next paper to be presented by the Alcohol and Drug Partnership on the agenda and asked why is it when there is such good work going on, why are the drug figures for Fife the worst in Scotland? Morna spoke about people not knowing what is going on and this message needs to get out there and how Martin's GP did not know where to direct him and this joined up thinking needs to be worked on. Morna advised that she is worried about the younger 15-24 age group being so high and asked what is going to be done about this.

Martin advised that his GP has been a great support to him and he has put up posters and shared flyers within the GP practice and local area to help promote recovery more. DAPL in Leven continue to keep in touch, hold meetings in recovery hubs with Martin and they continue to pass on numbers, working together, however it still comes down to promotion.

Lynne Garvey advised the Board that after hearing Martin's story at the ADP Cocaine Summit recently, which she chaired, she invited Martin along personally today to the IJB to emphasis the work that is required to be undertaken.

Lynne advised that in Fife that there has been a nearly 50% reduction in women's deaths and 74% reduction in 15-24 age group which is where the ADP work has been focused on. Lynne acknowledged that that one death is still one too many. In terms of improvement work, how they target work and in reach work into GP practices. Lynne stated that as the Chief Officer, she is very assurance by the ADP work being undertaken and acknowledged that there is still a long way to go.

David Ross thanked Martin again and wished him all the best in the future.

7 STRATEGIC PLANNING & DELIVERY

7.1 Fife Alcohol & Drug Partnership Drug Related Death Report 2024

David Ross advised that this report was discussed at SLT on 12th January 2026 and invited Karen Marwick, Head of Complex and Critical Care, to present the paper.

Karen Marwick advised that this report is being brought for discussion of the current position in Fife on drug related deaths published by national record Scotland for calendar year 2024. The 2025 data will be published in Sept/Oct 2026.

Key points highlighted:

- In Fife there has been a small reduction in drug related deaths from 2023 to 2024 and there is a stabilisation in the trend
- Reduction in women's deaths by nearly half
- 74% decrease in deaths within the 15-24 age range
- Nationally Fife is not an outlier and below the Scottish average since 2014
- Age in the 34 – 55 are mainly male deaths. This is reflected in national data

Karen advised that the ADP responds proactively to emerging trends identified through data received. She explained that assertive and preventative outreach is carried out across all localities where the data is highlighting concerns. In addition, drug alters, letters and targeted campaigns are issued as required in response to any new or concerning combinations of substances that come to light.

Karen highlighted that future work would place greater emphasis on addressing digital poverty, reflecting the issues Martin described around people not having credit on their mobile phones. She noted that work is already underway with Digital Lifelines and St Andrews Universities, to explore how access to digital support can be improved. She also advised that there will be a continued focus on strengthening existing family support, recognising the vital role families play as equal partners in an individual's care.

Karen asked the Board for assurance that Fife HSCP is taking actions to address drug deaths in Fife and support to those most needed.

Jo Bennet commended the report and acknowledged the significant efforts being made by the ADP. She particularly highlighted the focus on addressing specific challenges related to long-term health issues that can arise from even short-term ketamine use. Jo described the report as moving in the right direction, with recognition of the importance of targeting particular areas within the community that require tailored support and accountability.

Jo Bennet advised that the report was highly informative and helpful, especially regarding the adoption of 'MAT standards' as a guiding principle of care. She emphasised that this approach ensures equity of access to care, regardless of the treatment pathway an individual may follow. This was praised as a positive and inclusive strategy when considering responses to substance misuse. Jo concluded by reiterating her appreciation for the report and the constructive direction it represents.

John Kemp advised that this report has been tabled at other Committees, Public Health & Wellbeing Committee, the NHS Board and now the IJB however after Martin's presentation he felt this report had a much clearer focus. John acknowledged all the work that is being undertaken and how the numbers are going down in some areas, but more focus is required in other areas. John added that is still more need to be done to support the staff delivering this work, being flexible and responding to the more direct promotional needs in local areas.

Morna advised that the Implications and Impact section of the report remained inaccurate. She reiterated her longstanding view that the impact on service users should be included within the first box of the statement. She noted that references to inequalities of care and supports available for carers had been placed under Quality of Care, and she emphasised that these matters should

properly appear within the initial implications section. She stated that, in her opinion, the statement was still not presented correctly.

Morna further highlighted ongoing concerns regarding the high prevalence of drug use among individuals aged 15–24. While acknowledging the reported reductions in certain figures, she stressed that the continued high rate of drug-related deaths was closely associated with significantly higher levels of substance use within this younger cohort. She noted that, as described earlier in the meeting, when drug use becomes normalised within peer groups, young people are more likely to become involved. She added that although some individuals may limit their use to occasional or recreational patterns, others—particularly those with a greater susceptibility to addiction—may be at risk of escalating harm. She emphasised that targeted intervention for this age group is essential, as many young people initiate substance use because it is perceived as a routine element of social activity. Drawing on her own experience of youth, Morna indicated that she understood the context described. She noted that although the precise solution was not yet clear, it was evident that focused and proactive engagement with this cohort would be required to reduce future harm. She concluded by welcoming the wider discussion and affirming her support for continued development of the work.

Lynne advised that both she and Karen are resonating with everyone's opinions and how Elizabeth Butters and the ADP are fundamental along with key stakeholders to drive this forward. She noted that ADP continually learns from emerging trends and data, using this evidence to inform decision and target resources to where they are needed most. Lynne thanked IJB for this discussion.

Rosemary Liewald, Interim Chair of the Qualities and Communities Committee advised that the report had been commended at the Quality & Communities Committee and noted that it clearly demonstrated that improvement work is ongoing and being recognised. She stated that this progress bolsters the efforts of teams across the Partnership and that positive findings help to empower staff, providing reassurance that they should continue with their current approaches as they are seeing tangible results.

Rosemary further highlighted that there has been a five-year increase in the ADP budget through Drug Mission funding. She acknowledged that Martin's contribution was extremely powerful and would give confidence to others within his peer group who are on similar recovery journeys. She also recognised the work of the lived experience teams and the KY Groups operating in Levenmouth and Cowdenbeath, noting that these are particularly challenging areas. She emphasised that while progress is evident, continued work is required across all of Fife to maintain a positive trajectory.

Eugene noted the significance of Martin's account of being supported by a friend on his path to recovery. He queried how such support could be made easier to access for others in similar circumstances. He suggested that increased publicity, including the use of leaflets and wider communication, may assist in raising awareness. He further observed that direct conversations remain one of the most effective means of engagement and asked how the various agencies involved intended to undertake this work. He concluded by noting his comments as an observation.

Debbie noted that Martin's contribution had a significant impact and emphasised that responsibility for addressing drug and alcohol issues should not rest solely with health and social care services. She advised that, through her work in housing and homelessness, she is aware that a substantial number of individuals experience drug- or alcohol-related issues, and she queried whether more could be done across services to widen support.

Debbie further advised that, in her capacity within the trade union, there is recognition that some members require support; however, this is often identified only at a late stage, typically through HR, attendance or disciplinary processes. Debbie offered to work collaboratively with Karen's team to assist in promoting and disseminating information, noting that these issues are not often spoken about openly. Debbie confirmed her willingness to work with Karen to help develop a joint strategy to strengthen awareness and support across services.

Karen thanked Debbie for her comments and advised that there is further opportunity to enhance communication across the system. She noted that this could include both digital and non-digital methods and emphasised that with the large workforce across both Fife Council and NHS Fife, there is significant scope to utilise existing staff networks to extend the reach of information and support. She confirmed that any additional opportunities to collaborate with housing and homelessness services would be welcomed, noting that Elizabeth already undertakes work in this area.

David Alexander, Interim Chair of the Finance, Performance and Scrutiny Committee reflected on Martin's account of losing everything and having no remaining support, noting that this raises a significant challenge around how to reach and engage individuals in similar circumstances. He observed that each person's experience of recreational drug use is different, which presents a complex issue for services, particularly as there is often limited support or sympathy within communities for those affected.

David asked whether naloxone kits, previously used extensively by the police, continued to be deployed as effectively as before. He also queried whether there had been any recent shift in drug-use patterns, specifically asking whether crack cocaine had now become more prevalent. Ken Fraser acknowledged Martin's story and highlighted the importance of raising awareness and addressing the gaps that remain, particularly around the sharing of knowledge and perceptions within communities. He expressed the view that both NHS Fife and the Fife Health and Social Care Partnership are not yet addressing the issue in its entirety. He emphasised the need for early intervention and education, and questioned what input and responsibility agencies are taking to ensure earlier engagement within schools and educational settings. Ken noted that people affected by these issues live within local communities, and greater efforts are required to intercept early and increase awareness of long-term harm.

Ken further observed that younger age groups are increasingly becoming involved, suggesting that greater guidance within the education system, particularly around self-worth, may be required. He also noted the absence of an education representative at the meeting and suggested that relevant agencies should be more directly engaged to intervene before individuals reach crisis point.

Karen responded by confirming that the ADP works closely with children's social workers, education staff, link workers and school nurses across high schools in Fife.

Karen advised that naloxone training is available to anyone, and that members of the public are able to carry naloxone. Karen invited any IJB members wishing to undertake this training to make contact so that arrangements can be made. This training is going through governance sign off for all Fife Council employees on a voluntary basis, not part of their job, but is open to members of the public.

Recommendation
The Board were assured of the work ongoing to address drivers and prevent drug related deaths in Fife.

7.2 HSCP Digital Strategy Year 1 Report

David Ross advised that this report was discussed at Quality & Communities Committee on 7th January 2026, and Finance and Performance & Scrutiny Committee on 14th January 2026.

David invited Tracy Hogg, Chief Finance Officer, to present the HSCP Digital Strategy Year 1 Report.

Tracy advised the Board that the report starts on page 52 of the papers which provides assurance on the progress made in delivering the first year of the 3-year Digital Strategy.
In year one, the focus has been on building the digital foundation needed to modernise care and key improvements highlighted within the report are:

- Wifi has been installed in all Fife Council care homes
- Near Me virtual consultation numbers continue to grow
- The Digital First Approach is being used in all reviews
- Digital Oversight Board has been established

Tracy advised that the Report sets out progress made, areas where delays have been experienced and informs development of 2-year plan.

Rosemary Liewald, Interim Chair of Quality & Communities, advised that the report had been discussed and that no concerns were raised. She noted that there had been discussion regarding awareness of age demographics and the need for this to be examined closely. It was acknowledged that, through the rollout with CLD groups, there is increasing digital engagement among older age groups. Rosemary confirmed that the paper had been fully discussed, assurance was taken, and she was content for it to come forward.

John Kemp, Acting Chair of Finance, Performance & Scrutiny, advised that the paper had been discussed at the NHS Board meeting yesterday and at the Finance Committee. He noted that this discussion is particularly important given the ongoing national digital developments across NHS systems, including new applications coming online. John emphasised that productivity remains a crucial factor.

Jo Bennet emphasised that digital is the way forward and queried how the Partnership can ensure full utilisation of existing digital capability, citing Near Me as an example where a more detailed plan is required. She asked what confidence there is in the ability to align local systems with national NHS and Fife Council systems, noting that investment in digital infrastructure is essential to support future development. Jo reiterated the importance of maximising the use of Near Me, improving system alignment, and sustaining investment in this area.

Lynne Garvey advised that there had been a good discussion at the NHS Board meeting yesterday, highlighting the strong connectivity across NHS East and West Regional Working. She noted that a range of digital solutions are being developed, particularly around flow and navigation into hospitals, with work underway to streamline these processes. Lynne emphasised that this collaborative approach with NHS partners is essential in building digital capacity as part of the 'Once for Fife' ambition. Lynne further noted that both Digital Chief Executives work closely together, ensuring joined-up progress across systems, for example, linking the Ark Angel housing platform with health platforms, illustrating the breadth of ongoing collaboration. Lynne added that Near Me capacity work continues, and while AHPs and GPs used the system extensively during COVID, usage has dipped slightly as face-to-face consultations have become a preferred option for some.

Morna Fleming advised that Tracy Hogg had answered her questions following the Quality & Communities Committee. Morna queried whether HSCP professionals are ensuring that people are fully aware of Near Me, noting her belief that many individuals do not understand what the HSCP is or the range of services it encompasses, and therefore would not think to visit the HSCP website or be able to make contact.

Eugene advised that he would like to see a strategy on how communities can be supported to help people with digital skills. He stressed that this is not about technical expertise but about having trusted individuals who can show people how to use equipment. He noted that Fife Voluntary Action has been carrying out work in this area by using local people, rather than digital specialists, to support their communities. Eugene suggested that this approach should be considered, rather than moving towards a more complex and expensive model.

Vanessa Salmond, Head of Corporate Governance, advised that the Report has been presented at the Finance, Performance & Scrutiny Committee and highlighted the close partnership working between the Communications team and wider system partners. She noted that there is now an interlink between NHS Fife and Fife Council, meaning that searches via platforms such as Google will automatically redirect users to the HSCP website when looking for relevant services.

Vanessa further advised that digital is one of the Strategic Priorities for 2027–29, and that work is underway to develop delivery plans. She confirmed that greater clarity around these plans, along with associated actions, will be provided as the work progresses.

Tracy ended by advising that when people are offered a Near Me appointment there is detailed instructions provided which also includes the option to have an in person appointment or phone call if preferred.

Recommendation

The Board were assured by the HSCP Digital Strategy Year 1 Delivery Plan progress and approved the HSCP Digital Strategy Year 1 Report.

7.3 Fife HSCP Reverse Mentoring Pilot Programme

David Ross advised that the report was discussed at Quality & Communities Committee on 7th January 2026, and the Local Partnership Forum on 13th January 2026 and invited Louise Radcliffe to present the report.

Louise provided an overview of the Reverse Mentoring Pilot Programme, noting that the paper was presented for assurance, discussion and noting. She advised that the programme, believed to be a national first, aimed to strengthen senior leaders' understanding of colleagues lived experiences relating to equality, diversity and inclusion. Originally planned for five pairs, high interest led to expansion to 11 pairs, all of whom completed the programme.

Louise explained that the reverse model positioned staff with lived experience of areas such as neurodiversity, disability, race and mental health as mentors, with senior leaders participating as mentees. The programme included structured training, interviews, careful matching, midpoint check-ins and evaluation, creating psychologically safe spaces for honest conversations. Feedback from both mentors and mentees was highly positive, with leaders reporting increased confidence and awareness, and mentors feeling valued and empowered.

Louise highlighted tangible organisational benefits, including improved understanding of workplace accessibility, increased awareness of hidden barriers and adjustments to local processes. Lessons learned included the importance of protected time, the resource-intensive nature of matching, and the value of reflective tools.

Recommendations for the next cycle include expanding to 15–18 pairs, increasing senior leadership participation, embedding reflective resources, ensuring protected time, and considering themed cohorts. Louise noted that the pilot was low-cost but high-impact, supporting inclusive leadership and cultural change across the Partnership. She welcomed any comments or questions from Board members.

Rosemary Liewald, Interim Chair of Quality & Communities Committee advised that the paper was well discussed, and feedback has proved how effect this programme has been. The paper highlighted each stage and felt it was interesting to see who this develops going forward as it is very worthwhile.

No comments from Kenny McCallum or from Vicki Bennett.

Paul Dundas shared his experience of participating in the programme, noting that it provided a valuable opportunity to reflect on his own practice and learn from his mentor. He highlighted that the conversations helped deepen his awareness, particularly in relation to ethnicity and the wider health and social care system. Paul referenced his role in hosting the International Employers Network for Scotland as an example of how this work aligns with broader inclusion efforts. He added that the programme enabled him to look inward at how he works, consider the effectiveness of his approaches, and become more conscious in his interactions with staff and professionals.

Recommendation

The Board were assured that Fife HSCP is committed to ensuring our workforce feel valued, included and supported within the workplace.

7.4 Unscheduled Care Programme Update

David Ross advised that this report was discussed at Quality & Communities Committee on 7th January 2026, and the Local Partnership Forum on 13th January 2026 and invited Chris Conroy, Head of Community Care Services to present the Unscheduled Care Programme Update.

Chris Conroy, Head of Community Care Services, presented the report and advised that this is the first of three Programme Initiation Documents (PID) supporting the Unscheduled Care Programme. He outlined the expansion of Hospital @ Home+, aiming to deliver acute-level care in people's homes and create 125 virtual beds across 7 specialties by December 2026.

Chris noted that the updated PID more clearly reflects key stakeholders, including carers, staff-side and trade unions. The programme has two strands: rapid scaling-up of existing Hospital @ Home services over the next 2–3 months, and development of a more integrated, digitally enabled 'hospital without walls' model. This work builds on Fife's established Hospital @ Home frailty model and forms part of the wider Unscheduled Care and Clinical Services Redesign programme.

Chris highlighted that the model will support admission avoidance and early supported discharge, complementing existing home-based care, with staggered timelines demonstrating the scale and ambition of the work.

Chris confirmed that the report provides a moderate level of assurance and asked the Board to be assured that robust governance and control arrangements are in place to support delivery and manage programme risks.

Rosemary Liewald, Interim Chair of Quality & Communities advised that the paper was discussed at Quality & Communities Committee and good conversations took place and were assured regarding the timelines.

Vicki Bennett and Kenny McCallum had no comments.

Seonaid mentioned about discussions at previous Committees and at the NHS Board yesterday and asked the risks associated with technology and wondered about putting this risk higher up the scale due to its importance.

