

NHS Fife Public Health & Wellbeing Committee

Mon 01 July 2024, 10:00 - 12:30

MS Teams

Agenda

10:00 - 10:00 **1. Apologies for Absence**

0 min

Pat Kilpatrick

10:00 - 10:00 **2. Declaration of Members' Interests**

0 min

Pat Kilpatrick

10:00 - 10:00 **3. Minutes of Previous Meeting held on Monday 13 May 2024**

0 min

Enclosed *Pat Kilpatrick*

Approval


 Item 3 - Public Health Wellbeing Committee Minutes (unconfirmed) 20240513.pdf (9 pages)

10:00 - 10:10 **4. Matters Arising / Action List**

10 min

Enclosed *Pat Kilpatrick*

Assurance

 Item 4 - Public Health & Wellbeing Action List 20240701.pdf (4 pages)


10:10 - 11:00 **5. GOVERNANCE MATTERS**


50 min

5.1. Internal Audit Annual Report 2023/24

Enclosed *Jocelyn Lyall*

Assurance


 Item 5.1 - SBAR Internal Audit Annual Report 2023-24.pdf (4 pages)

 Item 5.1 - Appendix 1 Internal Audit Annual Report 2023-24 FINAL.pdf (44 pages)


5.2. Corporate Risks Aligned to Public Health & Wellbeing Committee

Enclosed *Dr Joy Tomlinson*

Assurance

 Item 5.2 - SBAR Corporate Risks Aligned to the PHWC.pdf (6 pages)

 Item 5.2 - Appendix 1 Summary of Corporate Risks Aligned to the PHWC as at 200624.pdf (8 pages)

 Item 5.2 - Appendix 2 Assurance Principles.pdf (1 pages)

 Item 5.2 - Appendix 3 Risk Matrix.pdf (2 pages)

5.2.1. Primary Care Services Risk Update

Enclosed *Fiona McKay / Lisa Cooper*

Assurance

- Item 5.2.1 - SBAR Primary Care Services Risk Update.pdf (4 pages)
- Item 5.2.1 - Appendix 1 Primary Care Risk Report.pdf (11 pages)
- Item 5.2.1 - Appendix 2 Fife Primary Care Strategy 2023_26 Final Draft.pdf (34 pages)

5.3. Delivery of Annual Workplan 2024/25

Enclosed *Dr Joy Tomlinson*

Assurance

- Item 5.3 - Delivery of Annual Workplan 2024-25.pdf (6 pages)

11:00 - 11:50 6. STRATEGY / PLANNING

50 min

6.1. Corporate Objectives

Enclosed *Carol Potter*

Assurance

- Item 6.1 - SBAR Corporate Objective 2024-25.pdf (4 pages)
- Item 6.1 - Appendix 1 Corporate Objectives 2024-25.pdf (1 pages)

6.2. Annual Delivery Plan Scottish Government Response 2024/25

Enclosed *Susan Fraser*

Add purpose

- Item 6.2 - SBAR Annual Delivery Plan Scottish Government Response.pdf (3 pages)
- Item 6.2 - Appendix 1 NHS Fife Annual Delivery Plan 2024-25.pdf (58 pages)
- Item 6.2 - Appendix 2 NHS Fife Delivery Plan 2024-25 Approval Letter.pdf (14 pages)

6.3. Annual Delivery Plan 2023/24 Quarter 4 Report

Enclosed *Susan Fraser*

Assurance

- Item 6.3 - SBAR Annual Delivery Plan 2023-24 Quarter 4 Report.pdf (6 pages)
- Item 6.3 - Appendix 1 Annual Delivery Plan 202324 Q4 Update v1.0.pdf (28 pages)

6.4. Letter from the Scottish Government: Reforming Services and Reforming the Way We Work

Enclosed *Carol Potter*

- Item 6.4 - Letter from the Scottish Government - Reforming Services and Reforming the Way We Work.pdf (9 pages)

6.5. Update on Plan for Fife and Shared Ambitions

Enclosed *Dr Joy Tomlinson*

Discussion

- Item 6.5 - SBAR Update on Plan for Fife and Shared Ambitions + appendices.pdf (9 pages)

6.5.1. Food4Fife Strategy & Action Plan 2024-2029

Enclosed *Dr Joy Tomlinson*

Discussion

- Item 6.5.1 - SBAR Food4Fife Strategy & Action Plan 2024-2029 + Appendix.pdf (5 pages)

6.6. Creating Hope for Fife: Fife's Suicide Prevention Action Plan

Enclosed *Fiona McKay / Lisa Cooper*

- Item 6.6 - SBAR Creating Hope for Fife Fife's Suicide Prevention Action Plan.pdf (9 pages)
 - Item 6.6 - Appendix 1 Creating Hope For Fife Summary FINAL.pdf (3 pages)
 - Item 6.6 - Appendix 2 Creating Hope for Fife Action Plan Updated June24.pdf (28 pages)
 - Item 6.6 - Appendix 3 National Outcome Framework.pdf (1 pages)
 - Item 6.6 - Appendix 4 FINAL SP Action Plan 22-25 Consultation Report.pdf (20 pages)
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11:50 - 12:00 7. QUALITY / PERFORMANCE

10 min

7.1. Integrated Performance & Quality Report

Enclosed *Dr Joy Tomlinson / Fiona McKay*

Assurance

- Item 7.1 - SBAR Integrated Performance & Quality Report.pdf (5 pages)
 - Item 7.1 - Appendix 1 Integrated Performance & Quality Report.pdf (10 pages)
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12:00 - 12:20 8. ANNUAL REPORTS / OTHER REPORTS

20 min

8.1. Fife Child Protection Annual Report 2023/24

Enclosed *Janette Keenan*

Assurance

- Item 8.1 - SBAR Child Protection Annual Report 2023-24 + appendix.pdf (45 pages)

8.2. Annual Immunisation Report, including Immunisation Strategic Framework 2024 - 2027

Enclosed *Dr Joy Tomlinson*

Assurance

- Item 8.2 - SBAR Annual Immunisation Report, including Immunisation Strategic Framework 2024 - 2027.pdf (7 pages)
 - Item 8.2 - Appendix 1 Fife Annual Immunisation Report 2024.pdf (49 pages)
 - Item 8.2 - Appendix 2 Fife Strategic Framework 2024-27.pdf (20 pages)
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12:20 - 12:20 9. LINKED COMMITTEE MINUTES

0 min

9.1. Public Health Assurance Committee held on 17 April 2024 (confirmed)

Enclosed

- Item 9.1 - Minute Cover Paper.pdf (1 pages)
 - Item 9.1 - Public Health Assurance Committee (confirmed) 20240417.pdf (4 pages)
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12:20 - 12:25 10. ESCALATION OF ISSUES TO NHS FIFE BOARD

5 min

10.1. To the Board in the IPQR Summary

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

12:25 - 12:30 5 min **11. MEETING REFLECTIONS & AGREEMENT OF MATTERS FOR CHAIR'S ASSURANCE REPORT TO BE PRESENTED TO FIFE NHS BOARD ON 30 JULY 2024**

12:30 - 12:30 0 min **12. ANY OTHER BUSINESS**

12:30 - 12:30 0 min **13. DATE OF NEXT MEETING: MONDAY 9 SEPTEMBER 2024 FROM 10AM-12.30PM VIA MS TEAMS**

Fife NHS Board

Unconfirmed

MINUTE OF THE NHS FIFE PUBLIC HEALTH & WELLBEING COMMITTEE MEETING HELD ON MONDAY 13 MAY 2024 AT 10AM VIA MS TEAMS

Present:

Alistair Morris, Non-Executive Member (Acting Committee Chair)

Arlene Wood, Non-Executive Member

Lynne Parsons, Employee Director

Janette Keenan, Director of Nursing

Dr Chris McKenna, Medical Director

Carol Potter, Chief Executive

Dr Joy Tomlinson, Director of Public Health

In Attendance:

Nicky Connor, Director of Health & Social Care

Fiona Forrest, Acting Director of Pharmacy & Medicines

Susan Fraser, Associate Director of Planning & Performance

Kirsty MacGregor, Director of Communications & Engagement

Dr Gillian MacIntosh, Head of Corporate Governance & Board Secretary

Fay Richmond, Executive Officer to the Chair & Chief Executive

Lorna Watson, Consultant in Public Health Medicine (item 8.1 only)

Hazel Thomson, Board Committee Support Officer (Minutes)

Acting Committee Chair's Opening Remarks

The Acting Committee 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 Committee Chair Pat Kilpatrick (Board Chair) and Margo McGurk (Director of Finance & Strategy) and regular attendee 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 4 March 2024

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

4. **Matters Arising / Action List**

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

5. **GOVERNANCE MATTERS**

5.1 **Annual Assurance Statement from Sub-Groups for Public Health Assurance Committee**

The Director of Public Health advised that it had been agreed by the Committee previously that the two subgroups which report into the Committee - the Public Health Assurance Committee and Equalities & Human Rights Steering Group - will now provide an Annual Assurance Statement to provide the required assurance they have delivered on their remit. The Director of Public Health noted this is a new approach and feedback would be helpful in shaping the assurance statements for Committee.

It was reported that the majority of business for the Public Health Assurance Committee was focused on the management of public health risk. Comments were made from members regarding the contents of the statement, specifically that they were not fully assured. They noted that while the Terms of Reference were comprehensive the statement did not encompass all of the business that the subcommittee is responsible for, particularly relating to lessons learned. It was recommended further narrative is added. The Medical Director and Director of Public Health agreed to discuss further outwith the meeting.

Action: Director of Public Health

The Equalities & Human Rights Steering Group Annual Assurance Statement was made available on the day of the meeting, and it was agreed that it will be circulated to members for comment via email.

Action: Board Committee Support Officer

The Committee took limited **assurance** from the subgroup Assurance Statements, noting that final copies of both require to be circulated for further review..