Jo Bennet advised that this work represents a key element of the transformational agenda and will strongly support delivery of the Strategic Plan. She asked when implementation would begin, noting links to the performance data later on the agenda. Jo also referenced the developing national evaluation framework and queried whether a timescale had been set. Finally, she asked whether there are any risks, particularly those out with local control, that could impact delivery of Hospital @ Home+, the expansion of frailty pathways, or the wider 'hospital without walls' model.

Dave Dempsey, Chair of the Audit and Assurance Committee advised that he struggled to take assurance from the written report, noting that much of the assurance he gains comes from information shared verbally rather than what is presented on the page. He expressed concern that the reports often rely on background knowledge held by those working in the area, making them difficult for others to interpret. Dave highlighted that the timeline on page 116 was unreadable, the benefits outlined on page 114 were unquantified, and the risks on page 120 suggested that slippage or failure was likely if taken at face value. He stated that, while aware from wider discussions and context that more work is taking place, the current presentation of reports does not work for him.

Chris responded that both Seonaid and Jo were correct in highlighting the critical importance of digital, particularly as the programme moves toward the more ambitious 'hospital without walls' model. He noted that the main risk relates to the timing of national digital developments, as local work is already underway to assess needs and explore options for a more integrated health and social care system. He advised that alignment between national and local systems will be important, particularly should the programme move toward procurement.

Chris also acknowledged the presentational issues raised by Dave. He confirmed that these had been picked up at the drop-in session and that an updated version of the report format would be provided. He added that, as with any programme of this scale, risks around digital, staffing and delivery must be articulated. While the list may appear extensive, significant mitigation work is already in place and ongoing, much of which has progressed since the PID was first drafted.

Morna Fleming thanked Chris for addressing the questions she had previously submitted by email and commended the improvements made to the paper, particularly the clearer inclusion of carers, which she noted had been fully incorporated into this iteration. She then queried the risk outlined on page 121 regarding acute notes not being available quickly enough to support step-down and initiate treatment in the patient's home. Morna asked whether this delay was due to incompatible IT systems or whether there were other reasons that acute notes might not be readily accessible.

Chris responded that although the PID identifies this as a risk, in practice acute notes are already made available to support step-down from acute care into Hospital @ Home, and this currently happens safely. He explained that while the process can be a little clunky, there is no active risk to continuity of care or to the accuracy of clinical information. The risk is therefore more about system integration in the longer term rather than a present operational issue.

Rosemary Liewald, Interim Chair of the Qualities and Communities Committee referred to page 106 regarding step-up/step-down pathways and welcomed Chris's clarification that this is not viewed as a risk, particularly in relation to RMO transfers between specialist teams. She asked for further expansion on this point. She also queried progress against the commitment on page 108 to increase frailty virtual bed capacity from 40 to 60 by March 2026.

Finally, Rosemary noted strong support from communities for the Hospital @ Home+ approach. She advised that, through her locality work and conversations with constituents, people consistently express a preference to recover at home rather than spend prolonged periods in hospital. She emphasised that the assurance of being cared for at home by experienced teams across specialties, older people's care, acute, paediatrics and respiratory as this is exactly what the public wishes to see.

Lynn Parsons welcomed the direction of travel and emphasised the importance of ensuring the right clinical model is in place. She highlighted the need to involve clinicians and wider staff fully in the development work to ensure the programme delivers what people need.

Lynne Garvey thanked Chris for the overview and advised that this forms part of a national ambition. She provided assurance that the programme will be delivered and confirmed that the target of 125 virtual beds remains on track for achievement by the end of the year. She also confirmed that frailty capacity is progressing as planned, with the increase from 40 to 60 virtual beds expected by March 2025.

Lynne noted that, as with any service change, it is important to clearly articulate potential risks and associated mitigations. She emphasised that the level of assurance presented reflects both the identified risks and the work already underway to mitigate them, and reiterated that the programme is being delivered on a whole-system basis.

Chris concluded by reinforcing Lynne's comments, noting that this is an extensive Programme Initiation Document that sets out the full scope, governance and assurance arrangements for the work. He emphasised that the project forms a significant part of the wider transformation programme and expressed confidence in successful delivery.

Recommendation

The Board were assured that robust governance and control arrangements are in place to support implementation and manage programme risks.

8 INTEGRATED PERFORMANCE & QUALITY

8.1 Finance Update – Month 8

David Ross advised that this report was discussed at Local Partnership Forum on 13th January 2026 and Finance Performance & Scrutiny Committee on 14th January 2026 and invited Tracy Hogg, Chief Finance Officer to present the report.

Tracy Hogg advised that the Month 8 position (as at November) shows a projected year-end overspend of £8.6m, just over 1% of the total budget. The main pressures relate to increased demand across mental health, psychology, adult packages of care, care at home, and nursing and residential placements, along with non-delivery of some savings, service-level event charges and out-of-area treatment costs. These are partly offset by vacancy underspends and agreed management actions.

Since the last report, the overspend has increased by £1.7m. This deterioration is mainly due to rising demand for care at home packages and care home placements, and the partial removal of some expected management actions aimed at reducing bank and agency use and repatriating out-of-area clients. A small improvement was noted within Primary and Preventative Care. Savings delivery remains on track at 82% of the £29.4m target, and reserves stand at £5m, with £1.5m factored into the forecast.

Tracy highlighted ongoing recovery actions, including workforce mobilisation to reduce reliance on bank and agency staff, and confirmed that financial performance continues to be reviewed through regular tripartite meetings. She advised that any further actions to achieve financial balance would now likely impact service provision, and that any such measures would require IJB approval, with an extraordinary meeting convened if required.

Vicki Bennett and Kenny McCallum no comments.

John Kemp, Acting Chair of Finance, Performance & Scrutiny, noted that Tracy had outlined the recovery actions in detail and provided assurance that the overspend is not expected to worsen. He confirmed that appropriate actions are in place and are being continually monitored as we approach the end of the financial year.
Lynne welcomed John's comments and reaffirmed Tracy's points regarding management actions. She noted that when slippage was identified, the Senior Leadership Team acted quickly and these actions have already helped recover the position. Lynne asked that the minutes clearly reflect that these are active recovery measures, supported by the mobilisation plan. She added that, while an extraordinary IJB meeting may be required if actions impact care provision, this would be a last resort.

On forecasting, Lynne noted that scrutiny is appropriate, but emphasised that forecasts can change, particularly late in the financial year. She confirmed that the Senior Leadership Team has robust processes in place and will continue to monitor the projected position closely over the coming months.

Dave Dempsey, Chair of the Audit and Assurance Committee, reiterated comments he had made previously about the wording of Directions. He noted that Directions instruct partners on how funds

are to be allocated, while performance monitoring states that regular review will ensure delivery within the resource envelope. However, he highlighted that in practice some areas will overspend and others will underspend, and current phrasing does not reflect this reality. He suggested that a different approach to expressing Directions should be considered in future.

Rosemary Liewald, Interim Chair of the Qualities and Communities Committee asked about the non-delivery of savings shown at line 134, specifically the reprovision of out-of-area care. She noted the significant financial impact and queried whether work is underway to enable more of these packages to be brought back to Fife. She acknowledged this is not strictly a financial question but relates to resources and capability.

Lynne confirmed that significant work is ongoing, as the aim is to avoid people being placed far from their families and to support the vision of people living well and closer to home. She advised that out-of-area cases are reviewed weekly, with plans in place for each individual, but highlighted the complexity involved. This includes whole-system issues such as housing availability, legal processes (including guardianship), and ensuring safe and appropriate transitions. Lynne noted that this work is being led by Caroline and Karen's portfolios and that excellent progress is being made.

Rosemary thanked Lynne for the assurance.

Recommendation

The Board noted and approved

- the projected outturn position for delegated services for 2025-26 financial year as at November 2025 as outlined in Appendices 1-4 of the report;
- that steps continue to be taken by Officers to consider options and opportunities to improve the financial position during the remainder of 2025-26; and
- the Directions to NHS Fife and Fife Council for additional allocations.

8.2 Performance Report – December 2025

David Ross advised that this report was discussed at the Finance Performance & Scrutiny Committee on 14th January 2026. David invited Vanessa Salmond to present the Performance Report 2025.

Vanessa Salmond introduced the paper, noting that it represents a significant shift from previous performance reporting to the IJB. Developed by the Senior Leadership Team, the new format strengthens scrutiny and focuses on a core set of critical performance indicators across all delegated health and social care services.

Vanessa referred members to page 154, highlighting the current six escalations, which have been raised to the Senior Leadership Team for enhanced oversight, clearer understanding of performance issues, and agreement of improvement actions. Vanessa advised that the detailed report on pages 155–205 has been included to demonstrate the breadth of ongoing performance management activity across the Partnership. She also confirmed that, following committee discussions, the February IJB Development Session will be dedicated to exploring this revised approach in more depth, including methodology, reporting outputs, and the intended outcomes of the new performance framework.

John commented on the format of the report, noting, echoing Vanessa's introduction, the need for clearer articulation of key issues, rather than requiring members to work through a large volume of otherwise useful information. He emphasised the importance of understanding what escalations mean and what associated action plans involve. John advised that this reflected the discussion at Committee and supported the proposal for a future development session.

Jo Bennet welcomed the inclusion of social care data, noting that it clearly illustrates the pressure across the system, echoing points made earlier in the meeting. She welcomed the reduction in

mental health delays and the continued improvement in CAMHS and in drug and alcohol treatment access within 21 days. Jo raised two questions:

- Given increased waits for care home packages and nursing home places, is current nursing home capacity appropriately sized?
- Are housing adaptations acting as a constraint to discharge from STAR beds, thereby contributing to increased length of stay?

Morna Fleming repeated her previous request that all abbreviations be written out in full at first mention, and ideally throughout, as they cannot always be easily recalled. She referred to page 175, questioning the logic of the Scottish Government reducing Mental Health Outcomes Framework funding while continuing to set RTT targets, noting that CAMHS performance is strong despite the pressure. Morna also queried pages 204–205, observing that no targets or improvement actions appear to be listed for staff absence, despite the high rates, and asked whether anything may have been missed.

Vanessa responded that work on care home and care at home capacity is being progressed collectively by the Senior Leadership Team, with commissioned analysis due to begin shortly to assess system-wide capacity and demand.

Vanessa apologised that abbreviations had not been written out in full, noting that the report originated as an SLT paper and should have been refined for the IJB. Vanessa confirmed that CAMHS performance is a positive story, with continued improvement. On staff absence, she advised that although the detail is not fully reflected in the IJB report, absence is examined extensively through established processes, including at the Local Partnership Forum.

Lynne added that pressures across the whole system acute, social care and social work remain extremely high, reinforcing the need for investment to meet increasing complexity and an ageing population. Demand for care home beds continues to exceed capacity locally and nationally. Work is ongoing to better understand demand and target resources accordingly.

On housing adaptations, Lynne clarified that responsibility lies with Fife Council, though HSCP Occupational Therapy services work closely with housing colleagues. Increased complexity and community demand make it challenging to keep pace despite established assessment processes.

On staff absence, she noted that multiple initiatives are underway, and absence patterns reflect current pressures, including stress and musculoskeletal issues. Partnership work continues via the Local Partnership Forum to support staff and address underlying causes.

Paul Dundas advised that although overall care home bed numbers have increased—with three new independent sector homes adding over 180 beds in the last 2.5 years—the key issue is ensuring the right mix of residential and nursing beds to meet increasing frailty and complexity. He noted that individual choice, location and the level of need all influence demand for specific homes.

Paul also highlighted ongoing work to revise and adapt new models of care within care homes to provide greater flexibility across nursing and social care staff. He acknowledged the pressures within care at home and confirmed that Fife has a sizeable care home collaborative well placed to respond to demand. In North East Fife, a separate project is underway with care-at-home providers to explore different collaborative approaches to support service flexibility and meet local pressures.

Morna Fleming referred back to the impact statement and highlighted the continued pressure created by the number of people waiting for care home placements and care at home packages. While the number waiting for care at home is declining, it remains at Red (RAG) status. Morna emphasised that delays place significant strain on unpaid carers, who often have to absorb the additional burden. She reiterated that the impact on unpaid carers should be explicitly reflected in the impact statement where packages cannot be provided.

	Eugene raised a question regarding staff absence, noting the significant difference between Fife Council and NHS Fife rates—around 50% higher for the Council. He asked whether the reason for this variation is understood or can be identified. David Ross advised that this point would be taken offline and a response provided to Eugene directly. **Recommendation** The Board were assured of the HSCP performance approach, scope and outputs within the revised performance framework and that a development session will be undertaken.
9	**GOVERNANCE & OUTCOMES** **9.1 IJB Workplan** David Ross advised that the IJB Workplan is a standing agenda item for member information.
	9.2 Monitoring of Directions David Ross advised that this report was discussed at the Finance Performance & Scrutiny Committee on 14th January 2026, and invited Vanessa Salmond to present the paper. Vanessa Salmond advised that the paper provides assurance on the delivery and progress of this year's Directions. Although most Directions are now closed, four remain open, two on track and two assessed as at risk due to the gap between the 2025–26 budget and expenditure. The Finance, Performance & Scrutiny Committee discussed the rationale for the "at risk" ratings and agreed to review and refine the Directions framework to ensure clearer expectations, progress measures and risk criteria, strengthening governance and transparency. John Kemp, Acting Chair of Finance, Performance & Scrutiny Committee confirmed that Vanessa's summary accurately reflected the Committee's discussion. **Recommendation** The Board were assured that appropriate governance arrangements are being advanced as per the requirements of the Integration Scheme.
10	**LEGISLATIVE REQUIREMENTS & ANNUAL REPORTS** **10.1 Armed Forces Covenant Duty – Annual Report 2025** This report was discussed at Quality & Communities Committee on 7th January 2026. David invited Karen Marwick who presented the Armed Forces Covenant Duty – Annual Report 2025. Karen advised that the Report provides an overview of the progress made by Fife Health and Social Care Partnership and its partner agencies in fulfilling their statutory obligations under the Armed Forces Covenant Duty during 2025. The Covenant Duty, introduced by the Armed Forces Act 2021, requires public bodies to have due regard to the unique needs of the Armed Forces Community when planning and delivering services in health and social care, education, and housing. Main points highlighted: • Continued development of the Armed Forces Covenant Working Group, which coordinates multi-agency efforts to improve compliance and service delivery. • Integration of the Forces Connect App, now listing 78 local services across Fife. • Delivery of awareness training through e-learning modules and online sessions.

- Strengthened housing support for veterans, including a review of allocation policies and a civic reception to enhance service offers.
- Expansion of welfare support through the Defence Medical Welfare Service.
- Continued delivery of suicide prevention support via Veterans Advice Fife, with 137 referrals and 64 active cases.
- Engagement of Fife Voluntary Action to support volunteering, community development, and carer grants.

The report also outlines the planned Work Programme for 2026, including development of a communications plan, workforce survey, gap analysis of services, and increased focus on carers of service families.

Assurance is provided that Fife Health and Social Care Partnership is meeting its statutory requirements, with a moderate assurance level assigned.

Rosemary Liewald, Interim Chair of Quality & Communities welcomed the positive results and highlighted the excellent work at Lochore, noting the team's commitment and strong partnership with housing services. She emphasised the importance of continuing to support and value veterans.

Recommendation

The Board were assured that Fife HSCP is meeting its statutory requirements under the Armed Forces Covenant Duty and approved the Armed Forces Covenant Duty Annual Report 2025.

10.2 Chief Social Work Officer Report

This report was discussed at Quality & Communities Committee on 7th January 2026.
David introduce Caroline Cherry who presented Chief Social Work Officer Report.

Caroline Cherry referred IJB members to page 227, advising that the report was approved by Fife Council in November 2025 and comes to the IJB for information and assurance. This report has also been submitted to the Scottish Government. This is an annual requirement for each Chief Social Work Officer and has a prescribed format, providing both a retrospective overview and a forward-looking assessment.

Caroline advised that the Chief Social Work Officer has a critical responsibility for the governance and leadership of social work and social care staff and services, whether services are delivered within the Health and Social Care Partnership or Fife Council. This year there was a collaborative and collective effort to work across children and families, justice and adults and older people in compiling the report. The role of the Principal Social Work Officer is central to the link between the HSCP and the Chief Social Work Officer and Fife Council. She added that governance arrangements will be further strengthened in the coming months through the establishment of dedicated Social Work and Social Care Governance structures.

The report outlines governance, workforce, performance, resources and service priorities. Caroline highlighted sections 2.3-2.6 of the report on page 229, outlining priorities for adult and older adult social work and social care:

- Workforce: Connection with the workforce, there will be a report from PSWO from direct face to face contact with all SW Teams. We will strengthen that face to face connection in this year ahead.
- Public Protection: there will be a continued join up across areas of public protection and a new Public Protection Service Manager will be in place in 2026 accountable to all partners
- Thresholds of service: The CSWO notes disparity between thresholds of intervention and support across care groups
- The priorities for 2025-2026-all link with areas of transformation within the HSCP or legislative compliance: The wider vision for social work and social care for example links with the strategic work around community and locality teams. The review of the MHO (AWI) function; moves of

adults to Fife; more focussed development of Intermediate Care models and reduced waits for assessment waits.

Caroline and the Chief Social Work Officer acknowledged and thanked the work and contribution to all social work and social care staff across the HSCP whether employed by Fife Council or across the wider independent sector.

Rosemary Liewald, Interim Chair of Quality & Communities, advised that the paper was well discussed. She acknowledged the current work and challenges, noted the update on the future location of Children and Families services, and confirmed that James Ross has kept members informed of the timeline. She concluded that it was a good report.

Recommendation

The Board were assured of the activity across Social Work services during 2024-25.

10.3 Social Work Adult Support & Protection Annual Report 2024/25

This report was discussed at Quality & Communities Committee on 7th January 2026.
David introduced Caroline Cherry, who presented the Adult Support and Protection Social Work Report.

Caroline Cherry referred IJB members to page 260 of the meeting pack, with the main report itself starting on page 267. Social Work is the legislative lead for implementation of the Adult Support and Protection (Scotland) Act 2007.

The report notes the number of referrals increasing by 26% over the past year. Referrals can be several for one person, so numbers relate to referrals rather than people. This mirrors the national picture and trend. The report speculates on other potential reasons for an increase in referrals- including the aftereffects of Covid-19, socio-economic impacts and the impact of increasing awareness raising of adult protection which in many ways positive.
This increase is of course additional operational social work pressure which we are alert to managing however several supports and mitigations are noted within the report.

It is positive that the level of training as a Council Officer (able to carry out Adult Support and Protection duties) is high. There is good managerial oversight of Adult Support and Protection; there is an improved use of chronologies (which are essential in understanding patterns of risk), and the report highlights the real commitment to staff learning and to the audit of practice through the Self Evaluation Group.

Caroline explained that appendix 2 to the main report on page 302 indicates the Self-Evaluation and Improvement Framework for the Adult Protection Committee. This to page 306 indicates the measures that we will undertake to measure effectiveness including single and multi-agency audits. Appendix 3 to the main report starting on page 310 indicates the way that the Care Inspectorate will measure the performance and effectiveness of adult support and protection. The highlighted by colour numbers, for example Purpose, Vision and Strategy, give the high-level indicator of performance.

The report indicates areas of focus for 2025-2026 including amongst other areas, addressing the timescale for completion of Initial Referral Discussions (IRD)s. Whilst immediate concerns for an adult's safety is progressed, the initial referrals discussions are not completed within our local timescale and the Social Work service has already updated procedures and practice to reduce the workload on adult and older people social work.

The main risks remain pressures on our front-line teams which we are actively addressing.
In short, this report demonstrates the assurance of delivering of the legislative functions of Adult Support and Protection with a commitment self-evaluation, audit and strong inter-agency working.

Rosemary Liewald, Interim Chair of Quality & Communities, advised that a good discussion was held. She noted the increase in referrals and highlighted that community awareness of vulnerable adults has improved since COVID. Rosemary welcomed this as a positive development and commended the joined-up working across teams.

Recommendation

The Board were assured of the data, activity and improvement within Social Work services.

10.4 Fife Dental & Oral Health Improvement Annual Report 2025

David Ross advised that the report was discussed at Quality & Communities Committee on 7th January 2026 and invited Lisa Cooper to present the report.

Lisa Cooper introduced the Dental and Oral Health Improvement Annual Report 2025, outlining delivery across general, public and emergency dental services. She highlighted continuing challenges and the high-level risk associated with dental services, particularly due to contractual limits on local influence.

Despite this, the report shows improved access and registration, supported by the Scottish Dental Access Initiative, with one new practice opened in Dunfermline and two more planned. All oral health improvement programmes, including Childsmile, have continued, with reductions in dental decay in Primary 7 children.

Lisa noted that the report is positive overall, with ongoing work to improve access and participation. It provides a moderate level of assurance, reflecting both current constraints and active improvement efforts.

Rosemary Liewald, Interim Chair of Quality & Communities, noted that the report had been well discussed. She welcomed the improvements being seen, particularly in children's oral health, and thanked the team for presenting the information so clearly. Rosemary added that dental pressures are a UK-wide issue and encouraged the teams to continue their positive work.

David Alexander, Interim Chair of the Finance, Performance and Scrutiny Committee queried the reference to 10 Fife dental practices accepting new patients and asked about ongoing challenges with Home Office sponsorship for overseas dentists. Lisa Cooper confirmed sponsorship remains a national issue with limited local influence and confirmed that she will arrange for the list of new practices to be shared with IJB members.

Morna Fleming asked why Fife appears less attractive to dentists. Lisa advised that while reasons are unclear and unable to comment however the HSCP works closely with academic partners and student placements to encourage dentists to stay in Fife and continues to promote Fife as a positive place to work.

Recommendation

The Board were assured that NHS Fife is following due process within the limited powers available, as determined by the NHS (General Dental Services) Scotland Regulations 2010.

11	**MINUTES OF GOVERNANCE COMMITTEES / LOCAL PARTNERSHIP FORUM / STRATEGIC PLANNING GROUP** The minutes of the following Governance Committees have been provided for information: • Quality & Communities Committee – 5 November 2025 • Local Partnership Forum – 11 November 2025 • Finance, Performance & Scrutiny Committee – 12 November 2025 • Audit and Assurance Committee – 14 November 2025 (unconfirmed) • Strategic Planning Group – 14 November 2025 (unconfirmed) Any queries on the content of the above should be directed to the Committee Chair due to timescales.
12	**AOCB** As the Chair had not been alerted prior to the meeting of any other business to be raised under this item the meeting was closed by the Chair confirming the dates of the next meeting. David Ross advised that the next IJB Development session is Wednesday, 25th of February, and the next IJB Board meeting is 25th of March 2026.

Fife NHS Board

Confirmed

MINUTE OF THE AUDIT & RISK COMMITTEE MEETING HELD ON THURSDAY 12 MARCH 2026 AT 2PM VIA MS TEAMS

Present:
Arlene Wood, Non-Executive Member (Chair)
Anne Haston, Non-Executive Member
Craig MacDonald, Non-Executive Member
Nicola Robertson, Stakeholder Member

In Attendance:
Kevin Booth, Head of Financial Services & Procurement
Chris Brown, Head of Public Sector Audit (UK), Azets
Susan Dunsmuir, Director of Finance
Fiona Forrest, Acting Director of Pharmacy & Medicine *(Item 12.1 only)*
Alistair Graham, Director of Digital & Information *(Item 6.4 only)*
Ben Hannan, Director of Planning & Transformation *(part)*
Barry Hudson, Regional Audit Manager
Jocelyn Lyall, Chief Internal Auditor
Kirsty MacGregor, Director of Communications & Engagement *(Items 1 – 5.1 only)*
Dr Gillian MacIntosh, Associate Director of Corporate Governance & Board Secretary
Caitlin MacKenzie, Assistant Manager, Azets
Prof. Chris McKenna, Medical Director
Alan Mitchell, Thomson Cooper *(Item 7.3 only)*
Carol Potter, Chief Executive
Hazel Thomson, Board Committee Support Officer (Minutes)

Chair's Opening Remarks

The Chair welcomed everyone to the meeting.

The Chair recorded thanks, on behalf of the Committee, to Ben Hannan, Director of Planning & Transformation, noting that this meeting was his last in attendance. He was thanked for all his hard work and contributions to the work of the Committee.

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 regular attendee Dr Shirley-Anne Savage (Associate Director for Risk & Professional Standards.

2. Declaration of Members' Interests

A declaration of interest was made by the Director of Planning & Transformation for item 12.1 - Chief Pharmacist Standards Report, as detailed further at that agenda item.

3. Minute of the last Meeting held on 10 December 2025

Approval of the minute of the last meeting was **proposed** by Anne Haston, Non-Executive Member, and **seconded** by Craig MacDonald, Non-Executive Member.

4. Chair's Assurance Report Presented to Fife NHS Board on 27 January 2026

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

5. Action List / Matters Arising

The Audit & Risk Committee **noted** the updates on the Action List.

Losses & Special Payments

The Committee received an update on the relationship between clinical negligence claims and organisational learning. It was confirmed that effective learning does not arise from the litigation process, which is primarily compensation focused and often occurs years after the original clinical event. It was confirmed that all significant incidents linked to later claims have already been investigated through the adverse events process, where learning is identified and acted upon.

The Committee noted that high value claims typically relate to nationally recognised high-risk areas, particularly maternity and neonates. Themes arising from these events (for example, communication, behaviour and escalation) are consistent with wider adverse event trends and not specific to litigation outcomes.

Strengthened links between Legal Services, Clinical Governance, Patient Relations and Adverse Events were noted, under the leadership of the Medical Director, providing improved oversight of cases. The Committee took **assurance** from the update and agreed to close the action.

5.1 EXTERNAL COMMUNICATIONS INTERNAL CONTROLS UPDATE

The Committee received an update from the Director of Communications & Engagement on internal controls for external communications, following the request for further assurance after the December 2025 paper. The Committee noted the standard operating procedures, authorisation hierarchy and approach to managing reputational risk, along with supporting assurance sources including quarterly communications reporting, the internal communications survey, professional standards, the corporate communications policy and social media guidance.

In discussion, the Committee sought assurance on staff access to advice prior to issuing communications. It was confirmed that advice routes depend on subject matter and sensitivity, and that the Communications Team draws on established networks of senior operational managers and Service Directors to ensure consistency and accuracy.

The Committee agreed a **"moderate"** level of assurance and noted sector interest in NHS Fife's standard operating procedures and reputational management in relation to communications.

6. INTERNAL AUDIT

6.1 Global International Accounting Standards Changes in 2025 - Improvement Plan Update

The Committee received an update on progress with the Internal Audit Improvement Plan to ensure full alignment with the Global Internal Audit Standards. The Committee noted that overall progress continues to provide a moderate level of assurance, with no identified risks to compliance, and that the service was already generally conforming prior to the plan's introduction.

By the end of February, 32 of 50 actions were complete, 12 were in progress, four had revised dates, and two remained at planning stage. The Committee noted the forthcoming self-assessment against the Global Institute of Internal Auditors template, to be undertaken every two years to support continuous improvement and preparation for the next external quality review.

The Committee also noted the update on the service level agreement with NHS Lanarkshire, with no associated risks identified. A **"moderate" level of assurance** was agreed.

6.2 Internal Audit Progress Report

The Committee received an update on progress with the 2025-26 Internal Audit Plan. It was noted that completion of the Phase 2 Freedom of Information (FOI) and Subject Access Request (SAR) audit required more time than anticipated, impacting delivery of several planned audits. To accommodate this, amendments to the 2025-26 plan were proposed, with deferred reviews, including risk management and digital, recommended for inclusion in the 2026–27 plan. This will allow the Frameworks recently approved to bed in and this will add greater value to the reviews. The Committee was assured that all remaining audits are on track for delivery before the June meeting.

The Equality Internal Assessment Quality audit has been scoped and scheduled for inclusion in the 2026–27 plan. It was confirmed that the Phase 2 FOI/SAR report was issued on 4 March and that the Fife Integrated Joint Board Internal Control Evaluation report has been finalised, with a summary to be submitted to the next NHS Fife Audit and Risk Committee meeting. The Committee agreed there is no risk to the annual internal audit opinion for 2025–26, as sufficient audit coverage has been achieved through completed work and ongoing oversight via governance groups.

A **"moderate" level of assurance** was agreed, and the proposed amendments to the plan were approved

6.3 Internal Audit Follow Up Report

The Committee received the Internal Audit Follow Up Report, noting continued progress by management in implementing agreed actions. The Committee reviewed the update on Phase 1 of the FOI/SAR audit, presented separately in the appendix, and noted that progress against all actions had been clearly set out. Four actions from audits over 12 months old remain open; the Committee was assured that revised target completion dates were reasonable.

The Committee sought clarification on the extended pharmacy actions linked to digital solutions and was assured that these remain on track for completion in March 2026. No actions within the report were rated outstanding.

A **"moderate" level of assurance** was agreed on the progress being made and the adequacy of arrangements in place to monitor and complete internal audit recommendations.

6.4 Freedom of Information & Subject Access Requests Internal Audit Report – Part One & Phase Two

Alistair Graham, Director of Digital & Information, joined the meeting for this item.

The Committee received an update on the FOI and SAR internal audit reports. Phase 1 had been reviewed previously in private session, and the Committee noted the substantial work undertaken to develop the improvement plan and respond to Information Commissioner requirements. Phase 2, issued since the last meeting, was presented with limited assurance, identifying significant and moderate findings.

Management confirmed that all actions from both phases have been integrated into a single improvement plan, with several actions requiring longer term completion to October, aligned with the organisation's commitments under the level 4 intervention. The Committee noted the operational pressures impacting the team, including the volume and complexity of subject access requests, particularly in mental health, where lifetime records create significant processing demands.

The Committee sought assurance on the development of risk management arrangements and was informed that discussions on the potential need for a corporate risk are underway and will be progressed through the wider oversight arrangements. It was agreed that FOI/SAR reporting will remain on the Audit & Risk Committee agenda until a stable internal control environment is demonstrated.

Action: Director of Digital & Information / Board Committee Support Officer

The Committee recorded **"limited assurance"** for both audit reports.

7. EXTERNAL AUDIT

7.1 Final Annual Audit Plan 2025/26

The Committee received the External Audit Plan for 2025–26. External audit confirmed that the plan remained consistent with prior years, reflecting the stability of the Code of Audit Practice and auditing standards, with no significant new accounting standards

affecting NHS Fife. The Committee noted that financial sustainability and financial management remain the key areas of focus due to increasing pressures.

The Committee was briefed on the decision to review fairness and equality arrangements this year, in line with Audit Scotland's requirement to assess this once during the five-year appointment cycle. An overview of materiality was provided, with overall materiality set at 2% of expenditure and a reduced reporting threshold of £1 million. Significant risks were highlighted, including management override, fraud risks, income and expenditure cut-off, and the valuation of land and buildings. Wider-scope risks relating to financial sustainability and financial management were also noted.

In response to questions, the Committee received clarification on materiality and reporting of misstatements and confirmed that assurance on Integration Joint Board risk share arrangements would be received through existing shared-assurance mechanisms, rather than through the external audit of NHS Fife. The Director of Finance confirmed that no issues were anticipated in meeting audit evidence requirements within the tight timescale.

The Committee accepted the plan and took **"assurance"** from the update.

7.2 External Audit – Follow Up Report on Audit Recommendations

The Committee received the External Audit Follow-Up Report and noted the update on the two recommendations raised during the previous year's audit. The Committee was assured that the monthly payroll reconciliation is now being completed throughout the year and will be available within this year's audit working papers.

For the second recommendation, relating to retaining documentary evidence that new starts have accepted their terms and conditions, the Committee noted ongoing discussions between NHS Fife, External Audit and the East Region Recruitment Team to ensure that appropriate evidence can be provided in line with national processes. External Audit confirmed it is too early to conclude on closure of this action and will assess it during current year testing, taking national HR guidance into account.

The Committee agreed a **"moderate" level of assurance**.

7.3 Patients' Private Funds - Audit Planning Memorandum

Alan Mitchell, Thomson Cooper, joined the meeting for this agenda item.

The Committee received the Patients' Private Funds Audit Planning Memorandum for the year ending 31 March 2026. External Audit outlined the planned systems-based approach, confirming auditor independence and the arrangements for independent second partner review due to the partner's long association with NHS Fife. The Committee noted the planned testing of financial operating procedures, ward visits, and audit work on key risks including asset security, compliance with procedures, management override and fraud.

The Committee discussed the ward listings within the plan and was advised that some sites appeared due to historic activity; these will be re-checked as part of the audit. The

Committee also received assurance that tight controls remain in place given the vulnerability of the individuals whose funds are managed.

The Committee noted the timetable, with audit fieldwork commencing the week of 5 May and clearance discussions scheduled for 27 May. **Assurance** was taken from the plan, and the Committee confirmed it was content with the proposed approach.

8. ANNUAL ACCOUNTS

8.1 Initial Annual Accounts Preparation Timeline

The internal timetable was outlined for preparing the annual accounts, confirming that the draft accounts will be completed in time to meet the 30 June sign-off deadline. The delay in receiving final Scottish Government manuals was highlighted, however, it was confirmed that the finance team is already working from the draft versions. A staged approach will be taken, with key sections provided to external audit in April ahead of full submission on 5 May. The Committee acknowledged the workload involved and took **"significant" assurance** from the planning in place.

8.2 External Auditors Annual Accounts Progress Update

The Committee received an update confirming that planning work is complete and interim audit testing was carried out in February with the finance team. Early work is largely complete, with some outstanding discussions continuing with the Head of Financial Services & Procurement. Weekly meetings with the audit team have resumed to address any issues ahead of the final audit. The Committee **noted** the verbal update.

9. RISK

9.1 Corporate Risk Register including Refresh Update and Deep Dive on Equalities & Human Rights Risk

The Committee received an update on the corporate risk register. It was noted that this would be the final cycle using the current format, as the register will transition to a refreshed structure over the coming committee cycles. Of the 19 corporate risks and two potential new risks, the only significant change this cycle was the oral health risk, which has now reached target level and will be incorporated into the refreshed register. Work on the new mental health risk is progressing and expected to be included in the next cycle.

The Committee discussed the seven risks currently above risk appetite and highlighted the importance of clear Executive Leadership Team (ELT) oversight. It was confirmed that Executive Leadership Team scrutiny will be strengthened and explicitly referenced within future register updates.

The Committee then considered the proposed new Equality and Human Rights risk. It was outlined that this risk has been developed through a detailed deep dive, with comprehensive input from the Equality and Human Rights Steering Group and wider contributors. The descriptor reflects the risk of failing to meet statutory equality, diversity and inclusion duties should organisational focus, engagement or resourcing be

insufficient. The Committee welcomed the clarity of the risk, the robustness of the assurance mapping, and the strong alignment between corporate, operational and leadership responsibilities. Assurance was also provided on how operational connections will be strengthened through the Risk & Opportunities Group and the Organisational Learning Review Group.