5.2 **Draft Public Health & Wellbeing Committee Annual Statement of Assurance 2023/24**

The Board Secretary explained that NHS Fife Board require assurance that all Governance Committees have delivered on their remit and the Statement provides detail on how the Public Health & Wellbeing Committee has met this through the 2023/24 financial year. The Public Health & Wellbeing Committee Annual Statement of Assurance will go through the Audit & Risk Committee as part of the Annual Accounts 2023/24 process, before being submitted to NHS Fife Board for approval.

A comment was made that the Committee supported the approach to refresh the Mental Health Strategy, as opposed to supporting the refreshed strategy itself. A further comment was made that Lynne Parson, Employee Director, was omitted from the table in section 2.1. The Board Secretary agreed to take forward these amendments and also will reflect in an updated draft the content of the sub-group statements, as per the previous agenda item.

Action: Board Secretary

The Chair requested that the assurance statement for 2024/25 captures more detail around the impact the Committee is making, now that it is maturing.

The Committee **approved** the draft Public Health & Wellbeing Committee Annual Statement of Assurance 2023/24, subject to the amendments previously discussed, for final sign-off by the Chair and submission to the Audit & Risk Committee.

5.3 Corporate Risks Aligned to Public Health & Wellbeing Committee

The Director of Public Health outlined the latest position on the corporate risks aligned to the Committee and advised that a deep dive has now been carried out for all those risks. It was advised that alternative approaches to a deep dive will be carried out going forward for any risks that need to close or require further consideration.

The challenges in relation to the health inequalities risk was provided, and it was reported that mitigations will be considered through the Re-form, Perform, Transform work. This issue will be further explored under item 9.1.

Members commented that a balance is required on the amount of information that the Committee requires, in terms of taking assurances from the connecting strategies and programmes of work to mitigate risks.

A request was made for the partnership plan for Fife Council, Fife College and the University of St Andrews, that is being prepared for submission to the Fife Partnership Board in May 2024, be shared with the Committee. The Chief Executive agreed to take this forward as an action.

Action: Chief Executive

It was confirmed that updates to the Primary Care Strategy, including the delivery plan, will come to the Committee in September 2024.

It was reported that a further session is being planned around next steps for the Board's risk appetite, which is timetabled for June.

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

5.4 Delivery of Annual Workplan 2024/25

Discussion took place. A comment was made that it can be challenging to take assurance from annual reports, with a suggestion made to include mid-year reports to the workplan, to ensure that more up-to-date information is provided to the Committee. It was noted a discussion on the coverage of the Terms of Reference of the Committee was being arranged, as per comments made at the last meeting. A request was also made to revisit the Integrated Performance & Quality Report metrics in relation to the Population Health & Wellbeing Strategy activities, and it was advised that regular reports from the transformation schemes will be added to the respective Standing Governance Committee workplans.

Action: Director of Public Health / Board Committee Support Officer

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

6. STRATEGY / PLANNING

6.1 Population Health & Wellbeing Strategy Annual Report and Corporate Risk Update

The Associate Director of Planning & Performance provided an overview on the contents of the Annual Report, highlighting that a section has been included for indicators, with commentary added on those of significance. It was noted that the data will be updated as soon as available. An overview was also provided on the two case studies that have been included. It was reported that the delivery plan will form part of the corporate objectives. In terms of the Re-form, Transform, Perform work, it was advised that this will have an impact on delivery of the strategy.

Committee members welcomed the report, noting that the selection of key indicators alongside explanatory narrative was helpful. Discussion took place on the contents of the report, and a request was made to make more explicit the connections between the targeted areas of the strategy and the relevant programmes, supporting frameworks and action plans. Members requested there should be clarity over which group is responsible for oversight of work related to each indicator. An additional request was made to consider benchmarking further than Scotland. Committee recommended that a statement of benefit should be added in addition to the existing description of activities under each strategic priority area. Discussion took place on the indicators, presentation of data, available data, and providing supporting narrative.

The Committee **approved** the content of the Annual Report.

6.2 Draft Annual Delivery Plan 2024/25

The Associate Director of Planning & Performance reported that the Annual Delivery Plan (ADP) is presented in draft, as the Scottish Government's response is still awaited. An overview on the contents of the ADP was provided and it was noted that the plan has been aligned to the Population Health & Wellbeing Strategy, Medium-Term Financial Plan and the Re-form, Transform, Perform programme. It was advised that the quarterly performance reports to the Scottish Government will be focussed on the outcomes of the schemes to be taken forward under the Re-form, Transform, Perform work.

A comment was made in relation to ensuring that recovery drivers are linked to the four strategic priorities, and that this is made explicit. It was reported that further work is required in terms of strengthening connecting our own strategic priorities, and not only those set by the Scottish Government, to ensure that there is a clear understanding.

The Committee took **assurance** from the content of the draft Annual Delivery Plan 2024/25.

6.3 Anchor Programme Update and Developing Metrics

The Director of Public Health explained that further guidance had been received from the Scottish Government in relation to the metrics which will be used to establish a baseline for all Health Boards. The metrics will also inform the development of Anchor Strategic Plans, and that narrative has been provided for each of the three focussed areas, as detailed in appendix 1 of the paper. It was advised that the programme update presented to the Committee has also been considered through the Anchor Programme Board. A meeting is scheduled with programme leads from Scottish Government on 14 May 2024 to consider feedback on local plans further.

Following a comment regarding linking in with other NHS Health Boards, it was reported that there is both a coordinated programme within the Scottish Government and a Learning Network Board, which is supported by Public Health Scotland. It was also noted that there is a national Anchor Delivery Group, and that a national communication strategy for the Anchor programme has been developed.

The Committee took **assurance** from the work progressed by the Anchor Operational Group and noted the baseline of metrics submitted by NHS Fife.

6.4 Draft Public Participation and Community Engagement Strategy 2024-28

The Director of Communications & Engagement advised that the strategy outlines our strategic approach to engagement in line with the ambition in our Population Health & Wellbeing Strategy, and that it also supports the work of the Re-form, Transform, Perform framework. It was reported that the strategy has been developed in partnership, with input from a range of NHS Fife services, Fife Health & Social Care Partnership, and has had scrutiny from Health Improvement Scotland, who presented at a recent Board Development Session.

Comments followed regarding the involvement of local groups and the importance of tailoring the approach for Fife. It was advised that the strategy is deliberately high-level, and that once the strategy has been approved, operational and delivery plans will follow, which will provide more in-depth detail. Suggestion was made to include some high-level priorities for Fife, to make this specific to our Health Board area. It was also advised that an annual engagement plan will be developed, and an overview was provided on elements of engagement that will be carried out to inform the operational plans. The importance of educating and informing the public was discussed, and suggestion was made to include Non-Executive Directors' engagement, which will be further explored. Discussion also took place on support and resource to deliver the strategy.

The Committee **agreed** with the principles outlined in the draft strategy.

6.5 Fife Alcohol and Drug Partnership Strategy 2024-27

The Director of Health & Social Care reported that the published strategy and delivery plan have been developed and approved by members of the strategic partnership in Fife, and that it underpins the Population Health & Wellbeing Strategy. An overview was provided on the contents, with it being noted that it outlines the key themes and priorities for the various services within Fife. It was advised that, as a minimum, an annual delivery update will be provided to the Committee on progress.

Discussion followed, and suggestion was made to include within the progress updates an executive summary, to include learning from the previous year and recommendations to be carried forward. It was advised that work is underway to develop an easy-read summary. A request was made to ensure that progress against outcomes is visually clear within the progress updates. The Director of Health & Social Care agreed to feed back to the team.

Action: Director of Health & Social Care

Following questions, it was reported that funding sources for routine outpatient facilities, are being explored. An overview was provided on the services provided from KY Clubs, which has a one-stop shop approach, and it was noted that case studies could be brought back to the Committee.

The Director of Health & Social Care agreed to clarify outwith the meeting the definition of patient self-discharge.

Action: Director of Health & Social Care

The Committee **discussed**, **examined** and **considered** the implications of the Five ADP Strategy's delivery over the next three years.

7. QUALITY / PERFORMANCE

7.1 Integrated Performance & Quality Report (IPQR)

The Director of Public Health provided a summary on the public health aspects of the IPQR, as detailed in the report. It was highlighted that there had been a slight improvement for both the immunisation: 6 in1 immunisation and MMR2, since the last report to the Committee. The 6 in 1 immunisation target was achieved. It was noted that the improvement work to increase uptake is ongoing with the aim of sustaining the target uptake levels to prevent spread of vaccine preventable disease.

An overview was provided on the data for the influenza and COVID vaccination programme for people aged 65 years and over.

It was advised that a refreshed smoking cessation maternity pathway has now been implemented, and is showing positive results, to date. A further update will be provided in the next report to the Committee. It was noted that there is a lag in the data for smoking cessation. A query was raised in relation to understanding the impact of the service. It was agreed a deep dive will be provided to the Committee at the next meeting.

Action: Director of Health & Social Care

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

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

The Director of Health & Social Care presented the CAMHS performance update and advised that the paper covers referrals, activity, waiting time, treatment time, performance & trajectory, and challenges & opportunities in relation to workforce.

The key points from the paper were provided, and it was reported that significant work has been undertaken in terms of reducing the number of patients not attending the service, and that support has been put in place in terms of additional capacity. It was noted that there had been positive feedback in relation to therapeutic letters, which is an additional support tool, and that the evening clinics that are in place have allowed increased capacity in order to offer alternatives. Further groups have been developed around early intervention and it was reported that planning is being carried out within the CAHMS team to ensure that case loads are being managed. An overview was also provided on additional actions that have been put in place.

Following a query, the breakdown of the full CAHMS team, including within the various pathways, were provided. An explanation was provided on the demand capacity work that has been undertaken.

It was agreed to hold a future Committee Development Session on CAHMS.

Action: Director of Health & Social Care / Board Committee Support Officer

The Committee took **assurance** on CAMHS performance, and the considerable actions being taken to both achieve the RTT and reduce longest waits, offering children and young people timely access to Child and Adolescent Mental Health Services.

7.3 Psychological Therapies Standard Update

The Director of Health & Social Care spoke to the key points of the detailed report, and highlighted the various psychological services that are offered within Fife, noting that specialised therapy does not necessary always apply to higher severity illness. An overview was provided on performance, and workforce issues were highlighted. It was noted that case studies have been included in the report, in addition to the improvement work that is being undertaken.

Following questions, it was reported that patients are supported by other services, whilst waiting on psychological therapies, and the challenges of performance reporting the patient's entire care journey was outlined.

It was agreed to hold a future Committee Development Session for Psychological Therapies.

Action: Director of Health & Social Care / Board Committee Support Officer

The Committee took **assurance** on the actions being taken to work towards the Treatment Time Standard and also address longest waits.

7.4 Spring Booster Campaign

The Director of Health & Social Care advised that the spring COVID 19 booster campaign is on track. It was agreed this campaign becomes business-as-usual, and that performance measuring, for all booster campaigns, includes a trajectory of planned versus actual. The Director of Health & Social Care agreed to discuss further outwith the meeting with the Associate Director of Planning & Performance.

Action: Director of Health & Social Care

The Committee took **assurance** on the delivery of the campaign.

7.5 Medication Assisted Treatment (MAT) Standards

The Director of Health & Social Care reported that the paper outlines progress made, and that there has been improvement across all indicators in Fife. An overview was provided on the process for achieving the standards, and it was advised that Health Improvement Scotland have scrutinised the standards. It was noted the MAT standards complement the Fife Alcohol & Drug Partnership Strategy 2024-27.

Following questions, it was advised that, when funding stops, it may become unsustainable to deliver services in line with expectations set out in the Standards. In terms of mental health, it was advised that a performance framework has been developed, which allows clear indicators for presenting evidence. It was also noted that the Mental Health Working Group is now well established, and that the group consider both mental health services and addiction services together, which supports synergies between patients' care, and can be evidenced robustly.

It was agreed to hold a future development session on aspects of the Fife Alcohol and Drug Partnership Strategy 2024-27 and the MAT standards.

Action: Director of Health & Social Care / Board Committee Support Officer

The Committee took **assurance** on the progress of MAT Standards Implementation in Fife as part of the Alcohol and Drug Partnership's strategic plan to prevent drug-related deaths and harm and improve the support and treatment service for those who can benefit from the system of care.

8. ANNUAL REPORTS / OTHER REPORTS

8.1 United Nations Convention on the Rights of the Child (Implementation) (Scotland) Act 2024

The Director of Public Health introduced this item and advised that the legislation will be enforced from 16 July 2024, and that all services will need to consider their statutory responsibilities. It was noted that statutory guidance is currently being prepared, and a working group has been established to consider the breadth of the duties for NHS Fife.

Lorna Watson, Consultant in Public Health Medicine, joined the meeting and, following questions, advised that the paper is a live document, and some of the appendices are still in draft. It was reported that the Act will cover all public sector organisations, and that there is a Children's Right Oversight Group, which includes membership from Fife Council, where joint working is considered. It was reported that discussions are ongoing around a Strategic Planning Group in relation to commission services.

A Wood, Non-Executive Member, agreed to send an email with further questions for consideration to the Director of Public Health.

The Committee took **assurance** that appropriate preparations are in place in NHS Fife and Fife Health & Social Care Partnership for the Act coming into force in July 2024

9. INEQUALITIES

9.1 Equality and Health Inequalities Impact of Financial Decisions

The Director of Public Health noted that the equality and health inequalities impact of financial decisions outlined in this paper will have direct benefit to the Re-form, Transform, Perform work. The paper outlines a checklist for decision makers to ensure that equality matters are considered within any decision making process. This checklist approach will be used at an early stage in the development of the Re-form, Transform, Perform schemes. The checklist will support the full Equality Impact Assessment (EQIA) which remains a requirement, to ensure the legislative requirements are undertaken.

It was confirmed that there is no requirement for the checklist which will support future EQIA's to be approved by the Central Legal Office, however, it will be shared with our contacts there for assurance purposes.

A request was made to add in detail around indirect discrimination. It was also requested to add to the equality questions within the document an additional question around ensuring that all equality groups have been engaged, to avoid triggering a further EQIA. It was suggested consideration is given to add carers onto the checklist on the Impact assessment within the EQIA (appendix 2).

Action: Director of Public Health

The Committee **examined** and **considered** the implications of the matter.

10. LINKED COMMITTEE MINUTES

The Committee noted the linked committee minutes:

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

11. ESCALATION OF ISSUES TO NHS FIFE BOARD

11.1 To the Board in the IPQR Summary

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

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

There were no matters to escalate to NHS Fife Board.

12. ANY OTHER BUSINESS

There was no other business.

Date of Next Meeting - Monday 1 July 2024 from 10am – 12.30pm via MS Teams.

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

PUBLIC HEALTH & WELLBEING COMMITTEE – ACTION LIST

Meeting Date: Monday 1 July 2024



NO.	DATE OF MEETING	AGENDA ITEM / TOPIC	ACTION	LEAD	COMMENTS / PROGRESS	COMPLETION DATE
1.	13/05/24	Delivery of Annual Workplan 2024/25	To consider inclusion of mid-year reports to the workplan.	JT/HT	In progress, and Executive Leads asked for input.	July 2024
2.	13/05/24		To revisit the Integrated Performance & Quality Report metrics in relation to the Population Health & Wellbeing Strategy activities.	JT/SF	In progress. Scoping meetings took place in June with H&SCP and Public Health teams. Meeting date to be confirmed to finalise selection of metrics for IPQR.	July 2024
3.	13/05/24		To add regular reports from the transformation schemes to the workplan.	JT/HT	Reporting of relevant transformation schemes will fit within the Reform, Transform, Perform Governance Framework, following the established formal assurance processes.	July 2024
4.	15/01/24	Internal Controls Evaluation Report 2022/23	To feedback to the team, the request to add further detail to the report, in terms of the Committee's risk reduction approach.	MM	Under consideration.	July 2024
5.	04/03/24	Annual Review of Public Health & Wellbeing Committee Terms of Reference	To discuss the membership of the Committee with the Chair, as part of her overall review of committee placements.	GM	Further committee reassignments to be made on the appointment of the Board's new Non-Executive member, to address as a priority the current Non-Executive vacancy on Public Health & Wellbeing.	August 2024
6.	13/05/24	Integrated Performance & Quality Report	A deep dive to be provided on the smoking cessation service.	NC	Deferred from July - there is an issue with the data nationally so the information that we have received needs further scrutiny to get a picture for Fife.	September 2024

7.	15/01/24	Corporate Risks Aligned to Public Health & Wellbeing Committee	To confirm timelines for roll-out of the risk dashboard to Committees.	MM	Currently a work in progress.	September 2024
8.	04/03/24	Development Sessions	To have a Development Session around the focus of the Committee, followed by a fundamental review of the Terms of Reference.	JT/HT	Initial discussion scheduled for 9 July 2024, then dates for the Development Session will be explored.	October 2024
9.	04/03/24		To have a Development Session on Oral Health Prevention & Treatment.	JT/HT	Dates currently being explored.	October 2024
10.	13/05/24	Development Sessions	To have a Development Session on Child & Adolescent Mental Health Services and Psychological Therapies.	NC/HT		TBC - October 2024
11.	13/05/24		To have a Development Session on aspects of the Fife Alcohol and Drug Partnership Strategy 2024-27 and the MAT standards.	NC/HT		TBC - November 2024
12.	13/05/24	Annual Assurance Statement from Sub-Groups	To circulate, via email, the Equalities & Human Rights Steering Group Annual Assurance Statement, for members' comment.	HT	Issued on 13 May 2024.	May 2024
13.	13/05/24	Draft Public Health & Wellbeing Committee Annual Statement of Assurance 2023/24	To take forward the amendments made at the meeting, and to also reflect in an updated draft the content of the sub-group statements.	GM	Closed.	May 2024

14.	13/05/24	Fife Alcohol and Drug Partnership Strategy 2024-27	To feedback to the team the request to ensure that progress against outcomes is visually clear within the progress updates.	NC	Has been fed back to the team and will be included in future updates.	July 2024
15.	13/05/24		To clarify definition of patient self-discharge.	NC	Has been fed back to the ADP team.	July 2024
16.	13/05/24	Spring Booster Campaign	Performance measuring, for all booster campaigns, to include a trajectory of planned versus actual.	NC	The Community Immunisation Service Programme Board (CIS PB) oversee the delivery of vaccine programmes, which includes agreeing delivery plans ahead of programmes commencing, with local performance measures agreed in line with national assumptions. This action is closed, with assurance that this will be overseen by the CIS PB.	July 2024
17.	13/05/24	Annual Assurance Statement from Sub-Groups for Public Health Assurance Committee	Further narrative to be added to the statement, to encompass all the business that the subcommittee is responsible for, particularly relating to lessons learned.	JT/JK	Issued on 13 June 2024.	July 2024
18.	13/05/24	Corporate Risks Aligned to Public Health & Wellbeing Committee	The partnership plan for Fife Council, Fife College and the University of St Andrews, that is being prepared for submission to the Fife Partnership Board in May 2024, to be shared with the Committee.	CP	Issued on 25 June 2024.	July 2024
19.	13/05/24	Equality and Health Inequalities Impact of Financial Decisions	To consider adding carers onto the checklist on the Impact assessment within the EQIA (appendix 2).	JT	A decision was made between the HSCP and NHS Fife to have slightly differing forms due to the slightly different focuses. NHS Fife decided to opt for a stage 1 EQIA form that mirrored only the legislation and as 'carers' are not a Protected Characteristics as per the Equality Act, it was decided not to include this. They are however included in the Stage	July 2024

					2 EQIA for NHS Fife which is a much more in depth document. This decision was made to ensure the NHS Fife stage 1 EQIA document was practical and implementable due to previously poor compliance.	
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Meeting:	Public Health and Wellbeing Committee
Meeting date:	1 July 2024
Title:	Annual Internal Audit Report 2023/24
Responsible Executive:	Margo McGurk, Director of Finance and Strategy
Report Author:	Jocelyn Lyall, Chief Internal Auditor

1 Purpose

This report is presented for:

- Assurance

This report relates to:

- Government policy / directive
- Legal requirement
- NHS Board Strategic Priorities:
 - To Improve Health & Wellbeing
 - To Improve Quality of Health & Care Services
 - To Improve Staff Experience & Wellbeing
 - To Deliver Value & Sustainability

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

- Effective

2 Report summary

2.1 Situation

The purpose of this report is to present the Annual Internal Audit Report 2023/24 to the NHS Fife Public Health and Wellbeing Committee. This report has been considered by the Audit and Risk Committee at its meeting on 20 June 2024 as part of the wider portfolio of year end governance assurances. This report is for the Public Health and Wellbeing Committee to consider and specifically note the narrative for corporate governance.