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

9.2 Risks & Opportunities Group Progress Report

The Committee received the routine update from the Risk and Opportunities Group, which summarised current activity. Members queried whether the report should also be considered by the Executive Leadership Team. It was clarified that the update does not currently go to the Executive Leadership Team, although work is underway to review reporting lines for all oversight groups to ensure appropriate governance flows. The Committee noted this clarification and took a **"moderate" level of assurance** from the update.

9.3 Draft Risk Management Framework 2026-2028

The Committee received an overview of the draft Risk Management Framework, which has been refreshed to support the forthcoming revision of the corporate risk register. It was explained that the document strengthens the organisation's approach to risk governance by refining the previous framework and adding clearer detail on structures, responsibilities and processes. The framework sets out current governance arrangements, recognises that these may evolve, and incorporates specific guidance on the relationship between NHS Fife and the Integration Joint Board. It also outlines expectations for risk control, the hierarchy of risks across the organisation, and the processes for monitoring, escalation and de-escalation. New elements include the targeted risk evaluation (deep dive) approach and updated appendices, such as the revised Healthcare Improvement Scotland risk matrix.

Committee members welcomed the clarity and completeness of the framework and noted the intention to align its presentation with the Performance and Assurance Framework ahead of submission to the NHS Fife Board. Discussion confirmed that the framework enables proportional and prioritised review of corporate risks, with annual deep dives guided by risk movement and organisational need.

The Committee supported the framework and agreed to **endorse** it for approval by the Board.

10. COUNTER FRAUD

10.1 Counter Fraud Quarterly 3 Report

The Committee received an update on Counter Fraud Service activity for the quarter. It was reported that six intelligence reports were issued nationally, a notable increase on previous quarters, and all were shared with relevant NHS Fife teams. These included

alerts on GP practice impersonation attempts, phishing directed at accounts payable, fraudulent job application references, and cases of individuals using falsified credentials. One national case highlighted that a GP practice manager had been persuaded to make a payment following an impersonation attempt, and this was shared locally across primary care to reinforce vigilance.

The Committee was advised that NHS Fife supported the national fraud awareness campaigns during the quarter, although participation in the associated questionnaire was low across Scotland. Website activity indicated strong staff engagement with campaign materials, and it was advised that the new mandatory fraud awareness module is expected to improve organisational oversight.

The Committee noted progress on implementation of the fraud impact assessment within procurement and the planned work with executive leads to strengthen local fraud risk management. A **"moderate" level of assurance** was taken from the report.

11. GOVERNANCE MATTERS

11.1 Performance & Assurance Framework

The Committee received an update on the development of the Performance and Assurance Framework, noting the stepped approach taken over the past year to build a comprehensive assurance information system. It was confirmed that the framework strengthens the organisation's overall governance by integrating timely performance reporting with wider assurance mechanisms and aligning these to the national model framework outlining statutory board functions. It was highlighted the "tell me, show me, prove it" structure, which clarifies first, second and third lines of assurance for each statutory obligation and creates, for the first time, a full system of assurance.

It was emphasised that the document is iterative and will require regular refresh, particularly as committee structures evolve. Committee members welcomed the clarity, transparency and practical value of the framework, noting its strong connection between operational activity and Board level assurance and the benefits observed through the new monthly assurance cycle.

The Committee:

- **Endorsed** the NHS Fife Performance and Assurance Framework as the organisation's Assurance Information System.
- **Noted** the progress made in strengthening performance management and governance assurance arrangements across NHS Fife.
- Took **moderate assurance** that the system of control is suitably designed and operating effectively, noting that final embedding work will continue during 2026.
- **Recommended** approval of the framework by the NHS Fife Board.

11.2 Audit & Risk Committee Self-Assessment Report 2025/26

The Committee received an update on the outcomes of the annual self-assessment. It was reported that although overall respondent numbers from members appeared low, the return rate reflected 100% completion from those eligible at the time of the survey, additionally with strong input from attendees. The assessment indicated that the Committee continues to improve, with members expressing confidence in its effectiveness over the past year. Areas for further development included the need for ongoing training to support the technical nature of the Committee's work, consideration of paper length and balance of content, and awareness of the increasing volume of business within meeting agendas.

The Chair thanked members for their feedback and invited further suggestions to strengthen Committee functioning. The Committee agreed that the themes identified would be incorporated into future agenda planning and development sessions and took a **"moderate" level of assurance** from the review.

11.3 Blueprint for Good Governance Improvement Plan Closure

The Committee received an update on the closure of the Blueprint for Good Governance improvement plan. It was explained that the plan had originated from the national self-assessment undertaken when the second edition of the Blueprint was first introduced, followed by a National Education Scotland facilitated Board Development session in February 2024. Most actions were completed quickly, with two remaining items relating to assurance mapping and public appointments, tied to longer-term areas of work. The Committee noted that the assurance mapping action can now be closed, following approval of the new assurance framework, and that the action on improving board diversity will transfer into business-as-usual activity given the annual recruitment cycle and the ongoing involvement of the Ethical Standards Commission in panel processes.

It was confirmed that there are currently no plans for the Scottish Government to rerun the national self-assessment exercise and that discussions are continuing on whether NHS Scotland Health Boards individually will regain the ability to conduct their own annual effectiveness assessments. The Committee **endorsed** the closure of the plan and took a **"moderate" level of assurance**.

11.4 Losses & Special Payments Quarter 3 Report

The Committee received the quarter three update on losses and special payments. Total payments for the period were £991,165, an increase on the previous quarter due mainly to higher compensation payments. A small decrease was noted in other loss categories, and all cases had been reviewed and approved in line with the Financial Operating Procedures, with analytical checks completed to identify any emerging trends.

The Committee requested that losses be presented by financial year in future, and it was agreed that this would be considered as part of upcoming discussions between the Director of Finance and the Committee Chair.

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

11.5 Procurement Tender Waivers Quarter 3 Report

The Committee reviewed the quarter three procurement waiver report. Two waivers had been approved in accordance with Standing Financial Instructions, bringing the year-to-date total to eight. All waivers had been scrutinised by the Procurement Governance Board. The Committee sought clarification on the waiver relating to psychological support provision and received assurance that the supplier had been selected on the basis of previous national work and expertise in line with recommendations from the Independent Learning Review.

The Committee took a **"moderate" level of assurance** on the governance arrangements in respect of waivers of competitive tenders.

11.6 Audit Scotland Technical Bulletin 2025/4

The Committee received an update on the Audit Scotland Technical Bulletin, which highlights matters for consideration ahead of the 2025-26 audit. The update noted changes to non-current asset valuation requirements and the issue of new Treasury PES discount rates used in calculating liabilities. The bulletin has been shared with the finance team for awareness as part of preparations for the annual accounts process.

The Committee took a **"significant" level of assurance**.

11.7 Delivery of Annual Workplan 2025/26

It was reported that the updates to the Committee's terms of reference and the internal audit framework have been deferred to May and will move into the 2026–27 plan. It was confirmed that several items from the meeting, including internal controls for external communications, the blueprint update, the performance and assurance framework, the salary sacrifice amendment and the FOI/SAR reports, have been added to the workplan. The Committee asked that reasons for deferrals be added to the workplan.

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

12. FOR ASSURANCE / FOR NOTING

12.1 Chief Pharmacist Standards Report

The Director of Planning & Transformation declared an interest in this item, due to his involvement in national Pharmaceutical work, and did not participate in the meeting for this item.

Fiona Forrest, Acting Director of Pharmacy & Medicine, joined the meeting for this agenda item.

The Committee received the first annual Chief Pharmacist Standards Report, confirming NHS Fife's work to implement the new national standards introduced following legislative changes affecting hospital pharmacy services. The report outlines how each standard has been mapped to local evidence to demonstrate compliance and has been externally peer-reviewed by Directors of Pharmacy in the east region. The key areas of

leadership, workforce, delegation and governance, were highlighted and it was noted that actions have been identified for 2026–27. It was confirmed there is currently no requirement to submit the report nationally.

The Committee noted the report and agreed a **"moderate" level of assurance**.

12.2 Salary Sacrifice Payment Amendment

The Committee noted a change to the approval process for salary sacrifice car scheme payments. As monthly payments now exceed £100,000, the previous requirement for senior sign-off was no longer practical. It was confirmed that these payments are employee deductions rather than Board expenditure, the risk is minimal, and payments are checked against payroll before processing. The Committee was "**assured"** by the internal controls in place.

13. ESCALATION OF ISSUES TO NHS FIFE BOARD

There was no escalation of issues to the NHS Fife Board.

14. MEETING REFLECTIONS & AGREEMENT OF MATTERS FOR CHAIR'S ASSURANCE REPORT TO BE PRESENTED TO FIFE NHS BOARD ON 31 MARCH 2026

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

15. ANY OTHER BUSINESS

None.

Date of Next Meeting: Thursday 14 May 2026 from 2pm - 5pm via MS Teams.

Fife NHS Board

Confirmed

MINUTE OF THE NHS FIFE CLINICAL GOVERNANCE COMMITTEE MEETING HELD ON FRIDAY 6 MARCH 2026 AT 10AM VIA MS TEAMS

Present:
Anne Haston, Non-Executive Member (Chair)
Jo Bennett, Non-Executive Member
Colin Grieve, Non-Executive Member
Prof. Chris McKenna, Medical Director
Carol Potter, Chief Executive
Nicola Robertson, Area Clinical Forum Representative
Joy Tomlinson, Director of Public Health

In Attendance:
Lynn Barker, Director of Nursing, Health & Social Care Partnership (HSCP)
Claire Dobson, Director of Acute Services
Lynne Garvey, Director of Health & Social Care
Alistair Graham, Director of Digital & Information
Ben Hannan, Director of Planning & Transformation
Dr Gillian MacIntosh, Associate Director of Corporate Governance & Board Secretary
Dr Iain MacLeod, Deputy Medical Director, Acute Services Division (ASD)
Liam Mackie, Area Partnership Forum Representative
Gillian Ogden, Head of Nursing *(deputising for Norma Beveridge)*
Amanda Wong, Director of Allied Health Professions
Hazel Thomson, Board Committee Support Officer (Minutes)

Chair's Opening Remarks

The Chair welcomed everyone to the meeting.

The Chair, on behalf of the Committee, recorded its thanks to Carol Potter, Chief Executive, for her significant contribution to the Committee and noted that this meeting was her final attendance. Appreciation was expressed for her leadership, guidance and longstanding support to the Committee.

The Chair also recorded thanks, on behalf of the Committee, to Ben Hannan, Director of Planning & Transformation, noting that this meeting was his last attendance. Ben was thanked for all his hard work and contributions.

Additionally, the Chair recorded thanks on behalf of this Committee to Fiona Forrest, Director of Pharmacy who had given apologies for what would have been her last meeting of this Committee. The Chair thanked Fiona for her commitment, expertise and knowledge and wished her all the best for her retirement.

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

1. Apologies for Absence

Apologies were received from routine attendees Norma Beveridge (Director of Nursing, Acute), Fiona Forrest (Acting Director of Pharmacy & Medicines), Helen Hellewell (Associate Medical Director, HSCP), Gillian McAuley (Executive Nurse Director), Neil McCormick (Director of Property & Asset Management), and Dr Shirley-Anne Savage (Associate Director of Quality & Clinical Governance).

2. Declaration of Members' Interests

There were no declarations of interest made by members.

3. Minutes of Previous Meeting – Friday 9 January 2026

The Committee **approved** the minutes of the previous meeting.

4. Chair's Assurance Report Presented to Fife NHS Board on 27 January 2026

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

5. Matters Arising / Action List

The Chair advised that the action list was updated prior to the meeting.

Clinical Governance Strategic Framework & Delivery Plan
An update was provided on the Clinical Governance Strategic Framework & Delivery Plan. Following publication of the new Health Improvement Scotland Clinical Governance Framework, the existing draft will be reviewed to ensure alignment and address any areas of discrepancy. An updated draft is expected to be available for consideration at the next committee cycle.

Corporate Risk Register
It was noted that the updated Risk Management Framework will be presented to the Audit & Risk Committee at its next meeting. Subject to approval, the framework will return to all relevant committees in the first cycle of the new financial year and will inform updates to the Corporate Risk Register, including revised risks and the new risk template.

GP Walk-In Centres
The Committee noted confirmation from the Scottish Government that any high street GP walk-in centre must fully meet NHS Assure built environment standards, including water safety and ventilation. NHS Fife continues to engage with the Government on location and service model options, with a further paper to be brought to the Committee when development work is complete.

There were no other matters arising.

5.1 Adult Protection Services Staffing Model

The Committee considered the proposal to recruit an Adult Support and Protection workforce on a phased basis. It was advised that the Executive Leadership Team has

already approved the decision to recruit, recognising the risks associated with the current absence of dedicated adult protection capacity. The Committee therefore took **"limited" assurance** on current arrangements and **"endorsed"** the recruitment plan, noting interim risk mitigation measures in place and requesting an update at the next meeting, with fuller assurance to be provided through the Public Protection Accountability Framework.

Action: Executive Nurse Director

6. ACTIVE OR EMERGING ISSUES

6.1 Briefing Paper: Orthopaedic Hip Fracture Audit & Action Plan Update

The Deputy Medical Director provided an update on orthopaedic hip fracture performance, and reported that December 2025 data showed improvement, with performance above the Scottish mean for a second consecutive month. The Committee noted that pathway pressures remain significant, however, early improvements may reflect focused work on the fracture pathway, establishment of the trauma coordinator role, and lower overall trauma volumes. Wider improvement activity continues, including nutrition work and multidisciplinary engagement. A Development Session later this month will explore system level actions in more depth.

The Committee took **"assurance"** from the ongoing work and early signs of progress.

6.2 Stroke Standards Review Update

The Deputy Medical Director highlighted the latest stroke standards performance, noting overall bundle compliance had fallen to 55% in November 2025, the lowest reported. Brain imaging and aspirin administration remain consistently strong, but challenges persist in swallow screening and timely admission to the stroke unit. The Committee recognised system-wide pressures affecting access within 24 hours. It was advised that improvement work continues, including enhanced education, pathway review, and development of a hyper acute stroke unit planned for summer.

The committee requested further detail on what data can be brought to show quality and safety of care, and patient outcomes, out with the metrics reported as part of the stroke bundle.

Action: Medical Director

The Committee took a **"limited" level of assurance** pending further progress updates and exploration of outcome-focused measures.

6.3 Significant Adverse Events Review Improvement Plan Update

The Medical Director provided an update on Significant Adverse Event Reviews (SAERs) and advised that long-standing cases have now been closed, with the longest open case reduced from 537 to 299 days. While this remains above the desired timeframe, progress continues, supported by increased senior clinical sponsorship and strengthened oversight through the fortnightly performance meeting chaired by the Nurse Director. The Committee noted the complexity and operational pressures on clinical leads undertaking SAERs alongside service delivery. The committee requested to be updated on what measures are being put in place to maintain activity in the longer term.

The Committee took a **"limited" level of assurance** given the significant number of SAERs that are waiting in excess of the national standard and the associated risk in view of the inability to provide assurance of improvement actions to prevent reoccurrence.

7. GOVERNANCE MATTERS

7.1 Clinical Governance Committee Self-Assessment Report 2025/26

The Board Secretary provided an overview on the results of the Committee's annual self-assessment, noting overall positive feedback on committee effectiveness. Members welcomed improvements to the Integrated Performance & Quality Report presentation and data scrutiny. The Committee acknowledged operational challenges arising from the breadth of the workplan, the late distribution of papers and lengthy meeting packs. Feedback highlighted the need to maintain a strategic focus, strengthen the scheduling and scrutiny of external regulatory reports, and refine subject-specific annual reports to better support assurance.

The Chair thanked all members who completed the assessment and encouraged members to approach her with any feedback or concerns on an ongoing basis.

The Committee took a **"moderate" level of assurance**, subject to further work to streamline reporting and ensure alignment with the committee's terms of reference.

7.2 Clinical Governance Oversight Group Assurance Summary Report from 10 February 2026 Meeting

The Deputy Medical Director provided an update from the Clinical Governance Oversight Group meeting from 10 February 2026. Moderate assurance was taken on progress against transfusion safety standards, with further improvement work underway. Significant assurance was noted regarding the transition to NEWS2, now scheduled for later in the year. The Committee was advised that formal feedback from the recent maternity inspection has now been received and will be reported to the next meeting. Early positive implementation of Hospital Electronic Prescribing and Medicines Administration (HEPMA) in the National Treatment Centre was highlighted, with phased rollout across surgery and medicine progressing. No issues were escalated from the Acute or Health & Social Care Partnership Clinical Governance Forums.

The committee were thoughtful about what reporting should come to this committee regarding the Deteriorating Patient Report. The Medical Director will give further thought as to what is appropriate to routinely report into this committee.

Action: Medical Director

7.3 Corporate Risks Aligned to the Clinical Governance Committee

The Medical Director highlighted that there were no significant changes this cycle to the corporate risks aligned to this committee.

The Committee took a **"moderate level of assurance"**, noting that refreshed risks and the updated framework will be presented at the next meeting.