2.2 Background

The Audit and Risk Committee approved this report at its meeting on 20 June 2024, including the completed action plan, as part of the portfolio of evidence provided in support of its evaluation of the internal control environment and the Governance Statement.

This Annual Internal Audit Report provides details on the outcomes of the 2023/24 internal audit and the Chief Internal Auditor's opinion on the Board's internal control framework for the financial year 2023/24.

2.3 Assessment

Based on work undertaken throughout the year the Chief Internal Auditor has concluded that:

- The Board has adequate and effective internal controls in place.
- The 2023/24 internal audit plan has been delivered in line with Public Sector Internal Audit Standards.

In addition, the Chief Internal Auditor has not advised management of any concerns around the following:

- Consistency of the Governance Statement with information that we are aware of from our work.
- The description of the processes adopted in reviewing the effectiveness of the system of internal control and how these are reflected.
- The format and content of the Governance Statement in relation to the relevant guidance.
- The disclosure of all relevant issues.

Therefore, it is the opinion of the Chief Internal Auditor that:

- The Board has adequate and effective internal controls in place.
- The Accountable Officer has implemented a governance framework in line with required guidance sufficient to discharge the responsibilities of this role.

Key themes are highlighted on pages 5 to 7 of the Annual Report and key developments are set out on page 8.

This report provides the following Level of Assurance:

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

2.3.1 Quality, Patient and Value-Based Health & Care

The Institute of Healthcare Improvement Triple Aim (Better population health, better quality of patient care, financially sustainable services) is a framework that describes an approach to optimising health system performance and is a core consideration in planning all internal audit reviews.

2.3.2 Workforce

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

2.3.3 Financial

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

2.3.4 Risk Assessment / Management

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

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

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

2.3.6 Climate Emergency & Sustainability Impact

N/A

2.3.7 Communication, involvement, engagement and consultation

All papers have been produced by Internal Audit and shared with the Director of Finance and Strategy.

2.3.8 Route to the Meeting

This paper has been produced by the Regional Audit Manager, reviewed by the Chief Internal Auditor and agreed by the Director of Finance and Strategy prior to being presented to the Audit and Risk Committee on 20 June 2024

2.4 Recommendation

This paper is provided to members for:

- **Assurance** – This report provides a **Significant** Level of Assurance.
- **Discussion** –consider the narrative for corporate governance.

3 List of appendices

The following appendices are included with this report:

- Appendix No. 1, Annual Internal Audit Report 2023/24

Report Contact

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FTF Internal Audit Service

Internal Audit Annual Report 2023/24

Report No. B06/25

Issued To: Carol Potter, Chief Executive
Margo McGurk, Director of Finance and Strategy
NHS Fife Executive Directors Group

Gillian MacIntosh, Head of Corporate Governance and Board Secretary

Audit & Risk Committee
External Audit

Contents

TABLE OF CONTENTS		Page
Section 1		
Introduction and Conclusion		3
Internal Control		4
Added Value		9
Internal Audit Cover		10
Performance against Service Specification		10
Staffing and Skill Mix		11
Section 2		
Detailed findings		12
Section 3		
Key Performance Indicators		38
Section 4		
Assessment of Risk		39
Section 5		
Remaining Annual Report and ICE recommendations		40

TABLE OF FIGURES		Page
Figure 1: Internal Audit Cover		10
Figure 2: Summary of Client Satisfaction Surveys		11

Draft Report Issued	10 June 2024
Management Responses Received	13 June 2024
Target Audit & Risk Committee Date	20 June 2024
Final Report Issued	14 June 2024

INTRODUCTION AND CONCLUSION

1. This annual report to the Audit & Risk Committee provides details on the outcomes of the 2023/24 internal audit and my opinion on the Board's internal control framework for the financial year 2023/24.
2. Based on work undertaken throughout the year we have concluded that:

- The Board has adequate and effective internal controls in place.
- The 2023/24 internal audit plan has been delivered in line with Public Sector Internal Audit Standards.

3. In addition, we have not advised management of any concerns around the following:

- Consistency of the Governance Statement with information that we are aware of from our work.
- The description of the processes adopted in reviewing the effectiveness of the system of internal control and how these are reflected.
- The format and content of the Governance Statement in relation to the relevant guidance.
- The disclosure of all relevant issues.

ACTION

4. The Audit & Risk Committee is asked to **take assurance from** this report in evaluating the internal control environment and **report** accordingly to the Board.

AUDIT SCOPE & OBJECTIVES

5. The Strategic and Annual Internal Audit Plans for 2023/24 incorporated the requirements of the NHSScotland Governance Statement and were based on a joint risk assessment by Internal Audit and the Director of Finance & Strategy. The plans were approved by the Executive Directors Group (EDG) and the Audit & Risk Committee. The resultant audits range from risk based reviews of individual systems and controls through to the strategic governance and control environment. The Internal Audit Plan for 2023/24 was amended and approved at the March 2024 Audit & Risk Committee.
6. The authority, role and objectives for Internal Audit are set out in Section 20 of the Board's Standing Financial Instructions and are consistent with Public Sector Internal Audit Standards (PSIAS).
7. Internal Audit is also required to provide the Audit & Risk Committee with an annual assurance statement on the adequacy and effectiveness of internal controls. The Audit & Assurance Committee Handbook states:

The Audit & Risk Committee should support the Accountable Officer and the Board by reviewing the comprehensiveness and reliability of assurances on governance, risk management, the control environment and the integrity of the financial statements and the annual report. The scope of the Committee's work should encompass all the assurance needs of the Accountable Officer and the Board. Within this the Committee should have particular engagement with the work of Internal Audit, risk management, the External Auditor, and financial management and reporting issues.

INTERNAL CONTROL

Previous recommendations

8. The Internal Control Evaluation (ICE), issued December 2023, was informed by detailed review of formal evidence sources including Board, Standing Committee, Executive Directors Group (EDG), and other papers. The ICE made recommendations to drive forward strategic change within an environment of financial and workforce challenges and concluded that NHS Fife's assurance structures were adequate and effective but did agree recommendations for implementation by management.
9. Internal Audit monitor progress with outstanding recommendations through the Audit Follow Up system and all management responses are validated. Progress with Annual Report and ICE recommendations is now reported to the Audit & Risk Committee at each meeting and to the EDG on a quarterly basis. NHS Fife has demonstrated steady progress towards completion of most of our previous recommendations, with some not yet due. There has been minor slippage on Risk Management and Information Governance recommendations. The remaining actions to address recommendations in our previous ICE and Annual Reports, along with an assessment of progress are included in Section 5.
10. The 2024/25 ICE will provide an update on the remaining actions as well as providing an opinion on the efficacy of implementation of all agreed actions.
11. As well as following up previously agreed actions, we have completed testing to identify any material changes to the control environment in the period from the issue of the ICE to the year-end. Areas for further development will be followed up in the 2024/25 ICE.

Governance Statement

12. Throughout the year, our audits have provided assurance and made recommendations for improvements. Where applicable, our detailed findings have been included in the NHS Fife 2023/24 Governance Statement.
13. The Governance Statement format and guidance are included within the NHSScotland Annual Accounts Manual. The 2023/24 Accounts Manual states that the Governance Statement should explain the relationships (including the Health Board's responsibility for any operational aspects of activities) with any IJBs, and how the Board maintains governance oversight of its activities and receives assurance from the IJB on the development and delivery of its strategy and its overall governance. The Governance Statement guidance includes compliance with the principles of good governance set out in the NHS Scotland – Blueprint for Good Governance: second edition and sets out the essential features of the Risk Management section of the Governance Statement.
14. The Board has produced a Governance Statement which states that: *'During the 2023/24 Financial Year, there was one significant failure of internal control, related to a data breach / unauthorised release of patient-related information. The Information Commissioner's Office has issued a Reprimand to the Board for the incident, concluding that NHS Fife did not have appropriate security measures in place to secure personal information, as well as low staff training rates. Following this incident, the Board has introduced new measures to strengthen internal controls in the related areas. An update on all actions undertaken by the Board in response to the Reprimand is due to be submitted to the Information Commissioner in June 2024 and as such, at the time of writing, full assurance cannot be given that the Board's actions have fully addressed the original weaknesses in the control environment. Following the review and the action taken by the Information Commissioner's Office,*

the Board assessed the incident matched the requirements for disclosure.'

15. Our audit work has provided evidence of compliance with the requirements of the Accountable Officer Memorandum and this, combined with a sound corporate governance framework in place within the Board throughout 2023/24, provides assurance for the Chief Executive as Accountable Officer.
16. Therefore, **it is my opinion** that:
 - The Board has adequate and effective internal controls in place.
 - The Accountable Officer has implemented a governance framework in line with required guidance sufficient to discharge the responsibilities of this role.
17. All Executive Directors and Senior Managers were required to provide a statement confirming that adequate and effective internal controls and risk management arrangements were in place throughout the year across all areas of responsibility and, this process has been further enhanced by guidance written by the Director of Finance and Strategy. These assurances have been reviewed and no breaches of Standing Orders / Standing Financial Instructions were identified.
18. The Governance Statement reflects the Board governance and operating arrangements. It includes details of the Board performance profile and risk management arrangements, and organisational and supporting strategies.

Key Themes

19. Detailed findings are shown later in the report. Key themes emerging from this review and other audit work during the year are detailed in the following paragraphs.
20. The Board has continued to improve its governance during the year and has completed the Blueprint for Good Governance (2nd edition) self-assessment. The resulting action plan identified actions including renewal of the Board's risk appetite statement, finalising a stakeholder engagement strategy, increasing the benchmarking information available to the Board, and facilitating more opportunities for Board members to engage with staff and stakeholder groups.
21. The Audit Scotland 'NHS in Scotland 2023' report, published in February 2024 stated that *'Significant service transformation is required to ensure the financial sustainability of Scotland's health service. Rising demand, operational challenges and increasing costs have added to the financial pressures on the NHS and, without reform, its longer-term affordability'*. Financial sustainability remains a significant and enduring risk for all Health Boards and for NHS Fife. The 2023/24 savings target of £15 million was not delivered, with £8.14 million achieved (54%), of which £2.97 (36%) was recurring. For 2023/24, NHS Fife achieved break even and stayed within the Revenue Resource Limit (RRL). This was achieved largely following receipt of unplanned funding from the Scottish Government and other non-recurring sources. Brokerage of £14 million was also required for the second consecutive year to deliver the RRL target of breakeven.
22. As reported by the Director of Finance and Strategy to the March 2024 Board, the financial sustainability challenge is significant and unprecedented, with an estimated financial gap before savings of £121 million over the next three years. Savings of £75 million have been identified with a residual gap of £46 million.
23. In future years NHS brokerage funding may not be guaranteed to the extent it has been in past and NHS Fife may need to prepare contingency plans accordingly. The impact from the known reductions in capital funding will be a key consideration.

24. NHS Fife has introduced 'Re-form, Transform, Perform' (RTP) which has four workstreams: Medicines, Service Design and Delivery, Infrastructure, and Workforce, with an executive lead for each and a Director of Reform and Transform appointed. These workstreams are *'designed to be agile and fluid, enhancing delivery without altering individual roles or accountabilities. Initial savings are allocated to these streams, enabling focused delivery, rapid progress, and effective monitoring, all under Executive oversight to align with strategic goals.'*
25. The Board's Population Health & Wellbeing Strategy remains the overall document of strategic direction for NHS Fife through to 2028, and RTP will serve as an operational plan to deliver these strategic aims, supported by annual planning requirements.
26. Financial sustainability must underpin all decisions taken by the NHS Board and all staff have a part to play in moving the organisation to a more sustainable footing. The approach is collaborative and prioritised and in line with the Population Health and Wellbeing Strategy, with the overall aim of delivering the required level of savings and a sustainable and recurring balanced financial position.
27. There have been a number of changes within the Non-Executive cohort, including the appointment of the Chair.
28. The Blueprint for Good Governance states that *'An organisation's culture comprises its shared values, norms, beliefs, emotions, and assumptions about how things are and should be done around here'*. These 'things' include how decisions are made, how people interact and how work is carried out. Maintaining an appropriate organisational culture continues to be important and more so in the current environment when taking account of the scale of the financial challenge for NHS Fife alongside increasing service pressures. Such pressures will require to be carefully managed and may require some very difficult decisions.
29. Risk management work continues and is summarised in the NHS Fife Risk Management Annual Report 2023/24. A Board Development Event on risk appetite was held in April 2024 and work continues on this. The Risk Management Framework is being updated and a Delivery Plan to support implementation is being finalised. Internal Audit provided feedback on the deep dive process and this will be considered by the Risk Opportunities Group over the summer.
30. Operational performance has been mixed over the past year, and it is likely that the challenge will continue in the short and medium term until strategic solutions can be found, working in partnership with the IJB.
31. In common with many Health Boards, NHS Fife is finding achievement of a range of national targets extremely challenging. In 2023/24, Treatment Times Guarantee measures, long waits within the Emergency Department, numbers of new referrals and diagnostic performance remained key areas of focus for improvement within Fife.
32. The style of the Integrated Performance & Quality Report (IPQR) continues to evolve with Annual Delivery Plan trajectories and benchmarking graphs included. The IPQR continues to identify where performance is below expectations and provide meaningful narrative on the underlying causes and barriers to achievement and proposed solutions. This will need to be accompanied by a culture of rigorous but supportive challenge.
33. In their 'NHS in Scotland 2023' report Audit Scotland stated that *'Investing in preventative measures and implementing service reforms will help to ensure services are sustainable in the future'*. This view has also been reported by Public Health Scotland as outlined in the January 2023 discussion paper 'Public health approach to prevention and the role of NHSScotland' which stated that *'there is a*

growing body of economic evidence that supports the case for investing in public health interventions and prevention.'

34. Reflecting on the Audit Scotland and Public Health Scotland conclusions, the Population Health and Wellbeing Strategy has public health as a central component of its strategy, with public health measures reported within the Strategy update to the Board in May 2024.
35. The Audit Scotland report 'NHS Scotland 2023' reported '*The NHS, and its workforce, is unable to meet the growing demand for health services. Activity in secondary care has increased in the last year but it remains below pre-pandemic levels and is outpaced by growing demand. This pressure is creating operational challenges throughout the whole system and is having a direct impact on patient safety and experience.*' Internal Audit will follow up action to address recommendations from our May 2024 report B17/23 – Workforce Planning, which provided Reasonable Assurance.
36. Whilst there are important staff wellbeing factors related to high levels of sickness absence, the level of absence also has a direct impact on the level of supplementary staff costs. At the end of March 2024, the total spend on supplementary staffing for Health Board retained services was £21.1m, a reduction of £2.4m from the previous financial year. The actions taken to increase controls on spend and investment in staffing models and permanent posts took several months to deliver and the anticipated supplementary staffing reduction only began to be realised in the last quarter of the financial year.
37. Due to the scale of the forecast deficit within NHS Fife and the significant movement from plan, NHS Fife was assessed as being at level two of the Scottish Government escalation framework.
38. The Staff Governance Committee (SGC) Annual Report for 2023/24 concluded positively that it has fulfilled its remit and there was full coverage of the strands of the Staff Governance Standard. Progress has been made in implementing actions to address recommendations made in our previous annual and ICE reports with actions related to the staff governance standards and whistleblowing having recently been implemented. Action to provide the Staff Governance Committee with assurance on action to address Scottish Government feedback on the Staff Governance Monitoring Return is on track to be addressed in 2024/25.
39. The Clinical Governance Committee has operated well during 2023/24 and improvements continue. Assurance reports are now presented to the Clinical Governance Committee following each meeting of the Clinical Governance Oversight Group and provision of assurance on clinical aspects of services delegated to the IJB has also improved in 2023/24. The quality of data used to assess performance in progressing adverse events reviews is being examined and overall performance in this area continues to be poor. There are no actions from our previous annual and ICE reports related to Clinical Governance remaining to be addressed.
40. NHS Fife has performed well in compliance with Network & Information Systems Regulations (NISR) with the competent authority auditor concluding that '*NHS Fife is a high-performing board with well-defined security policies and procedures in place*' The uptake of mandatory Information Governance training has remained a challenge and this was raised by the Information Commissioner's Office. Assurances have been provided through governance structures that action is being taken forward to address this in 2024/25.

Key developments since the issue of the ICE included:

- The development of the 'Reform, Transform and Perform' Framework to enable change and work towards a financially and operationally sustainable future.
 - Self-assessment against the Blueprint for Good Governance, and submission of an improvement plan to Scottish Government.
 - Risk Management arrangements continue to evolve, and the Board's Risk Appetite is being reviewed and revised.
 - Ongoing review of the effectiveness of the Risk and Opportunities Group and reporting arrangements.
 - Approval of Committee Chairs' Assurance Reports and levels of assurance for agenda papers by Fife NHS Board on 28 May 2024. The Chairs' reports will complement the minutes of each meeting by summarising the committee business undertaken with the intention of enhancing escalation of items to the Board and providing a level of assurance.
 - NHS Fife continues to work with key partners to progress implementation of the Population Health and Wellbeing Strategy.
 - The Clinical Governance Strategic Framework Delivery plan is being implemented with monitoring of this being reported to the Clinical Governance Oversight Group.
 - Excellent performance in maintaining Clinical Policies has again been achieved in 2023/24 with 99% of policies being within their target review date.
 - The three-year Financial Plan 2024/25 to 2026/27 was approved by the Board on 26 March 2024 but remains as yet unapproved by the Scottish Government. A formal quarter 1 financial performance review with NHS Fife and Scottish Government is planned.
 - Approval by the Finance, Performance & Resources Committee (FPRC) in December 2023 for critical posts not currently funded.
 - Workforce planning linked to RTP.
 - NHS Fife achieved the highest level of engagement in Scotland for the iMatters process.
 - Whistleblowing arrangements and compliance with the national standards continues to improve with all of the actions related to recommendations made in internal audit report, B13/23 – Whistleblowing, now having been implemented.
41. Overall, there has been good progress on recommendations from the ICE from last year and the Internal Audit Annual Report for 2022/23. Where action is still to be concluded, the Board has been informed of the planned approach and timescales, as well as associated improvement plans.