7.4 Medical Education and Research, Innovation & Knowledge Reporting

The Medical Director spoke to the report. The Committee endorsed a revised approach to governance of Medical Education and Research & Innovation, noting the need for more contemporary, routine assurance, rather than retrospective annual reporting. It was agreed that alternating reports on Medical Education, and Research & Innovation, will be scheduled into the committee workplan, with associated financial and performance information routed through the Finance, Performance & Resources Committee. Members were supportive, allowing the new reporting model to embed over the coming cycles, with a review thereafter to confirm that assurance needs are met.

The Committee took a **"moderate" level of assurance** at this stage, recognising that final arrangements will be aligned through the ongoing Board committee terms of reference review, subsequent discussion with the Board Chair and formal Board approval.

7.5 Review of Annual Workplan 2025/26

The Board Committee Support Officer provided an overview on the updates to the annual workplan, as tracked within the document. It was noted that the Director of Public Health Annual Report will be presented to the Committee in November.

The Committee discussed the placement of litigation reporting within governance structures, confirming that legal claims are currently reported quarterly to the Audit & Risk Committee, with work underway to strengthen organisational learning links and develop a formal legal services annual or biannual report for Audit & Risk. Assurance was taken that learning from adverse events remains the primary mechanism for organisational improvement, with all significant legal claims already subject to that review processes.

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

8. STRATEGY / PLANNING

8.1 Value Based Health and Care Delivery Plan (Realistic Medicines)

The Medical Director provided an update on the 2025–26 Realistic Medicine and Value-Based Health Care Delivery Plan, which is required by Scottish Government for assurance. The work is being progressed by a very small team comprising two clinical sessions and limited project support. Ambitions within the workplan remain significant, and progress is necessarily slow given the scale of cultural change expected and the resource available. The Committee recognised the ambition of the clinical leads and noted that prioritisation or refinement of the workplan may be required.

A **"moderate" level of assurance** was agreed, reflecting that work is underway within acknowledged resource constraints and is expected to be adapted as appropriate.

9. QUALITY / PERFORMANCE

9.1 Integrated Performance & Quality Report

It was reported that HSMR is stable and stroke bundle performance is improving, as discussed earlier on the agenda. Variation in inpatient falls continues and performance remains below target; improvement activity is underway through the Fife-wide falls group. Tissue viability indicators remain a concern, with pressure ulcer incidence increasing, and the Committee requested continued close monitoring and visibility of improvement actions.

The Committee discussed complaints performance, noting the exceptionally low 2% Stage 2 response rate for the reported month. An improvement plan, including clear timescales and oversight arrangements, will be brought to the next meeting. The Committee emphasised the need for strengthened reporting, similar to other key areas, such as hip fracture and stroke. It was noted that more recent performance sits nearer 30% and the number of complaints exceeding 100 days has already reduced.

The Committee endorsed the Quality and Care section with an overall **"moderate"** level of assurance, while recognising **"limited"** assurance for specific indicators, namely stroke standards, significant adverse event review timeliness, and stage 2 complaints. Continued scrutiny of tissue viability and complaints performance was agreed.

9.2 Healthcare Associated Infection Report

The Committee received an update on infection prevention performance for Quarter 3, noting a generally stable position and maintaining a moderate level of assurance. Staphylococcus aureus bacteraemia (SABs) remains below the national average for healthcare associated cases, though community associated cases continue to be higher, with a rise linked to people who inject drugs. Targeted quality improvement work in this area is under way and will report back through the oversight group.

Improvements were reported in dialysis related infections and vascular access devices. Rates of Clostridioides difficile and E. coli bacteraemia continue to sit below national benchmarks. Screening compliance for MRSA and CPE declined in Quarter 4; services are addressing this, and further clarification will follow. Environmental cleanliness remained green rated in Quarter 3.

The Committee noted recent Health Improvement Scotland inspection activity in maternity services and awaits the formal report. Outbreak activity in November and December 2025 included gastrointestinal closures related to norovirus and rotavirus, alongside incidents of influenza, mixed respiratory infection and COVID-19.

The Committee endorsed the **"moderate"** assurance level for infection prevention and control and requested that future Integrated Performance & Quality Reports describe in more detail the improvement actions linked to SABs associated with drug use and the Catheter-Associated Urinary Tract Infection bundle work.

Action: Executive Nurse Director

9.3 Deteriorating Patients Improvement Programme Update

The Committee received an update on the rollout of National Early Warning Score 2 (NEWS2), which replaces the existing Fife Early Warning Score. The transition is more complex than initially anticipated, requiring extensive digital testing to ensure the system triggers clinical alerts safely and consistently. Additional workforce support has been prioritised to progress the work.

Members noted that around 4,000 staff must be trained, reflecting both the scale of the change and the shift in clinical practice, particularly regarding oxygen scoring. The Committee was advised that capital funding has been secured for the upgrade, enabling observation machines to interface directly with nursing handheld devices and improving accuracy and efficiency.

Full implementation remains scheduled for September 2026. The Committee requested clearer visibility of what preparatory actions are complete, on track or at risk, and received assurance that this tracking will be maintained through the Clinical Governance Oversight Group.

A **"moderate"** level of assurance was taken based on the strengthened governance and ongoing delivery work.

9.4 Quality of Care Review Framework Update

The Committee received an update on the Quality of Care Review Framework, noting that a structured programme of audits and reviews is now well embedded across both the Acute Services Division and the Health & Social Care Partnership. Acute services continue to use the national Excellence in Care Quality of Care Review audit cycle alongside a monthly care assurance programme, each drawing on patient experience, risk assessments, environmental reviews, staffing intelligence and direct staff feedback. Within community care, the adapted Quality of Care Review tool is in place, while mental health and learning disability services use the Environmental Build App as part of their annual assurance process. The Committee noted that the framework is multidisciplinary in its formal review cycle, although monthly audits are primarily nursing-led.

Members discussed how areas for deeper scrutiny are identified and were assured that both formal governance processes and local intelligence inform escalation, supported by routine clinical engagement and feedback from complaints and incidents. The Committee also discussed oversight arrangements and received assurance that cross-system visibility is maintained through governance structures, including the Clinical Governance Oversight Group. It was confirmed that improvements arising from the framework will be reflected through Integrated Performance & Quality Review Report metrics, alongside other mechanisms that capture action plans and outputs from reviews.

"Moderate" assurance was taken that a comprehensive and consistent approach to quality of care review is in place across NHS Fife's inpatient services.

10. DIGITAL / INFORMATION

10.1 Information Governance and Security Steering Group Assurance Summary

Members were advised that the report format will be aligned with the Clinical Governance Oversight Group assurance style for future cycles. The Committee noted progress in reviewing the unmanaged device policy, with an emphasis on strengthened risk mitigation, and received an update on continued work to improve freedom of information (FOI) and subject access request (SAR) performance. Work on the information asset register is ongoing, with more than 1,700 information holding assets identified, and further activity is underway to improve records management compliance and ensure alignment with FOI and SAR requirements.

The Committee was informed that the NIS Directive audit compliance had risen to 96 per cent. The Steering Group will adjust its workplan in the coming year to allow time to review emerging risks and undertake deeper development sessions. A reduction in the number of breaches requiring notification to the Information Commissioner's Office was noted. However, the Group escalated the continuing concerns regarding FOI and SAR compliance and recommended disclosure in the annual accounts governance statement.

The Committee took "**assurance"** from the report while recognising that further improvement remains necessary.

11. PERSON CENTRED CARE / PARTICIPATION / ENGAGEMENT

11.1 Patient Story

A patient story was presented around a daughter's account of her mother's final days.

The Committee reflected on the patient story presented and acknowledged the distressing experience described. Members emphasised the importance of active learning and noted the value of staff reflection and follow up to ensure compassionate and consistent end-of-life care. The Committee recognised the essential role of the spiritual care team, including its 24-hour on-call support, and the need to ensure staff understand how to access this resource promptly. Members were thoughtful about how patient opinion and reach of feedback can be explored and augmented.

12. ANNUAL REPORTS / OTHER REPORTS

12.1 Medical Education Annual Report 2024/25

The Committee received an update on the Medical Education Annual Report for 2024/25 and noted that the full report will be circulated separately. The report provides an overview of student placements and postgraduate training activity, with increasing numbers of foundation, core and GP trainees coming to NHS Fife. Some specialties, particularly acute and general medicine, continue to face pressures, and improvement work is ongoing.

The Committee was assured that performance concerns are monitored throughout the year by the Director of Medical Education in partnership with clinical management teams, with escalation to the Medical Director where required. Recent investment in acute medical staffing is expected to strengthen trainee experience, although national survey data is recognised to have a time lag.

Members agreed to review the report once circulated and raise any further questions directly to the Medical Director.

12.2 Organisational Duty of Candour Annual Report 2024/25

The Committee received the Duty of Candour Annual Report for 2024–25, noting that the publication is retrospective and consistent with previous years. Members were advised that final figures increase once outstanding Significant Adverse Events Reviews (SAERs) are completed; for example, an initial total of 28 cases rose to 46 after SAERs concluded. The Committee noted the importance of the learning section of the report, which now incorporates themes from adverse events.

Members discussed the timeframe for issuing Duty of Candour letters and recognised that delays in completing SARs directly affect the timeliness of communication with patients and families. The Committee was assured that improvements to the adverse events process have strengthened contact with families during investigations, however, acknowledged that the formal Duty of Candour process remains lengthy. Work is underway to integrate Duty of Candour decision making into the SAER sign-off panel to streamline processes and improve consistency, with further improvements to be added to the existing SAR improvement plan.

The Committee agreed a **"moderate"** level of assurance and approved the report for submission to the NHS Fife Board.

13. LINKED COMMITTEE MINUTES

The Committee **noted** the linked committee minutes and also **noted** that there were no escalations to the Committee from these minutes.

13.1 Area Clinical Forum held on 22 January 2026 (unconfirmed)

13.2 Area Medical Committee held on 9 December 2025 (confirmed) & 10 February 2026 (unconfirmed)

13.3 Clinical Governance Oversight Group held on 10 February 2026 (unconfirmed)

13.4 Fife IJB Quality & Communities Committee held on 4 July 2025 (confirmed), 5 September 2025 (confirmed), 5 November 2025 (confirmed)

13.5 Research, Innovation & Knowledge Oversight Group held on 13 November 2025 (unconfirmed)

13.6 Information Governance & Security Steering Group held on 13 May 2025 (confirmed), 21 July 2025 (confirmed), 21 November 2025 (confirmed) & 29 January 2026 (unconfirmed)

13.7 Digital & Information Board held on 6 May 2025 (confirmed), 22 August 2025 (confirmed), 21 October 2025 (confirmed) & 20 January 2026 (unconfirmed)

14. ESCALATION OF ISSUES TO NHS FIFE BOARD

14.1 To the Board in the IPQR Summary

There were no performance-related issues to escalate to the Board.

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

It was agreed to escalate the items of limited assurance, namely stage two complaints and Adult Protection Services staffing.

15. MEETING REFLECTIONS & AGREEMENT OF MATTERS FOR CHAIR'S ASSURANCE REPORT TO BE PRESENTED TO FIFE NHS BOARD ON 31 MARCH 2026

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

16. ANY OTHER BUSINESS

There was no other business.

Date of Next Meeting – Friday 1 May 2026 from 10am – 1pm via MS Teams.

Fife NHS Board

Confirmed

MINUTE OF THE FINANCE, PERFORMANCE & RESOURCES COMMITTEE MEETING HELD ON TUESDAY 10 MARCH 2026 AT 10:00AM VIA MS TEAMS

Present:
Alistair Morris, Non-Executive Director (Chair)
Jo Bennett, Non-Executive Director
Susan Dunsmuir, Director of Finance
John Kemp, Non-Executive Director
Craig MacDonald, Non-Executive Director
Professor Chris McKenna, Medical Director
Joni O'Sullivan, Non-Executive Director
Lynne Parsons, Employee Director
Carol Potter, Chief Executive
Joy Tomlinson, Director of Public Health

In Attendance:
Claire Dobson, Director of Acute Services
Susan Fraser, Deputy Director of Planning & Transformation
Lynne Garvey, Director of Health & Social Care
Ben Hannan, Director of Planning & Transformation
Dr Gillian MacIntosh, Associate Director of Corporate Governance & Board Secretary
Neil McCormick, Director of Property & Asset Management
Maxine Michie, Deputy Director of Finance
Kerrie Donald, Executive Assistant *(minutes)*
Kevin Booth, Head of Financial Services & Procurement *(item 8.3)*

1. Apologies for Absence

Apologies were noted from member Gillian McAuley (Director of Nursing) and attendees Fiona Forrest (Acting Director of Pharmacy & Medicine) and Alistair Graham (Director of Digital & Information).

2. Declaration of Members' Interests

There were no members' interests to declare.

3. Minute of Previous Meeting held on 13 January 2026

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

4. Chair's Assurance Report Presented to NHS Fife Board on 27 January 2026

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

5. Matters Arising / Action List

The Committee **noted** the updates on the action list.

6. GOVERNANCE MATTERS

6.1 Finance, Performance & Resources Committee Self-Assessment Report

The Associate Director of Corporate Governance & Board Secretary provided an overview of the paper, noting positive feedback was received from the enhancement and presentational changes to the IPQR, and an improved level of data in relation to the financial position over the year has been valuable. It was advised a common theme across all Committees was the length of papers, noting a balance is required to ensure a sufficient level of detail is provided.

Following comments regarding the retrospective nature of financial data highlighted within the paper, the Director of Finance highlighted the governance processes that underpins the financial reporting cycle noting that while verbal updates are provided where possible, formal assurance is required for the full financial review by the finance team, followed by scrutiny through the Executive Leadership Team (ELT), before information can be brought to Committee.

The Director of Planning & Transformation noted the comment in relation to B7 within Appendix 1 of the SBAR “Minutes are clear and accurate and are circulated promptly to the appropriate people, including all members of the Board” that the team strive for full transparency and an accurate reflection within minutes and urged Committee members to highlight any concerns or examples to allow learning to take place. The Chief Executive further encouraged any member to raise any concerns regarding the appropriateness of challenge and scrutiny being captured in the minutes, noting it is important to reflect the genuine level of scrutiny taking place.

The Chief Executive highlighted the positive response in relation to A5 within Appendix 1 of the SBAR “Committee members are able to express their opinions openly and constructively” noting NHS Fife must remain alert to any situations where individuals may not feel able to speak openly in a formal setting such as committees or the Board, noting this as a crucial aspect of maintaining a healthy organisational culture.

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

6.2 Corporate Risks Aligned to Finance, Performance & Resources Committee

The Director of Finance provided an in-depth review of the corporate risk paper, noting there have been no changes to the risk scores since the last update in January 2026. The paper highlights there are six risks aligned to the Committee, with four above tolerance and two within those levels. It was noted the refresh of the Risk Management Framework and Corporate Risk Register is underway, with discussions taking place at the Audit & Risk Committee on 12 March 2026.

It was noted risk 13 within page 25 of the pack should state January 2026 and not December 2025.

The Director of Finance noted the score for risk 13 was discussed at the January 2026 Committee and confirmed that, due to the social care position as at December 2025, the risk level remains at 20.

Following a query from J. O'Sullivan, Non-Executive Director, regarding risk appetite and operating daily on the current level of risk, the Director of Finance highlighted NHS Fife cannot continue to operate within its current financial position, advising it is essential to set a clear financial target, and restore financial sustainability to achieve a balanced position. It was highlighted there is no proposal to amend the current target, however benchmarking information from other Boards can be shared with Committee members for information and assurance.

Action: Director of Finance

The Chief Executive noted although a full comparison of other Boards' risk registers has not been undertaken, it is likely that most Boards are in a similar position and operating outwith their risk appetite and tolerance levels. It was noted while NHS Fife is currently at Level 2 of the Scottish Government's escalation framework, other Boards are operating at higher levels due to their financial challenges.

J. Bennett, Non-Executive Director, requested for risk 6 'Whole System Capacity' to be jointly shared by the Director of Acute Services and Director of Health & Social Care due to the risk relating to whole system capacity and not just Acute capacity.

Action: Director of Finance / Medical Director

Following a query from J. Bennett, Non-Executive Director, regarding the potential to lower risks due to the new pathways of care and flow navigation, the Director of Acute Services highlighted that work is underway to implement the Flow Navigation+ and Hospital at Home+ models with the aim of increasing system capacity within 2026/27. However, significant pressures experienced over the winter period were referenced, noting 241 Accident & Emergency attendances were recorded on 9 March emphasising that it is an unsustainable position for NHS Fife and welcoming the new pathways of care and flow navigation.

The Committee took a **moderate level of assurance** (with the exception of the financial position, which provides a **limited level of assurance**) that all actions within the control of the organisation are being taken to mitigate these risks as far as is possible to do so.

6.3 Additional Cost of Teaching Governance & Assurance

The Medical Director provided an overview of the paper, noting it outlines a proposed enhancement to NHS Fife's governance and reporting arrangements for Additional Cost of Teaching (ACT) funding. An update will be brought to the Committee three times a year.

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

6.4 Review of Annual Workplan 2026/27

The Director of Finance presented the draft Finance, Performance & Resources Committee annual workplan for 2026/27.

The Committee **approved** the 2026/27 draft workplan.

6.5 Delivery of Annual Workplan 2025/26

The Director of Finance presented the draft Finance, Performance & Resources Committee annual workplan for 2025/26 noting several papers have been deferred to 2026/27 as per the request of the corresponding Director and as noted within the workplan.

The Committee **approved** the 2025/26 annual workplan.