Audit Output

42. During 2023/24 we delivered 26 audit products with five currently work in progress. (3 for NHS Fife and 2 for Fife IJB).
43. Our 2023/24 audits of the various financial and business systems provided opinions on the adequacy of controls in these areas. Summarised findings or a full report for each review were presented to the Audit & Risk Committee throughout the year.

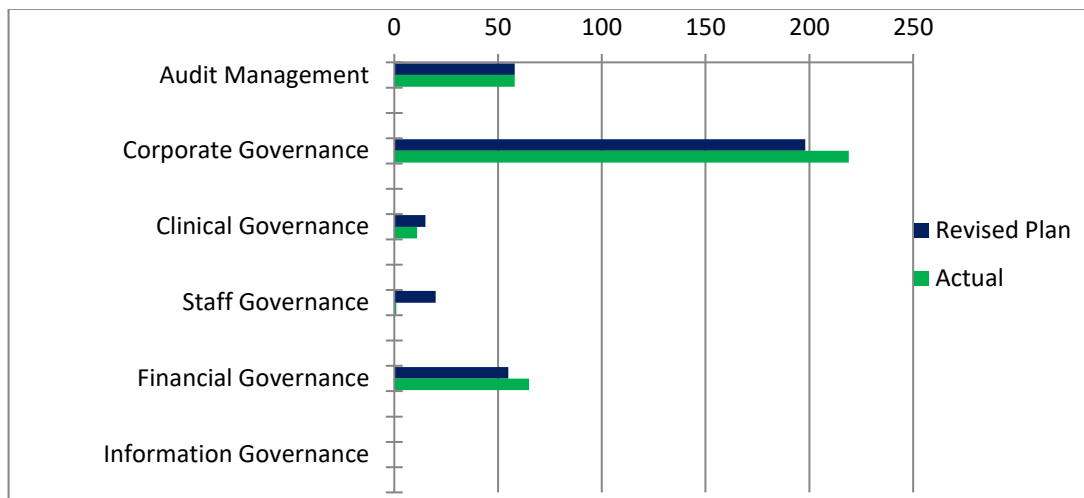
44. A number of our reports, including the ICE, have been wide ranging and complex and have relevance to a wide range of areas within NHS Fife. These should provide the basis for discussion around how NHS Fife can best build on the very good work already being done to improve and sustain service provision.
45. Board management continue to respond positively to our findings and action plans have been agreed to improve the systems of control.

ADDED VALUE

46. The Internal Audit Service has been responsive to the needs of the Board and has assisted the Board and added value by:
 - Examining a wide range of controls in place across the organisation.
 - Continuing as lead auditors for Fife IJB.
 - Providing internal input through Board Development Events and input to risk management developments.
 - The Chief Internal Auditor facilitates the Assurance Mapping Group, which coordinates consideration of assurance issues and updates, dissemination, and implementation of the Committee Assurance Principles across NHS Fife, Forth Valley, Tayside, and Lanarkshire.
 - Continuing to provide advice to Senior Management on the application of assurance mapping and risk management principles. The Regional Audit Manager has provided input and advice on the current deep dive reporting process.
 - Advising on amendments to the Fife IJB Risk Management Strategy.
 - Attending Information Governance and Security Steering Group and Digital & Information Board meetings and providing advice.
 - Providing opinion on and evidence in support of the Governance Statement at year-end and conducting an extensive ICE review which permitted remedial action to be taken in-year. This review made recommendations focused on enhancements to ensure NHS Fife has in place appropriate and proportionate governance, which supports and monitors the delivery of objectives and is commensurate with the challenging environment within which it is operating.
 - Providing Audit Follow Up reporting to the NHS Fife Audit & Risk Committee.
47. Internal Audit continue to reflect on our working practices to build on action taken in response to previous External Quality Reviews and in preparation for the External Quality Assessment in 2024/25.
48. The 2023/24 Annual Internal Audit Plan included provision for delivering audit services and providing the Chief Internal Auditor function to Fife's IJB, with Internal Audit Plans agreed. Internal Audit has continued to highlight the requirement for coherence between governance structures, performance management, risk management and, in particular, assurance to improve the ability of the IJB to monitor the achievement of operational and strategic objectives.

INTERNAL AUDIT COVER

49. Figure 1: Internal Audit Cover 2023/24



50. Figure 1 summarises the 2023/24 coverage against the revised Internal Audit Plan, approved by the Audit & Risk Committee in March 2024. As at end of April 2024 we had delivered 354 days against the 346 revised planned days. There are three ongoing Health Board and two ongoing IJB reviews.
51. During 2023/24 we have regularly reported to the Audit & Risk Committee delays in finalising audits from the previous audit years, mainly due to staff absences. To account for time lost due to staff absence, the Regional Audit Managers, Chief Internal Auditor, and the Director of Finance and Strategy developed a revised audit plan for 2023/24. The plan reflected the detailed work undertaken in the 2023/24 ICE which covered in detail the five strands of governance. While Information Governance and Staff Governance did not have any formal reviews during 2023/24 work on the ICE and Annual Report and key reports from the prior year have provided the required level of coverage.
52. A summary of 2023/24 performance is shown in Section 3.

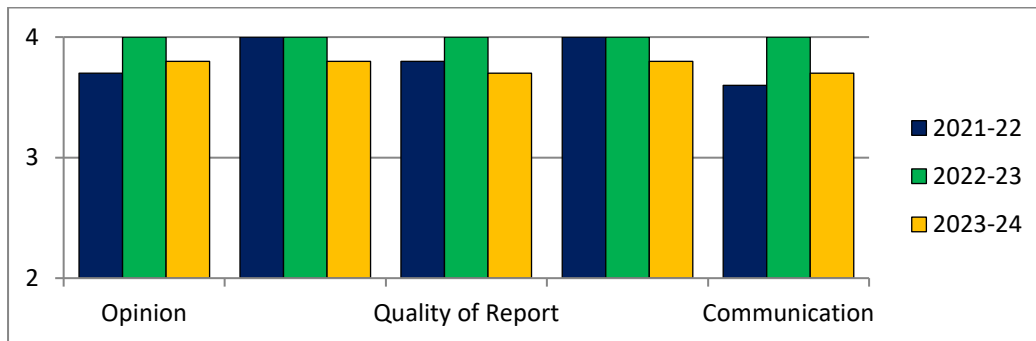
PERFORMANCE AGAINST THE SERVICE SPECIFICATION AND PUBLIC SECTOR INTERNAL AUDIT STANDARDS (PSIAS)

53. The FTF Partnership Board met in May 2024 and the 2023/24 budget was approved. The Partnership Board is chaired by the NHS Tayside Director of Finance and the FTF Client Directors of Finance are members. The FTF Management Team members are attendees.
54. We have designed protocols for the proper conduct of the audit work at the Board to ensure compliance with the specification and the PSIAS.
55. Internal Audit is compliant with PSIAS, and has organisational independence as defined by PSIAS, except that, in common with many NHSScotland bodies, the Chief Internal Auditor reports through the Director of Finance and Strategy rather than the Accountable Officer. There are no impairments to independence or objectivity.

- 56. Internal and External Audit liaise closely to ensure that the audit work undertaken in the Board fulfils both regulatory and legislative requirements. Both sets of auditors are committed to avoiding duplication and securing the maximum value from the Board’s investment in audit.
- 57. PSIAS require an independent external assessment of internal audit functions once every five years. The most recent External Quality Assessment (EQA) of the NHS Fife Internal Audit Service in 2018/19 concluded that, ‘it is my opinion that the FTF Internal Audit service for Fife and Forth Valley generally conforms with the PSIAS.’ FTF updated its self-assessment during 2022/23 and a further EQA will take place in 2024/25.
- 58. A key measure of the quality and effectiveness of the audits is the Board responses to our client satisfaction surveys, which are sent to line managers following the issue of each audit report. Figure 2 shows that, overall, our audits have been perceived as good or very good by the report recipients.

59. Figure 2: Summary of Client Satisfaction Surveys

Scoring: 1 = poor, 2 = fair, 3= good, 4 = very good.



- 60. Other detailed performance statistics are shown in Section 3.

STAFFING AND SKILL MIX

- 61. In 2023/24 the Internal Audit Plan was delivered with a skill mix of 84%, which substantially exceeds the minimum service specification requirement of 50% and reflects the complexities of the work undertaken during the year.

ACKNOWLEDGEMENT

- 62. On behalf of the Internal Audit Service I would like to take this opportunity to thank all members of staff within the Board for the help and co-operation extended to Internal Audit, throughout my tenure as Chief Internal Auditor.
- 63. My team and I have greatly appreciated the positive support of the Chief Executive, Director of Finance and Strategy, the Head of Corporate Governance and Board Secretary and the Audit & Risk Committee.

Jocelyn Lyall BAcc CPFA
Chief Internal Auditor

Corporate Governance

Corporate Risks:

Risk 1 – Population Health and Wellbeing Strategy – Moderate (12); Target (12) Moderate by 31 March 2024

Currently Below Risk Appetite

There is a risk that the ambitions and delivery of the new organisational strategy do not deliver the most effective health and wellbeing and clinical services for the population of Fife.

Risk 2 – Health Inequalities – High Risk (20); Target (15) High Risk by 31 May 2024

Currently Within Risk Appetite

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

Risk 4 – Environmental Management & Climate Change – Moderate (12); Target (10) Moderate by 1 April 2025

Currently Below Risk Appetite

There is a risk that if we do not put in place robust management arrangements and the necessary resources, we will not meet the requirements of the 'Policy for NHS Scotland on the Global Climate Emergency and Sustainable Development, Nov 2021.'

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

Currently Above Risk Appetite

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

Reform, Transform, Perform

Reform, Transform, Perform (RTP) is NHS Fife's approach to improving services delivered to the population of Fife and addressing its financial challenges. RTP is a renewed strategic approach to creating the right conditions to evolve services, empower staff and to ensure a more sustainable future. This framework is firmly rooted in the ambitions laid out in the Population Health and Wellbeing Strategy. NHS Fife remains committed to this strategy and seeks to deliver the best quality health and care for the people of NHS Fife.

RTP has been widely communicated and there is a clear message from the Chief Executive and the senior team that everyone has a role to play in delivering RTP.

The Blueprint for Good Governance states that *"An organisation's culture comprises its shared values, norms, beliefs, emotions, and assumptions about "how things are and should be done around here"*. These 'things' include how decisions are made, how people interact and how work is carried out." A culture of rigorous but supportive culture will be key when taking account of the scale of the financial challenge for Fife alongside increasing service pressures. Such pressures will require to be carefully managed and may require some very difficult decisions.

Strategy Development and Implementation

Fife NHS Board was presented with mid-year and year-end reports on the Population Health and Wellbeing Strategy (PHWS) delivery plan. The year-end report introduces a summary of 32 key metrics and provided a progress update against the strategy's key actions.

The report provided updates on each of the four strategic priorities outlining the ambitions associated with each and the key achievements in 2023-24, performance against key metrics and a progress update against specific actions included in the strategy. The plans for NHS Fife for 2024/25 and beyond are described in the NHS Fife Annual Delivery Plan, the RTP Framework and the Board's Corporate Objectives, and will be refreshed throughout the 5 year lifespan of the strategy. An update on the status of the strategies and programmes supporting the PHWS and how these relate to its four strategic ambitions was also included.

Internal Audit Report B14/23 Strategic Plan Development provided Reasonable Assurance on NHS Fife's arrangements for developing the Population Health and Wellbeing Strategy and made one 'merits attention' recommendation related to risk management.

Governance Arrangements

The updated Code of Corporate Governance (CoCG) was recommended for approval by the Audit & Risk Committee on 16 May 2024 and approved by Fife NHS Board on 28 May 2024.

Standing committee annual assurance reports/statements confirmed that they have fulfilled their remits in 2023/24 and each committee undertook a self-assessment in 2023/24, with the results reported to each standing committee in March 2024.

All Standing Committees' draft annual reports/assurance statements are broadly in line with the FTF Committee Assurance Principles, cover all areas of their remits and include a conclusion on risk management relevant to the committee. These will be presented to the 20 June 2024 Audit & Risk Committee.

The introduction of Committee Chairs' Assurance Reports was approved by Fife NHS Board on 28 May 2024. These reports will complement the minutes of each meeting by summarising the committee business undertaken with the intention of enhancing escalation of items to the Board. The Board also agreed on proposed levels of assurance, based on those used by internal audit, to be included in reports so that members can consider what the suggested Level of Assurance means in respect of the subject matter, and focus their questioning and governance oversight on these aspects of the report.

The NHS Fife Chief Executive has completed the accountable officer memorandum which provides assurance that responsibilities of the accountable officer have been carried out and does not raise any issues regarding the discharge of these.

Blueprint for Good Governance

Internal Audit Report B12/24 Blueprint for Good Governance provided Substantial Assurance on NHS Fife's compliance with the timeline for completing the Blueprint self-assessment confirmed We confirmed that Scottish Government guidance had been followed, evidence appropriately recorded, and an appropriate action plan produced to improve NHS Fife's Governance arrangements with actions timebound within financial year 2024/25.

A Board Development session was held to analyse and discuss the results and develop the improvement plan.

Anchor Programme

The draft Anchor Strategic Plan was presented to PHWC in September 2023 and submitted to Scottish Government in November 2023. An update was presented to the Board in March 2024.

Work has progressed within the national Anchors workstream to develop metrics to be used by all Boards to measure progress and impact of their strategic plans. Boards were required to complete a baseline assessment and submit this to Scottish Government by 31 March 2024.

Public Participation and Community Engagement Strategy 2024/28

Public participation and community engagement will play a crucial role in the implementation and delivery of the strategy along with RTP activity. The Public Participation and Community Engagement Strategy 2024/28 was discussed at the Board Development Session on 30 April 2024 and presented to the PHWC on 13 May 2024. The strategy reflects the aims and objectives of the NHS Fife Population Health and Wellbeing Strategy 2024/2028 and was considered by Fife NHS Board on 28 May 2024 and they requested that the strategy be brought back to a future meeting once it has been updated to reflect the feedback from the meeting.

Operational Planning

The draft Annual Delivery Plan 2023/24 was presented to the Board in July 2023 before submission to the Scottish Government and subsequent approval on 11 August 2023. A new approach to monitoring Delivery Plans is being developed by the Scottish Government, with the expectation that this will draw performance information from existing reporting sources and that Boards will prepare performance trajectories, in conjunction with the Scottish Government, and aligned to finance and workforce plans.

Assurance Mapping

Internal Audit continues to provide advice to Senior Management on the application of assurance mapping and risk management principles. The Regional Audit Manager has provided input and advice on the current deep dive risk reporting process.

The Chief Internal Auditor facilitates the Assurance Mapping Group, which coordinates consideration of assurance issues and updates, dissemination, and implementation of the Committee Assurance Principles across NHS Fife, Forth Valley, Tayside, and Lanarkshire.

The Chief Internal Auditor also contributed to a presentation on scrutiny and assurance to Non-Executive Directors in May 2024.

Integration

A Fife Integration Scheme is in place and will be due for review in 2027.

The Finance, Performance & Resources Committee (FPRC) and Clinical Governance Committee (CGC) receive minutes from the IJB equivalent committees.

The Fife IJB Annual Assurance Report/Statement will be presented to its Audit and Assurance Committee on 27 June 2024.

Performance

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

The format of the Fife Integrated Performance and Quality Report (IPQR) has been reviewed and proposed changes were presented to and discussed at the April 2024 Board Development Event. Internal Audit provided commentary on the report format.

In common with all of NHSScotland, performance against national targets is proving challenging. It is imperative that NHS Fife is able to set and deliver realistic targets, within the context of its new Strategic Framework, as soon as possible, so that performance can be measured meaningfully.

Particular areas of challenge are 4 hour emergency access, patient treatment time guarantee, new out-patients, diagnostics, cancer 31 and 62 day referral to treatment, CAMHS and Psychological Therapies.

Best Value

Best value and effective allocation of resources is a key element of the Financial Improvement & Sustainability Programme (FISP) which contributes to *'a more effective triangulation of workforce, operational and financial planning, which supports the promotion and delivery of best value across all of our resource allocation.'* The FPRC received updates on the FISP in 2023/24 and this, along with the completion of the Best Value Framework as part of each Standing Committees' Annual Report, allows NHS Fife to demonstrate processes are in place to promote and deliver best value. The work of the FISP is now contained within the RPT framework arrangements.

Policies

A General Policies and Procedures update was provided to the 7 May 2024 meeting of the FPRC. In April 2024, of the 54 General Policies, 10 (18%) remain beyond their due date. Review work is underway for one (2%) General Policy, and three (6%) of General Policies are under review. 40 (74%) of General Policies are up to date which is an improved position since the last report in November 2023.

Corporate Objectives

The EDG considered the 2024/25 corporate objectives on 16 May 2024. The objectives are aligned with the existing strategic priorities within the PHWS and reflect the focus areas of RTP and the Annual Delivery Plan for 2024/25. The corporate objectives were discussed by the Remuneration Committee in May 2024 and an updated version is to be presented to the committee for approval on 24 June 2024. The corporate objectives have been mapped to one of the four NHS Fife agreed strategic priorities with delivery mapped to a responsible Executive Director and oversight to the relevant standing committee.

Board and Standing Committee Development Sessions

Areas covered in Board Development Sessions since the issue of the ICE included Risk Appetite; Scrutiny & Assurance – Best Practice in Governance and the Role of Board Standing Committees; Integrated Performance & Quality Report Review; Public Participation and Community Engagement Strategy; Blueprint for Good Governance; Financial Challenge for 2024/25; RTP Next Steps; individual discussion topics focused on empowering change to support the path to balance; Medical Education - initiatives aimed at widening access for Medical staff and students; Spiritual Care - Values Based Reflective Practice and Working Well in Fife.

Audit Follow Up

Internal Audit provided reports detailing the Audit Follow Up position to the Audit & Risk Committee on four occasions throughout 2023/24. Throughout the year, we liaised with officers to obtain meaningful updates on ongoing audit recommendations, obtained evidence to support the reported progress and completed validation checks to ensure the information provided to the Audit & Risk Committee was accurate.

The status of the actions related to previous Internal Audit Annual and ICE reports that remained to be addressed when we published our latest ICE report is recorded in the table at section 5 of this report. This shows that 3 of the 6 actions to address recommendations in our 2023/24 ICE Report (B08/24) are still to be fully implemented and 3 of the 11 actions to address recommendations in our 2022/23 Annual Report (B06/24) are still to be fully implemented. All other actions from previous ICE and Annual reports have been implemented or superseded and none of the remaining actions are more than 12 months old.

Risk Management

The Annual Risk Management Report 2023/24 was considered for assurance by the Audit & Risk Committee on 16 May 2024 and concluded that there were adequate and effective risk management arrangements in place throughout the year. The report referred to the continuous improvement of the operational risk management approach citing the following developments:

- Completing the refresh of the Risk Management Framework incorporating the Risk Register/Risk Assessment Policy (GP/R7).
- Refining risk management processes.
- Reviewing and updating of the Board risk appetite statement.
- Updating risk key performance indicators.
- Improving the content and presentation of risk management reports.
- Supporting the continuing development of assurance reporting.
- Devising and delivering a risk management training programme.
- Reviewing the Board Strategic Risk Profile.