7. STRATEGY / PLANNING

7.1 Progress Report of Decarbonisation of the NHS Fife Fleet

The Director of Property & Asset Management provided an overview of the paper, highlighting NHS Fife have successfully decarbonised the small and medium vehicle fleet, which was completed in October 2025, ahead of the December 2025 target date set by Scottish Government. It was advised charging capacity within the estate has also increased, and work is ongoing to improve services such as Hospital at Home by using electric vehicles. The next target for larger vehicles is set for 2030, however due to ongoing technology developments for larger vehicles, work will not take place until closer to the deadline.

The Chair praised the work completed by the team and encouraged the team to continue having discussions with Fife Council and other public sector organisations to utilise the charging points and locations.

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

8. QUALITY / PERFORMANCE

8.1 Integrated Performance & Quality Report (IPQR)

The Director of Acute Services provided an in-depth review of Acute performance for January 2026, noting that emergency access performance remains significantly below target at 69.9%, reflecting an exceptionally pressured winter period with sustained high attendances. It was noted the site has been operating over capacity, with the Day Intervention Unit (DIU) being used to support patients requiring short-term hospital care to complete discharge arrangements. Despite these pressures, improvement work continues around Flow Navigation Centre (FNC) and Same Day Emergency Care (SDEC), with new neurological, renal infection and stroke pathways now in place. SDEC is seeing approximately 40 patients daily, with over 90% discharged home the same day. It was highlighted while demand pressures are unprecedented across Scotland, NHS Fife continue to support ongoing efforts to strengthen unscheduled care ahead of 2026/27, including ambitions around virtual capacity and further FNC+.

Following a query from the Chair regarding attendance at A&E, the Director of Acute Services advised approximately 30% of the 241 attendees on 9 March were admitted, indicating potential scope for redirection within the remaining cohort noting a proportion of attendances, particularly walk ins, would be managed elsewhere, reflecting the ongoing complexity and confusion in patient pathways.

Following discussion on the impact of GP Walk-In Centres, it was highlighted that until centres have been implemented and tested across the county, the impact on GPs and A&E will be unknown.

The Director of Acute Services reported that cancer performance for January 2026 showed strong results against the 31-day standard at 95.8%, exceeding the 95% target, while the 62-day standard remained below trajectory at 70.5% against the March target of 75%. Significant progress in the prostate cancer pathway was noted, highlighting that NHS Fife currently has no surgical backlog and reflects pathway redesign, including direct MRI referrals and increased robotic theatre capacity. Areas of challenge within neurology continue around renal cancer and getting patients through surgery in a timely fashion noting the recruitment of the Cancer MDT coordinator has allowed patients to be dynamically tracked, ensure patients are put through the pathway in a timely manner.

In relation to new outpatients and TTG, the Director of Acute Services reported while the main focus in 2025/26 has been on reducing long waits, there has also been encouraging improvement in new outpatient activity within 12 weeks noting that the number of patients waiting over 52 weeks has reduced significantly. Vascular performance is ahead of expectations, and the aim remains to achieve zero long waits across all specialties by March 2026. Progress against TTG is more variable noting challenges are being seen in Ophthalmology, ENT and General Surgery however mitigating actions are in place to clear backlog. The Director of Acute Services stressed that despite operational pressures, substantial work has been undertaken, and the position represents a positive improvement for patients awaiting outpatient appointments and procedures in Fife.

Following a query from the Chair regarding maintaining levels of performance, the Director of Acute Services highlighted while there has been significant pressure on teams to manage winter unscheduled care alongside long-wait recovery work, a mixture of fatigue and a strong sense of achievement has been recognised. It was highlighted that several specialties, including Gynaecology, Haematology, Urology, Ophthalmology now have recurring funding to sustain increased activity, offering a positive outlook however is expecting that some improvement will ‘bounce back’ in 2026/27 as a proportion of 2025/26 activity was supported through non-recurring funding. It was further highlighted that work to finalise the DCAQ for 2026/27 is underway, noting a fuller update will be provided to the committee once available.

The Director of Acute Services highlighted an MRI van has been brought on site with the intended outcome to increase performance to 95% by the end of March 2026. Endoscopy has been impacted over winter due to the use of DIU to support patients however scope has been moved to Queen Margaret Hospital and the level of activity being undertaken for NHS Tayside has been reduced, with a recovery plan in place to ensure scope performance increases.

The Director of Health & Social Care provided an overview of the delayed discharge performance noting while performance has improved, with average bed day loss now at its lowest level in eight months, it remains above the 44-day target. It was noted despite this improvement, demand has risen sharply, with an 18% increase in health and social care exits from Acute care compared with 2025/26. It was highlighted while

the performance has increased, there is also an increase in social care activity and the unmet needs of the community resulting in the system remaining extremely pressured.

Following discussion regarding the presenting of code 9 and standard delays within the IPQR, it was agreed for the standard delays and code 9 reports should be presented separately to illustrate the differences to the Committee, noting the change would also be reported through the Executive Leadership Team.

Action: Director of Planning & Transformation

The Committee took a **limited level of assurance** from the IPQR, with the exception of the financial position, which provides a **moderate level of assurance**, and **endorsed** the operational performance section.

8.2 Financial Performance Report

The Director of Finance provided a comprehensive review of the month 10 report, highlighting that at the end of January 2026, the Board recorded a revenue overspend of £9.335m, comprising £6.293m on health board retained services and £3.042m overspend on health board delegated budgets. The total savings delivered at the end of January 2026 are £17.589m which represents 61.56% of the full year target, and the forecast year-end outturn is £9.021m which remains aligned with the approved 2025/26 financial plan and within the 1% core revenue resource limit.

Capital funding has increased by 170% noting NHS Fife started 2025/26 with £8.2m capital funding and are finishing the year on £22m. The Director of Finance noted the delivery of actioning the increase in funding is a testament to all teams and services involved to react and secure additional slippage when it becomes available.

The Director of Finance highlighted SLAs for 2025/26 have now been agreed and provisions have been made within the forecast, noting the delay was due to waiting on information in relation to the pay awards.

Following a query from J. Kemp, Non-Executive Director regarding the uncertainty with IJB, the Director of Health & Social Care highlighted while previously confident in the financial forecast, this is now more challenging due to significant changes in underlying assumptions noting forecasts are only accurate at a point in time and are heavily influenced by funding allocations, demand pressures and cost drivers. It was highlighted that there recently has been an unprecedented rise in the complexity and cost of adult social care placements, particularly individuals with complex needs transitioning from hospital or from children's to adult services. While a review of upcoming cases suggests no immediate further change to the forecast, the situation remains fluid and may change depending on future demand.

The Chair raised concern that with only two months remaining in the financial year, only 61% of savings have been achieved, leaving 39% still to be delivered. The Director of Finance clarified that current financial forecasts do not assume achieving the full 39% outstanding savings, noting the original savings target was £28.6m, but the forecast is £22m, equating to around 76% delivery, leaving a £4.7m gap. It was emphasised that the remaining amount is still significant and represents a risk for the final two months. It was further clarified by the Director of Finance that some savings, particularly within the

partnership and operational areas, will move into the next financial year with some being built into next year's transformational programme.

The Deputy Director of Finance highlighted to Committee members that one of the major challenges this year has been managing supplementary staffing costs noting due to the timing of new funding and delays in recruitment, supplementary staffing usage has increased. Significant work is being undertaken to analyse and separate the underlying core spend from the impact of this additional funding and anticipate the findings will show an improved supplementary staffing position for February.

Following a query from C. MacDonald, Non-Executive Director, regarding the percentage of recurring retained savings, the Director of Finance confirmed several factors including delays linked to supplementary staffing issues, slippage in business transformation activities, and an inability to secure recurring savings from some initiatives, are influencing the position. It was highlighted that some of these items will need to be carried into next year's savings programme, where higher levels of recurring savings will be required.

The Committee took a **moderate level of assurance** from the report in relation to:

- The reported revenue overspend position of £9.335m for NHS Fife at the end of January 2026.
- Delivery against the in-year RTP savings targets and the impact of that on the overall consolidated financial position.
- The reported overspend to January for the health delegated services of £3.042m and the level of risk in relation to this and the consequence of additional risk-share at the financial year end to the £8.5m already provided in the board's financial plan for 2025/26 and allocated to the IJB in June.
- The forecast year-end outturn following an update of the risks and mitigations identified in the Board's financial plan for 2025/26.
- The year to date spend against the Capital Resource Limit.

8.3 Procurement Key Performance Indicators

The Head of Financial Services & Procurement provided an overview of the quarter 3 paper noting there was a significant rise in the number of quick quotes raised (55 compared to 21 in quarter 2) due to Estates works being carried out for winter maintenance. 2 Tender waivers were applied during quarter 3, bringing the year-to-date total to 8 which aligns with the 2025/26 position, and will be reported to the Audit & Risk Committee. It was further noted 83% of suppliers were paid within 10 days and 93% paid within 30 days noting ongoing improvement work, particularly in Pecos training, is contributing positively to this outcome and supports the organisation's Anchor Institute objectives.

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

8.4 Transformational Portfolio Update & Savings Delivery

The Deputy Director of Planning & Transformation provided an in-depth review of the paper highlighting at the end of January 2026, NHS Fife have delivered £17.5m of planned savings, representing 62% of the target, with £8.1m relating to health board retained budgets, and the remaining attributed to delegated budgets.

It was noted the paper provides an overview of the four RTP programmes noting final reports are being presented to Committees as the RTP programme moves towards closure noting some actions will transition into the new transformation programme for 2026/27, while others will progress into business-as-usual processes.

Following a query from J. Bennett, Non-Executive Director, regarding the level of assurance for business transformation, the Director of Planning & Transformation confirmed the programme has been given a limited level of assurance due to the organisation not being able to covert a reduction in the administrative job family, into recurring cash-releasing savings, despite successfully tracking a reduction of 90WTE in the administrative job family. It was advised some confusion has been raised in the past due to the overlap between the Administrative Workforce Plan and the Business and Digital Systems Programme noting as the National Business Systems Programme is now progressing at pace, NHS Fife are taking the opportunity to separate these two workstreams to provide greater clarity, scrutiny and transparency, enabling the organisation to better identify and overcome barriers to delivery going into 2026/27. It was advised NHS Fife will have a dedicated Business Systems Programme Board to focus on preparing for changes to payroll, HR and other digital systems, while a separate programme will concentrate on the administrative career pathway and required headcount reduction under the Public Service Reform Framework

Following discussion regarding NHS Fife's approach to zero-based budgeting, the Deputy Director of Finance noted zero-based budgeting principles are applied in certain targeted areas such as Psychology services. However, it is not feasible to undertake a full organisation zero-based budgeting exercise due to the size, complexity and volatility of the workforce. The Chief Executive reinforced that, although not labelled formally as zero-based budgeting, the organisation effectively re-bases budgets continuously through annual pay uplift calculations, nursing establishment reviews, activity-based modelling and service redesign work.

The Committee took a **moderate level of assurance** from the paper.

9. ANNUAL REPORTS

9.1 Annual Delivery Plan Quarterly Performance Report 2025/26 – Quarter 3

The Deputy Director of Planning & Transformation presented the report highlighting it is based around Scottish Government's Annual Delivery Plan and has incorporated NHS Fife's corporate objectives, and provides a detailed explanation of the progress for each area.

Following a query from J. Bennett, Non-Executive Director, regarding the impact of delivery from the implementation of the mental health strategy, the Director of Health & Social Care noted the delivery of the mental health strategy is in progress however several commissioned services, particularly ADP, are facing workforce pressures. It was noted that as NHS Fife moves away from the Fife wide commission model and shifts to the new and developing locality-based commissioning model informed by population health and strategic needs assessments, some short-term risks will be introduced. It was emphasised that strengthening the commissioning strategy remains a priority for NHS Fife.

Following a query from J. O'Sullivan, Non-Executive Director, regarding the vaccination services, the Director of Public Health advised work has been ongoing with the team to ensure detailed scrutiny is being applied to each stage of the vaccination process which is essential to supporting the population update. The Director of Health & Social Care highlighted a focus for 2026/27 will be on flu uptake for staff cohorts with an increase in peer vaccinators, noting an improvement plan from an operational perspective will be shared through committees once fully developed.

The Committee took a **moderate level of assurance** from the report with the exception of the corporate objective for urgent and unscheduled care where a **limited level of assurance** was taken, and **endorsed** the report for onward approval at the NHS Fife Board.

10. LINKED COMMITTEE / GROUP MINUTES

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

10.1 Fife Capital Investment Group held on 14 January 2026 (unconfirmed)

10.2 Procurement Governance Board held on 9 February 2026 (unconfirmed)

10.3 IJB Finance, Performance and Scrutiny Committee held on 14 January 2026 (unconfirmed)

11. ESCALATION OF ISSUES TO NHS FIFE BOARD

11.1 To the Board in the IPQR Summary

There were no performance-related issues to escalate to the Board.

11.2 Chair's Comments on the Minutes / Any Other Matters for Escalation to NHS Fife Board

There were no issues to escalate to the Board.

12. MEETING REFLECTIONS & AGREEMENT OF MATTERS FOR CHAIR'S ASSURANCE REPORT TO BE PRESENTED TO FIFE NHS BOARD ON 31 MARCH 2026

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

13. ANY OTHER BUSINESS

No other business was discussed.

14. Date of Next Meeting:

Tuesday 5 May 2026 from 10am – 12.30pm via MS Teams

Fife NHS Board

Confirmed

MINUTE OF THE NHS FIFE PUBLIC HEALTH & WELLBEING COMMITTEE MEETING HELD ON MONDAY 2 MARCH 2026 AT 10AM VIA MS TEAMS

Present:
John Kemp, Non-Executive Member (Chair)
Jo Bennett, Non-Executive Member
Arlene Wood, Non-Executive Member
Nicola Robertson, Chair of the Area Clinical Forum
Prof. Chris McKenna, Medical Director
Lynne Parsons, Employee Director
Dr Joy Tomlinson, Director of Public Health *(part)*

In Attendance:
Fiona Forrest, Acting Director of Pharmacy & Medicines
Susan Fraser, Deputy Director of Planning & Transformation
Lynne Garvey, Director of Health & Social Care
Kirsty MacGregor, Director of Communications & Engagement
Dr Gillian MacIntosh, Associate Director of Corporate Governance & Board Secretary
Gillian McAuley, Executive Nurse Director
Hazel Thomson, Board Committee Support Officer (Minutes)

Chair's Opening Remarks

The Chair welcomed everyone to the meeting.

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

1. Apologies for Absence

Apologies were received from member Carol Potter (Chief Executive) and regular attendees Ben Hannan (Director of Planning & Transformation), Pat Kilpatrick (Board Chair) and Neil McCormick (Director of Property & Asset Management).

2. Declaration of Members' Interests

There was no declaration of members' interests.

3. Minutes of Previous Meeting held on 12 January 2026

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

4. Chair's Assurance Report presented to Fife NHS Board on 27 January 2026

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

5. Matters Arising / Action List

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

Action No. 3 - Fife College of Nursing Building - Future Rental Income
It was advised that discussions had been held with Fife College and several partner universities regarding enhancing future use of the College of Nursing building. It was confirmed that the ambition is to maximise use of the building through a shared-use model, and that it is anticipated that future use will not be limited to Dundee University. The Committee agreed that no further action was required at this stage and the action could be closed.

There were no other matters arising.

5.1 East Region Health Protection Service Update & Annual Report 2024/25

The Director of Public Health presented the first annual report of the East Region Health Protection Service; a collaboration between NHS Lothian, NHS Borders, NHS Forth Valley and NHS Fife. It was advised that the service became fully operational for daytime activity in late 2023, following an extended period of development across the four NHS Scotland Health Boards.

It was advised that during the reporting year, the regional service focused on establishing workflows, testing new operating models, and drawing learning from English regional approaches. A significant UK-wide pertussis outbreak created exceptional demand, during which the agility of the regional model enabled efficient management of high contact volumes. Other Fife-specific issues included measles cases linked to international travel, scabies outbreaks in care homes, and service adaptations following enhanced Shiga toxin-producing E. coli (STEC) laboratory testing.

It was noted that regional on-call arrangements are now in place, following agreed HR processes across each of the Boards. It was confirmed that financial arrangements are agreed by Directors of Finance, with no expectation of cost-saving as a primary driver; rather, the model aims to improve service resilience, consistency, and sustainability.

Questions were raised regarding benefits realisation, governance, financial transparency, staff wellbeing following service integration, and learning from care home related incidents. The Committee was assured that governance flows through each NHS Board's established structures, with oversight by the Directors of Public Health and annual review by Chief Executives through the Oversight Board arrangements.

The Committee took a **"moderate" level of assurance**, noting that this is the first year of delivery and work is ongoing to gather performance metrics for the service.

6. GOVERNANCE MATTERS

6.1 Public Health & Wellbeing Committee Self-Assessment Report 2025/26

The Committee considered the annual self-assessment, noting overall positive feedback. It was noted that there continues to be duplication of reporting, with some papers presented to multiple committees, including the Integrated Joint Board and NHS Fife Board. Members highlighted the need for a more streamlined and coordinated approach to avoid inefficiency and unnecessary workload. Opportunities to align with wider partnership structures, including Plan for Fife, were also emphasised.

The Board Secretary confirmed that remit reviews, normally scheduled for March, will be deferred to May, to allow further work on consistency across committees and alignment of deliverable workplans. It was confirmed that comments from this discussion will be incorporated into that review.

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

6.2 Corporate Risk Aligned to the Public Health & Wellbeing Committee including Corporate Primary Care Update

The Committee reviewed the Corporate Risk Register, noting that all seven risks aligned to the Committee are now within or below risk appetite, with two rated high and five rated medium. It was advised that the oral health risk has reduced to 16, reflecting improved access following the opening of additional dental surgeries and recruitment of dentists, including overseas practitioners receiving local mentoring.

It was reported that other risks remain stable, and work is underway to consolidate and streamline the number of risks overseen by the Committee, recognising that seven is a significant volume for routine scrutiny. Members sought assurance regarding potential emerging risks during the transition to a revised risk management framework. It was confirmed that any significant new organisational risks would continue to be identified and escalated promptly, and that development work will aim to strengthen the use of data, improve clarity of mitigation, and support more dynamic assurance.

The Committee considered and were assured of the mitigating actions to improve the risk levels and took a **"moderate" level of assurance**.

6.3 Delivery of Annual Workplan 2025/26

An update was provided on delivery of the annual work plan, and it was advised that recent changes reflect learning from internal audit, including streamlining of reporting and removal of duplicated items.

The Anchors Programme was discussed, with members noting the direction of national oversight arrangements. It was proposed that the Committee continue to receive Anchors updates twice yearly, given potential alignment with national population health and child poverty reporting structures.

Members requested clearer rationale for items removed from the workplan, particularly where topics, such as mental health, relate to wider assurance responsibilities.

It was further noted that Managed Clinical Networks, including diabetes and frailty, have a significant role in population health work and are hosted within the Health & Social Care Partnership, with escalation to Clinical Governance as required.

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

7. STRATEGY / PLANNING

7.1 NHS as a Population Health Organisation: Developing a Prevention-Focussed System

An update was provided on the development of the Population Health Organisation (PHO) Framework, which brings together major national strategic documents including the Service Renewal Framework, the Population Health Framework and Public Sector Reform, all of which share a focus on prevention, early intervention, strengthened use of data, and more deliberate partnership working. Members noted that the King's Fund is finalising a maturity matrix to support NHS Boards in assessing progress and shaping future actions, with the Scottish Government now requiring all Boards to complete this assessment and produce an accompanying action plan next year.

The Committee discussed the proposal to use cardiovascular disease as an initial worked example to test how the PHO Framework could be applied in practice. While recognising cardiovascular disease as a significant burden within Fife, members emphasised that the selection of a test area should be co-produced from the outset with partners across sectors, ensuring that the approach reflects wider population perspectives rather than a solely clinical or NHS driven view. Members also highlighted the importance of linking this work to existing clinical networks to ensure continuity across primary and secondary care.

The Committee further noted the ongoing national preventative spend pilot and requested feedback when results become available, recognising its value in clarifying how resources can be better aligned to prevention over the longer term.

Action: Director of Public Health

The Committee **endorsed** the ambition to embed prevention as a core organisational principle; **noted** progress to date, and **agreed** that the worked example would be beneficial, provided stronger co-production is built in. A **"moderate" level of assurance** was taken.

7.2 Anchor Programme Update and Draft Annual Report 2024/25

The Director of Public Health provided an update on progress with the Anchors Programme and reported that delivery over the past year reflects strong multi-disciplinary contribution across employability, procurement, and land and assets. Employability remains the most developed workstream, with significant progress in pathways supporting young people and alignment with national findings. Future work will focus more deliberately on the six priority family groups at highest risk of child poverty, particularly single-parent families.

It was advised that procurement activity continues to be constrained by national contracts, though Living Wage accreditation has been maintained and invoice

processing times have improved. Work on land and assets has progressed through partnership with Fife Council on green-space opportunities, including potential allotments and a community garden.

The Committee discussed the potential to scale successful employability initiatives, while noting current capacity limitations, and recognised opportunities to link future nursing pathways and return-to-practice activity to the Anchors agenda.

Members noted that future Anchor planning will rest with NHS Boards rather than the Scottish Government, with likely alignment to the Population Health Framework oversight structure.

The Committee took a **"moderate" level of assurance** from the work progressed by the Anchor Operational Group and noted the annual progression, and that future intentions are moving in a positive direction, noting challenges faced and associated risks.

7.3 Creating Hope for Fife: Fife's Suicide Prevention Action Plan 2022-25 Impact Report

The Committee received an update on Creating Hope for Fife, the local three-year delivery plan aligned with the national 10-year suicide prevention strategy Creating Hope Together. It was advised that the programme aims to deliver prevention and early-intervention activity informed by local data and multi-agency partnership working.

It was noted that while national guidance advises against linking annual suicide figures directly to interventions, Fife recorded 44 probable suicide deaths in 2024, a 24% reduction on the previous year and a sharper decrease than the national average. Male–female patterns remain consistent with Scotland as a whole, and Fife continues to sit just below the national average. These figures were presented as contextual information rather than evidence of programme impact.

The Committee discussed oversight arrangements, with trends monitored by the multi-agency suicide prevention group. Members emphasised the importance of lived and living experience informing the next three-year plan, alongside strengthened bereavement support and deeper analysis of local need. Wider socio-economic factors, particularly deprivation, unemployment and rural inequality, were recognised as key drivers that must shape future commissioning and targeting of resources.

The Committee agreed that the programme continues to demonstrate strong collaboration and provides a **"moderate" level of assurance**.

7.4 Infrastructure and Change Programme Update

As there was no Executive representative to provide an update, it was agreed that this paper be considered outwith the meeting, with comments sent directly to Neil McCormick, Director of Property & Asset Management.

Action: Members

8. QUALITY / PERFORMANCE

8.1 Integrated Performance & Quality Report (IPQR)

The Committee received the latest IPQR and noted continued strong performance across several key indicators. Child & Adolescent Mental Health Services (CAHMS) remained at 100% in December, marking 17 consecutive months above target, resulting in de-escalation by the Scottish Government. Psychological therapies showed marked improvement in November and December, delivering the best RTT performance since August 2021, and now exceeding the local trajectory. Drug and alcohol waiting times also continued to perform well.

The Committee welcomed further improvements in public health indicators: exclusive breastfeeding reached 33.5% in December, above target for the third consecutive month, and child developmental concerns reduced to 18.3%, now within target. Smoking cessation performance, while still marginally below target, is at its strongest position to date, with expectations of achieving target in the next reporting period.

The Committee noted ongoing challenges in childhood vaccinations, particularly MMR2 and 6-in-1, where improvement actions were delayed due to operational pressures and a national system incident. Assurance was provided that mitigations are in place and that uptake trajectories remain stable. Breast screening data for Fife remains pending due to a national data release issue, with updated figures expected in May.

The Committee agreed that outstanding queries on bowel screening inequalities and psychological therapy improvement programmes would be addressed outside the meeting, given time constraints.

The Committee took a **"moderate" level of assurance**.

8.2 Winter Vaccination Programme Uptake 2025/26

An update was provided on the winter vaccination programme. It was advised that it is delivered in line with the expectations set out by the Joint Committee on Vaccination and Immunisation, and Chief Medical Office guidance, and covers childhood vaccinations and co-administration of flu and COVID-19 for eligible groups. Early vaccination of primary school children in Fife was highlighted as a significant success and is considered to have contributed to a delayed and lower flu peak, compared with other mainland Boards. It was reported that uptake among older adults and care home residents met or exceeded national targets.

It was advised that uptake in working age, clinical risk groups and health and social care staff, while improving through the season, remained below the national average. Challenges in staff uptake were noted, with peer vaccination and on-site access continuing to show the strongest impact. It was noted that the programme remained within budget, however, was resource intensive.

Members discussed learning for next winter, including earlier mop-up clinics, enhanced use of community pharmacy and strengthened service leadership. National interest was noted in Fife's early uptake model for children.

Given performance is below national averages in key cohorts, the Committee agreed to take a **"limited" level of assurance**.

9. ANNUAL REPORTS

9.1 Pharmaceutical Care Services Plan

The Acting Director of Pharmacy presented the annual report on community pharmacy services in NHS Fife. The report confirmed strong overall provision, with no unmet need identified, and outlined a new three-year plan with annual updates. It was advised that public engagement reached record levels with over 300 responses. Access remains high, with 89% of the population living within one mile of a pharmacy, and more than eight million prescription items dispensed in 2024–25. Pharmacy First activity continues to grow, delivering around 18,000 consultations per month, significantly reducing pressure on GP practices, and providing good access for people in SIMD1 and SIMD2 areas. Pharmacy First Plus has expanded, now operating in almost half of all community pharmacies.

The Committee noted community pharmacy's major contribution to smoking cessation, emergency hormonal contraception and take-home naloxone supply. Members discussed the recurring conclusion of "no unmet need" and heard clarification that this assessment relates solely to current provision; decisions about new pharmacies follow a separate statutory process that includes community views.

The Committee welcomed the report and took a **"significant" level of assurance**.

The Chair noted the upcoming retirement of Fiona Forrest, Acting Director of Pharmacy, and on behalf of the Committee extended best wishes for a happy retirement.

9.2 Violence Against Women Annual Report 2024/25

The Director of Health & Social Care presented the annual report of the Fife Violence Against Women Partnership and noted progress aligned with the Equally Safe strategy, with strong delivery across prevention, community safety, service response and perpetrator accountability. Members highlighted the scale of campaign and training activity, including Reclaim the Night and Mentors in Violence Prevention, and the increased use of the Disclosure Scheme. The Committee acknowledged the partnership's robust multi-agency governance structure and noted continuing risks linked to funding uncertainty and gaps in specialist services. The importance of this work for wider population health and community safety was emphasised.

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

10. ESCALATION OF ISSUES TO NHS FIFE BOARD

10.1 To the Board in the IPQR Summary

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

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

There were no matters for escalation to NHS Fife Board.

11. MEETING REFLECTIONS & AGREEMENT OF MATTERS FOR CHAIR'S ASSURANCE REPORT TO BE PRESENTED TO FIFE NHS BOARD ON 31 MARCH 2026

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

12. ANY OTHER BUSINESS

None.

Date of Next Meeting - Monday 11 May 2026 from 10am – 12.30pm via MS Teams.

Fife NHS Board

MINUTE OF THE STAFF GOVERNANCE COMMITTEE MEETING HELD ON TUESDAY 3 MARCH 2026 AT 10.00 AM VIA MS TEAMS

Present:
Colin Grieve, Non-Executive Member (Chair)
Vicki Bennett, Co-Chair, Health & Social Care Partnership (H&SCP) Local Partnership Forum (LPF)
John Kemp, Non-Executive Member & Staff Health & Wellbeing Champion
Gillian McAuley, Director of Nursing *(part-meeting)*
Joni O'Sullivan, Non-Executive Whistleblowing Champion and Equality & Diversity Champion
Lynne Parsons, Employee Director
Andrew Verrecchia, Co-Chair, Acute Services Division (ASD) & Corporate Directorates LPF

In attendance:
Claire Dobson, Director of Acute Services *(part-meeting)*
Lynne Garvey, Director of Health & Social Care *(part-meeting)*
Ben Hannan, Director of Planning & Transformation
Jenni Jones, Associate Director of Culture, Development & Wellbeing
Professor Chris McKenna, Acting Deputy Chief Executive and Medical Director
David Miller, Director of People & Culture
Kirsty MacGregor, Director of Communications & Engagement
Neil McCormick, Director of Property & Asset Management *(part-meeting)*
Dr Gillian MacIntosh, Associate Director of Corporate Governance & Board Secretary
Brian McKenna, Workforce Planning *Lead (deputising for Rhona Waugh)*
Dr Joy Tomlinson, Director of Public Health *(for item 8.3 only)*
Sandra Raynor, Head of Workforce Resourcing & Relations

Minute:
Lakshmi Anderson, Executive Assistant to the Director of People & Culture

Chair's Opening Remarks

The Chair welcomed everyone to the meeting, and thanks were also extended to all staff for their continued efforts during the current financial and workforce pressures.

On behalf of the Committee, the Chair expressed sincere appreciation to Fiona Forrest, Acting Director of Pharmacy & Medicines, for her contribution to the work of the Committee, noting her forthcoming retirement at the end of March 2026.

Due to the challenges of managing the meeting remotely, the Chair requested those presenting papers to be as succinct as possible, on the assumption that all papers had been read prior to the meeting. Thanks were extended to those who had responded to the request to contact report authors with queries in advance of the meeting.

The Chair advised that the meeting was being recorded for the purpose of producing the minutes and reminded members that any matters of discussion raised should be in relation to the NHS Scotland Staff Governance Standard.

1. Apologies for Absence

Apologies for absence were received from members Carol Potter, Chief Executive, Sinead Braiden, Non-Executive Member, and attendees Fiona Forrest, Acting Director of Pharmacy & Medicines, Rhona Waugh, Head of Workforce Planning & Staff Wellbeing, and Jane Anderson, Interim General Manager, Women & Children's Clinical Services and Co-Chair of the Absence Management Oversight Group.

2. Declaration of Members' Interests

There were no declarations of interest made by members.

3. Minute of the Previous Meeting held on Tuesday 6 January 2026 and Extraordinary Meeting held on Friday 16 January 2026

The Employee Director noted for the record that the previously referenced dedicated Reduced Working Week Working Group (as recorded in the minute of the Extraordinary Committee on 16 January 2026) had not been established, as then intended. The Director of People & Culture clarified that an alternative governance approach had been adopted, with two weekly oversight groups in place reporting through the People & Change Board. It was acknowledged that the current sequencing of Area Partnership Forum and Staff Governance Committee meetings limited the opportunity for full partnership discussion, prior to matters being considered by the Committee, and that adjustments would be planned for future meeting cycles.

The minute of the meeting held on Tuesday 6 January 2026 and Extraordinary Meeting held on Friday 16 January 2026 were **agreed** as an accurate record.

4. Chair's Assurance Report presented to Fife NHS Board on 27 January 2026

The Committee **noted** the contents of the Chair's Assurance Report presented to Fife NHS Board on 27 January 2026.

5. Matters Arising / Action List

The Committee **noted** the updates on the Action List.

6. GOVERNANCE MATTERS

6.1 Annual Staff Governance Committee Self-Assessment Report 2025/2026

The Chair invited the Associate Director of Corporate Governance & Board Secretary to speak to the report.

Thanks were extended to all members and attendees who took the time to provide feedback. It was advised that, overall, the assessment of the Committee was positive, noting a high standard of chairing, open and constructive discussion, robust scrutiny across the areas of the Committee's remit, and confidence in the accuracy of minutes and the quality of administrative support. Members reflected that the Committee has continued to mature, with clearer accountability, stronger challenge and escalation to the Board, and more active contributions from Non-Executive members.

Several themes common to other standing committees were highlighted for further reflection. These included the need to reduce late circulation of papers and ensure agendas and meeting papers remain achievable within the meeting time available. Feedback also prompted consideration of how escalation to the Board could be further strengthened, particularly where issues or risks have been raised repeatedly, without a demonstrable reduction in the risk. Members noted the ongoing balance between maintaining a strategic focus and avoiding operational detail, recognising different preferences for the level of data presented, and the importance of concise papers that clearly support strategic oversight.

A small number of survey comments were noted as requiring further clarification, including comments suggesting that not all aspects of the Staff Governance Standards were considered at every Committee meeting and feedback reflecting that the Committee does not hear sufficiently from Acute Services and Health & Social Care colleagues. Members were invited to provide specific examples or further clarification either during or outwith the meeting to support meaningful reflection and improvement.

The Committee **took a 'Moderate' level of assurance** from the Annual Staff Governance Committee Self-Assessment Report for 2025/2026.

6.2 Corporate Risks Aligned to Staff Governance Committee

The Chair invited the Director of People & Culture to speak to the report, which provided an update on the workforce-related risks aligned to the Staff Governance Committee as at 19 February 2026, along with the accompanying mitigations, since the report was last presented to the Committee on 6 January 2026.

It was highlighted that the risk ratings for Risk 11 (Workforce Planning and Delivery) and Risk 12 (Staff Health and Wellbeing) remain high. An update on ongoing work to strengthen risk management, including revisions to the risk management framework and the incorporation of previously agreed risks relating to Mandatory Training and Core Training compliance was provided.

Whilst the report proposed a moderate level of assurance, members discussed whether this remained appropriate, given ongoing challenges in recruitment, workforce planning and sickness absence, alongside concerns about data timeliness and the lag in reported metrics. It was acknowledged that a range of actions are in progress, including enhanced workforce planning activity, service redesign, health check processes, new initiatives to support staff health and wellbeing and reduce sickness absence (including a 24/7 employee assistance programme providing a counselling service for staff and family members), and that similar challenges are being experienced across other Health Boards. Members also reflected that the timing of this agenda item limited discussion, as related papers later in the agenda provided additional context.

The Committee **noted** the Corporate Risks aligned to the Committee as at 19 February 2026 and **took a 'Moderate' level of assurance** from the report and the mitigating actions being implemented for all identified risks.

6.3 Health Care Staffing Act Quarter 3 & Annual Report 2025/2026

The Chair invited the Workforce Planning Lead to speak to the report, which detailed the Board's compliance in relation to the implementation of Health and Care (Staffing) (Scotland) Act 2019 [HCSA], noting the requirement to submit the annual report for the 2025/2026 reporting period to the Scottish Government by the end of April 2026.

It was advised that the report (which follows a national template) remains in draft and is being refined through ongoing engagement with stakeholders. Members noted positive progress in areas such as eRostering, with a significant increase in fully compliant rosters expected by the end of March 2026, and the expanding use of real-time staffing tools across Nursing & Midwifery and Pharmacy and Laboratory services. The Director of Nursing highlighted broader workforce planning work, including a 12-week Health Check programme being undertaken with Healthcare Improvement Scotland, supporting the implementation of new workforce planning tools, which are expected to strengthen the rigour and consistency of future staffing assessments.

The Workforce Planning Lead advised that the Committee would have a greater role in scrutinising the annual submission to the Scottish Government for the 2025/2026 reporting period.

The Committee **took a 'Moderate' level of assurance** from the report.

6.4 Attendance Management Update

The Chair invited the Head of Workforce Resourcing & Relations to speak to the report, which provided an update on the Board's efforts to mitigate staff absence, highlighting ongoing work to improve understanding and support, particularly in relation to mental health-related absence.

The Committee noted that a pilot programme had commenced, led through partnership working, to determine whether mental health absences are work-related or non-work-related, with analysis to follow once sufficient data is available and findings to be brought back to the Attendance Management Oversight Group. It was advised that the Board's Occupational Health team intends to deliver management referral training in March and April this year, to better equip managers to support staff retention and facilitate a return to work. Positive feedback was shared from ongoing work in Estates & Facilities, where reduced absence has been observed over recent months, attributed to increased face-to-face engagement, the use of triggers rather than targets in line with national practice, and bite-sized policy training supported by both HR and Staff Side. It was advised that the Attendance Management Oversight Group is considering how this learning can be replicated more widely across the Board.

Notwithstanding the progress made and the person-centred approach being employed, it was noted that the paper provided limited assurance, given that sustained reductions in absence have not yet been achieved. Members acknowledged the complexity of the issue and the significant impact of capacity pressures, workforce gaps, and reliance on supplementary staffing, on staff wellbeing. Robust discussion took place on the need to better connect attendance

management, workforce planning, staff wellbeing initiatives and previously agreed actions, to ensure a more coherent and effective organisational response.

Members welcomed the emerging examples of good practice in attendance management and reiterated the imperative for a more joined-up and sustainable approach. J O'Sullivan, Non-Executive Whistleblowing Champion and Equality & Diversity Champion, emphasised the importance of linking attendance management with PDPR performance, noting that high-quality, meaningful conversations with staff are a key indicator of organisational health and can have a positive effect on staff wellbeing and absence, notwithstanding the multifactorial nature of the issue.

The Head of Workforce Resourcing & Relations acknowledged these comments and confirmed that work is already underway with Organisational Development colleagues to better connect staff wellbeing, staff absence and Personal Development & Planning Review (PDPR) arrangements, including improving how this collective work is reported.

The Chair reinforced the need to present a more holistic picture to the Committee, consolidating the various sources of information to support a clearer understanding of interdependencies and trends, and to focus on how the available data is used to drive improvement.

The Committee **took a 'Limited' level of assurance** from the Attendance Management update.

6.5 Internal Controls Evaluation Report 2025/2026: Action Plan Update

The Chair invited the Director of People & Culture to speak to the report, which provided a progress update against actions relevant to the Committee, since it was presented at the January 2026 Staff Governance Committee.

Reference was made to the accompanying appendix, which set out detailed updates on actions 6, 7, 8 and 9, with progress reported as positive across each area.

The Committee took a '**Moderate' level of assurance** from the Internal Controls Evaluation Report 2025/2026 (Action Plan Update).

6.6 Delivery of Annual Workplan 2025/2026

The Chair invited the Director of People & Culture to speak to the report, which reflected updates made to the Staff Governance Workplan for the 2025/2026 reporting period, since it was presented to the Committee on 6 January 2026.

The Committee was assured that delivery of the work plan was largely complete, with four items being carried forward into the 2026/2027 Workplan, with a clear rationale, due to timing and readiness considerations, with progress ongoing. Members were advised that Equality, Diversity & Inclusion (EDI) related work continues to be progressed through the Learning Review Assurance Group (LRAG), with positive progress reported and a further update scheduled to be provided in July 2026. It was also noted that the annual review of the Committee's Terms of Reference has been deferred as part of a wider Board level review.

The Committee **took a 'Significant' level of assurance** from the Board's Annual Workplan for the 2025/2026 reporting period to date.

7. STRATEGY / PLANNING

7.1 RTP Business Transformation Programme Update

The Chair invited the Director of Planning & Transformation to speak to the report, which provided a comprehensive update on the RTP Business Transformation Programme.

The Committee noted progress within the RTP Business Transformation Programme, including administrative workforce redesign through structured vacancy management, expansion of shared service models, and the scaling of digital solutions such as dictation, speech recognition, and hybrid mail, resulting in the release of administrative capacity. Despite this progress, a limited level of assurance was recommended, noting the ongoing scale of the financial challenge, the need to strengthen linkages between programme delivery and recurring financial savings, capacity and pace constraints arising from sustained service pressures, and workforce transition and change adoption risks, as new operational models continue to embed. Members were advised that further work is underway with the Finance team, to improve the realisation of benefits, with completion anticipated by May 2026.

Looking ahead into 2026/2027, it was noted, that the programme will continue to align with national public sector reform expectations, including ongoing productivity and workforce reductions and will comprise both national business systems redesign and continued local administrative workforce redesign.

The Director of Planning & Transformation acknowledged concerns raised by V Bennet, Co-Chair, Health & Social Care Partnership (H&SCP) Local Partnership Forum (LPF), in relation to the language used in the report to describe workforce reduction, the need to better reflect the impact of administrative workforce reductions on clinical staff and the mitigations in place to address this impact. It was advised that future reporting would reflect this feedback.

Action: Director of Planning & Transformation

The Committee **took a 'Limited' level of assurance** from the RTP Business Transformation update.

7.2 People & Change Programme Update, including Reduction in the Working Week

The Chair invited the Director of People & Culture to speak to the paper.

An update on the People & Change Programme, including the Board's implementation plans of the Reduction in Working Week, as part of the non-pay elements of the 2023/2024 Agenda for Change Pay Deal, was provided. Noting an error in the paper, it was clarified that the assurance level should be recorded as limited rather than moderate, reflecting variability in readiness and lags in documented evidence. Members were advised that whilst the 36-hour working week is scheduled to go live across NHS Fife from 1 April 2026, some services will require additional time to fully implement plans, with mitigations and escalation arrangements in train. Operational updates provided outlined significant progress

across Acute, Estates & Facilities, and Health and Social Care Partnership services, supported by local oversight groups, recruitment activity, adjusted rotas and detailed implementation plans, with a focus on managing impacts for part-time staff.

Staff-side representatives and members raised substantial concerns regarding inconsistent communication, staff engagement, rostering risks, uncertainty around costs, and limited staff understanding of the changes, with examples cited from multiple services. The Director of Communications & Engagement agreed that a 'frequently asked questions' communications update would be issued as a matter of urgency to provide clarity and address any areas of misunderstanding.

Action: Director of Communications & Engagement / Director of People & Culture

Concerns were also raised about interim arrangements being progressed without sufficient staff-side involvement. Governance challenges arising from the sequencing of meetings were acknowledged, with fuller evidence and assurance scheduled for discussion at the Area Partnership Forum on 25 March 2026, in advance of consideration by the NHS Fife Board on 31 March 2026.

Following robust discussion on assurance definitions and residual risk, the Committee agreed, by majority, to record a limited level of assurance, recognising the volume of work underway, the existence of appropriate governance structures, and the expectation that further assurance and clarity will be provided through forthcoming governance cycles.

The Committee **took a 'Limited' level of assurance** from the update provided.

8. STAFF GOVERNANCE AND STAFF GOVERNANCE STANDARD

8.1 Appropriately Trained: Core Skills / Mandatory Training Compliance Rates & Sustainability Plan

The Chair invited the Associate Director of Culture, Development & Wellbeing to speak to the report, which outlined mitigating actions in place to increase the Board's Core Skills / Mandatory training compliance.

The report highlighted a 3% improvement in performance since October 2025, with compliance at 69% as at December 2025, the highest level achieved since December 2021. Progress was reported across eight of the sixteen improvement areas, with particularly notable gains observed in Estates & Facilities. Members were advised of the national updates to the Core Skills Framework, including extended renewal periods for some modules, alongside the introduction of new and more frequent training requirements in areas such as Information Governance, Cyber Security and Counter Fraud.

In response to a query from J O'Sullivan, Non-Executive Whistleblowing Champion and Equality & Diversity Champion regarding whether the 80% core skills compliance standard was achievable, the Associate Director of Culture, Development & Wellbeing advised that 80% represents a realistic upper benchmark due to workforce movement. It was noted that compliance across the Board was expected to reach the mid-70% range by financial year end and that this position was considered as strong assurance. The Committee was informed that Estates &

Facilities compliance had increased to 44%, with January 2026 data reflecting a further uplift and indicating potential to reach between 63% and 70% for the 2025/26 reporting period under the revised Core Skills Framework.

Data quality improvements were also highlighted, including the identification of staff not previously credited for completed training and acknowledged system time lags between activity and reported figures. Members recognised the concerted system wide efforts in this area, strong contribution of service-led engagement, and the support provided by the Organisational Development team to improve performance. It was acknowledged that performance data would require careful interpretation over the next six months as revised modules, frequencies and new requirements are phased in. The Committee commended the progress made as the strongest performance evidenced in recent years, despite challenging operational pressures.

The Committee **took a 'Moderate' level of assurance** from the report and **noted** the actions taken to support increased engagement and compliance in relation to the Board's Core Skills/Mandatory Training Compliance Rates & Sustainability Plan.

8.2 Appropriately Trained: PDPR Compliance Rates & Sustainability Plan

The Chair invited the Associate Director of Culture, Development & Wellbeing to speak to the report, which provided an update on current performance metrics in relation to the Board's Personal Development & Planning Review (PDPR) performance.

The Committee was advised that completion rates as at December 2025 were reported as 45.5%, a 0.7% increase from November 2025 and a 7.6% improvement since March 2023, although it was acknowledged that the 65% year-end target would not be achieved. Whilst performance overall was recognised as a persistent and systemic challenge, progress was reported across ten of the sixteen areas referenced in the report, with the most significant improvements noted within the Finance and Medical Directorates.

Members discussed the cultural and operational factors impacting progress, including service pressures, staffing levels and the perceived value of PDPR conversations. It was noted that further interventions are planned, alongside work to improve data quality and reporting. Looking ahead, members acknowledged forthcoming national focus on PDPR, including planned enhancements to TURAS functionality and renewed government reporting expectations, which were recognised as an opportunity to re-emphasise the importance of meaningful development conversations.

The Committee **took a 'Limited' level of assurance** from the report and **noted** the targeted actions underway to increase the Board's PDPR compliance.

8.3 Anchor Programme Update

The Chair invited the Director of Public Health to speak to the paper, which included an update on the Board's Anchor programme of work and the draft Annual Report of NHS Fife's Anchor Strategic Plan for the 2024/2025 reporting period.

A comprehensive overview of the paper that highlighted progress across three workstreams was provided, recognising the concerted efforts being employed by a small number of staff. The Committee was informed that the most developed elements of the employability pathway continue to focus on young people, reflecting where traction has been strongest locally and in line with approaches adopted across other Health Boards.

Members noted the ongoing ambition to extend anchor activity to strengthen employment pathways for families at greatest risk of child poverty, particularly lone-parent households, recognising the positive impact that sustainable employment can have on population health outcomes. Wider anchor achievements in procurement, fair work (including Living Wage accreditation), community engagement through land and green space use, were also highlighted. It was acknowledged that notwithstanding current resource pressures and evolving national governance arrangements, the work continues to deliver positive outcomes.

The Committee **took a 'Moderate' level of assurance** from the update provided in relation to the Board's Anchor Programme.

8.4 Equality & Diversity Champion Update

The Chair invited J O'Sullivan, Non-Executive Member and the Board's Equality & Diversity Champion, to provide an update to the Committee.

It was noted that whilst there were no substantive developments to report at this stage, consideration is being given to future governance and assurance arrangements for the Equality, Diversity and Inclusion (EDI) agenda as the Learning Review Assurance Group (LRAG) concludes its work. Members were also advised that work is underway to develop a standalone EDI corporate risk, with further clarity on both matters expected later this month.

The Committee **noted** the update provided by the Board's Equality & Diversity Champion.

8.5 Wellbeing Champion Update

J Kemp, Non-Executive Member and the Board's Staff Health & Wellbeing Champion, advised that given that the matters he wished to highlight in relation to staff absence and the associated alignment of mental health support had already been discussed earlier in the meeting, there was no further update to report.

The Committee **noted** the update provided by the Board's Staff Health & Wellbeing Champion.

8.6 Whistleblowing Quarter 3 Report 2025/2026

In the temporary absence of the Director of Planning & Transformation when the agenda item was discussed, the Chair invited the Associate Director of Corporate Governance & Board Secretary to speak to the paper.

Members were advised that two new whistleblowing concerns were received during the quarter, one of which was concluded within the reporting period, while two ongoing concerns from earlier quarters presently remain under investigation.

Assurance was provided that any extensions to investigations are agreed with, and supported by, the individuals who raise the concerns, reflecting the complexity of cases and the need to balance thorough investigation with prescribed timescales. It was noted that three previous cases were closed during the quarter, with learning and thematic issues set out in the report. Members also noted positive developments in promoting a speak-up culture and increased use of the speak-up contacts for raising wider staff concerns.

The Director of Planning & Transformation added that a Whistleblowing Workplan detailing milestones for the year ahead was currently being developed and will be presented to the Committee in May 2026.

The Committee **took a 'Moderate' level of assurance** from the Whistleblowing Quarter 3 update provided for the 2025/2026 reporting period.

8.7 Whistleblowing Champion Update

The Chair invited J O'Sullivan, Non-Executive Member and the Board's Whistleblowing Champion, to provide an update.

Noting that key points had already been covered by earlier contributions from the Director of Planning & Transformation and the Associate Director of Corporate Governance & Board Secretary in the previous agenda item, J O'Sullivan informed the Committee that various activities are ongoing to promote a 'Speak Up' culture within the Board, including ongoing visibility and engagement by the Board's Speak Up Coordinator. It was also advised that work is progressing to finalise the Board's Whistleblowing workplan for the forthcoming year, to ensure clarity on deliverables.

The Committee **noted** the update provided by the Board's Whistleblowing Champion.

9. QUALITY/PERFORMANCE

9.1 Integrated Performance & Quality Report

The Chair invited the Director of People & Culture to speak to the report, which outlined the Board's position in relation to Sickness Absence (as at 31 January 2026), PDPR (as at 31 January 2026), Vacancy metrics (as at 30 September 2025) and Job Planning (as at 31 January 2026).

It was noted that sickness absence remains at 7.52%, as discussed earlier, and that vacancy data remains unchanged since September 2025. The Medical Director reported that medical job plan completion currently stands at 47.1%, with a significant number of plans awaiting management sign-off, which is then expected to increase completion to over 70%. Ongoing challenges within Mental Health services, largely driven by consultant vacancies, were highlighted, noting that work continues alongside clinical leadership to address this and that progress achieved by the end of March 2026 is expected to carry forward into the next financial year.

The Committee **took a 'Limited' level of assurance** from the Integrated Performance & Quality Report and **endorsed** the Workforce section of the report.

9.1.1 IPQR Vacancy Reporting Update

The Chair invited the Workforce Planning Lead to speak to the report.

A proposed refinement to vacancy reporting within the Integrated Performance & Quality Report (IPQR) was presented to the Committee, noting that differing interpretations of what constitutes a vacancy have limited the usefulness of current reporting. It was proposed that reporting should shift from vacancy counts to a time-to-hire measure, aligned to recruitment standards and KPIs, covering the period from post approval to contract issue. A draft reporting matrix was shared, offering clearer insight into recruitment activity, time-to-hire stages, new starters, and the use of supplementary staffing. Members welcomed the approach as a more meaningful and largely controllable performance measure that would support identification of recruitment bottlenecks and targeted improvement activity and supported its further development.

The Committee **discussed** and **noted** the update provided in relation to vacancy reporting.

9.2 People & Culture Quarter 3 Report 2025/2026

The Chair invited the Director of People & Culture to speak to the report.

Noting that key topics detailed within the report had already been discussed earlier in the meeting, it was acknowledged that whilst the report continues to support transparency, there is scope to further improve its effectiveness by refining the structure and strengthening linkages across data sets to better illustrate trends and enhance assurance.

Members were informed that the Health & Safety update would be provided at a future Staff Governance Committee meeting to align with reporting timetables.

The Committee **noted** the People & Culture Quarter 3 Report for the 2025/2026 reporting period for information.

10. LINKED COMMITTEE MINUTES

The Committee **noted** the following linked Committee Minutes:

10.1 Area Partnership Forum held on 21 January 2026 (unconfirmed)

11. ESCALATION OF ISSUES TO NHS FIFE BOARD

11.1 To the Board in the IPQR Summary

There were no issues to escalate to the Board in the IPQR summary, notwithstanding the continual challenges around managing the Board's sickness absence position.

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

There were no matters identified for escalation to the NHS Fife Board.

12. Meeting Reflections & Agreement of Matters for Chair's Assurance Report to be Presented to Fife NHS Board on 31 March 2026

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

13. ANY OTHER BUSINESS

There was no other business not otherwise covered on the agenda.

15. DATE OF NEXT MEETING

Tuesday 12 May 2026 at 10.00 am to 12.15 pm.