The report outlines further improvements including:

- Update of Corporate Risk Register to reflect changes in the internal and external environment and RTP.
- Further contribution from the Risk and Opportunities Group (ROG) to identify and assess emergent risks and opportunities and potential impact on the Board's Risk Appetite Position.

A delivery plan to support the Risk Management Framework has been developed and will be reported to the Audit & Risk Committee when risk appetite is completed.

The ROG provided a positive annual statement of assurance for 2023/24 to the Audit & Risk Committee on 16 May 2024. This summarised the business covered by the group and reports on the self-assessment undertaken by members.

The Regional Audit Manager provided advice to the ROG on improving the deep dive process so that it explicitly answers the questions included in the committee assurance principles.

Since publication of our 2023/24 ICE report, revised KPIs were presented to Audit & Risk Committee on 16 May 2024 and the Audit & Risk Committee was advised that these will continue to evolve.

We evidenced improvement in completion of the Risk Management section of cover papers presented to the Board and its Standing Committees. Previous internal audit recommendations relating to development of risk appetite being used by standing committee in relation to strategy, decision making, prioritisation, budget setting and organisational focus and updates to the Dep Dive Process to address the

'specific questions when analysing a risk delegated to the committee in detail' are ongoing and progress will be monitored via the Internal Audit Follow-up system.

Environmental Management & Climate Change

The deep dive of the environmental management and climate change policy obligations risk reported to PHWC on 4 September 2023 provided 'Limited Assurance' that the Board will be able to manage the risk to its target level within the specified timescale. The paper explained that the root cause of the risk is that insufficient resource to meet the objectives of the NHS Scotland Climate Emergency Strategy 2022-26 and it outlines 20 actions to mitigate against this and their status. Six were assessed as completed, ten on track, one with a significant level of delivery challenge and three at risk of non-delivery.

The minutes of the meeting record that the main reason for 'Limited Assurance' is uncertainty and limitations around funding and competing priorities. The Board's Annual Delivery Plan includes a section on climate change and the related deliverables are to be monitored via that process. We welcome the appointments of a Non-Executive Sustainability Champion and Head of Sustainability.

Primary Care Services

The deep dive report on the provision of sustainable quality primary care services risk reported to the PHWC on 15 May 2023 provided 'Reasonable Assurance'. The paper explained that the root causes of the risk are broad issues that impact across all of Primary Care including General Practice, Community Pharmacy, Dentistry, and Optometry.

The report outlined 16 actions to mitigate against this and their status. One was assessed as completed, one as not started, seven on track and seven with a significant level of delivery challenge.

The Primary Care Strategy 2023-26 was endorsed by PHWC and subsequently approved by Fife NHS Board in July 2023. Primary Care Oversight Board monitoring of delivery of the strategy will be key to ensuring the successful mitigation of the risk.

Clinical Governance

Corporate Risks:

Risk 5 – Optimal Clinical Outcomes - High Risk (15); Target (10) Moderate by 31 March 2025

Currently Within Risk Appetite

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

Risk 9 – Quality & Safety - Moderate (12); Target (6) Low by 31 March 2025

Currently Within Risk Appetite

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

Risk 16 – Off-Site Area Sterilisation and Disinfection Unit Service - Moderate Risk (12); Target (6) Low by 1 April 2026

Currently Within Risk Appetite

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

Annual Statement of Assurance

The Clinical Governance Committee (CGC) annual statement of assurance provided a reflective and nuanced conclusion that the Committee had fulfilled its remit and that adequate and effective clinical governance arrangements were in place during the year and provided commentary on a range of key areas and assurance arrangements.

Clinical Governance Strategic Framework

The Clinical Governance Strategic Framework and associated Annual Delivery Plan were approved by Fife NHS Board on 28 March 2023.

The year-end update on the 2023/24 delivery plan presented to Clinical Governance Oversight Group (CGOG) on 16 April 2024 recorded that from the 18 items on the plan 7 had been delivered, 9 are on track and 2 had not progressed as expected. The 2024/25 delivery plan was presented and includes 8 items carried forward from the 2023/24 plan and 4 new items. The items delivered in 2023/24 were:

- Review of Patient Representation on the Clinical Governance Committee - The addition of patient stories to the CGC agenda.
- A focus on Quality & Safety -Establishment of Care Assurance walkarounds and Infection Control walkarounds.
- Development of the Clinical Governance Strategic Framework Workplan 2023/24 – Delivery Plan developed and reporting on this to CGOG & CGC in 2023/24.
- Review of Adverse Events Policy & Procedure - Adverse Events Policy updated and supporting Management Resource Pack in development.

- Organisational Learning Communication Quality Improvement Project - Realistic Medicine Communications Plan developed and implementation started.
- Excellence in Care - Establishment of a Short Life Working Group to review tools and templates used with the aim of creating a consistent approach to providing care assurance from Ward to Board and also promoting the use of the Excellence in Care Dashboard.
- Clinical Governance Oversight Group – Workplan reviewed and regular assurance reporting to CGC now in place.

The CGOG April 2024 Assurance Summary provided CGC with assurance that the year-end position regarding the Delivery Plan had been reported to CGOG and that the workstreams included in the 2024/25 plan had been presented. This reporting would be enhanced if it included a high-level summary of delivery with reporting of the number of items delivered in target timescale and any issues with delivery.

All actions to address related recommendations from internal audit report B19/21 Clinical Governance Strategy and Assurance have been implemented and validated as part of the Audit Follow-Up process.

Progress towards implementation of actions to address recommendations from our report F06-22 Clinical and Care Governance is being monitored by the IJB follow-up protocol with 5 of the 16 actions having been validated as completed so far.

CGC Governance and Assurance

The Clinical Governance Strategic Framework outlines the governance framework and assurance reporting routes for clinical governance and includes services delegated to the IJB. The following annual assurance reports/statements and annual reports were received by CGC in 2023/24:

Annual Assurance Reports/Statements

- Clinical Governance Oversight Group
- Digital & Information Board
- Health & Safety Sub-Committee
- Information Governance & Security Steering Group
- Resilience Forum
- IJB Quality & Communities Committee

Annual Reports

- Adult Support & Protection Annual Report 2020-22
- Clinical Advisory Panel Annual Report 2022/23
- Controlled Drug Accountable Officer Annual Report 2023
- Director of Public Health Annual Report 2023
- Fife Child Protection Annual Report 2022/23
- Medical Education Annual Report 2022/23
- Medical Appraisal and Revalidation Annual Report 2022/23
- Occupational Health Annual Report 2022/23
- Organisational Duty of Candour Annual Report 2022/23

- Prevention & Control of Infection Annual Report 2022/23
- Radiation Protection Annual Report 2022/23
- Research, Innovation and Knowledge Annual Report 2022/23
- Volunteering Annual Report 2022/23

Service Provision Impact Post Pandemic

The CGC Annual Statement of Assurance 2023/24 provided reflection on changes to the configuration of services, and on which services could be provided, during the pandemic and the recovery period. This recognised that some patients were adversely affected by these decisions particularly in respect of a backlog in treatment and delays for patients in accessing diagnostic tests and care and provided assurance regarding the management of the associated corporate risk (Risk 7 *'There is a risk that due to demand exceeding capacity, compounded by unscheduled care pressures, NHS Fife will see deterioration in achieving waiting time standards. This time delay will impact clinical outcomes for the population of Fife'* – which is aligned to FPRC). This section of the assurance statement concludes by referring to likely recommendations in reports from both the UK and Scottish Covid Inquiries, and that NHS Fife will aim to implement actions to address any recommendations made in full, to ensure both patient and staff safety.

Risk Management

The CGC has considered the risks aligned to it throughout 2023/24 including consideration of deep dive reports into the risks associated with Quality and Safety, Off-site Area Sterilisation and Disinfection Unit Service, Digital & Information, Cyber Resilience, Optical Clinical Outcomes, and the closing of the corporate risk associated with Covid 19.

CGOG also considered the Corporate Risk Register at every meeting in 2023/24 and considered deep dives into the Digital & Information and Optical Clinical Outcomes corporate risks at its December 2023 and February 2024 meetings respectively. CGOG also considered the Adult Support/Child Protection risk report at its June 2023 meeting.

The IPQR continues to show relevant corporate risk information in all sections including Clinical Governance providing appropriate context for performance and risk management.

External Review

External reviews are included in the NHS Fife Activity Tracker and the Health & Social Care Partnership (HSCP) Clinical Assurance updates presented to the CGOG. The regular CGOG Assurance Summary reports presented to CGC include a summary of the reports considered. The annual assurance report/statement for the CGC for 2023/24 references reports from external bodies considered during 2023/24 and provides assurance that action is being taken to address recommendations. The CGOG annual assurance report/statement for 2023/24 does not provide assurance on the action being taken to address recommendations from external reports.

CGC considered external reports on a fatal accident enquiry, a HIS infection control inspection and a report from the Scottish Public Sector Ombudsman on a December 2023 and were assured that action plans were being progressed to address issues recommendations made.

CGOG considered external reports on Mental Welfare Commission inspections at wards at Whyteman's Brae, Lynebank and Stratheden Hospitals and the HIS Unannounced Inspection at Victoria Hospital at its meetings in 2023/24 and were assured that action plans were being progressed to address issues recommendations made.

Core members of the Organisational Learning Group (OLG) assessed the group's activities in 2023 in light of the well-publicised Countess of Chester Hospital incidents and a refreshed approach to the group's approach was considered by CGOG on 16 April 2024. The refreshed approach includes updating the terms of reference of the group, including revision to membership, and a new workplan for the group for 2024/25. Triangulation is included as a principle of the group and is referred to in its revised workplan as an improvement activity as part of the development of a learning system framework. An EDG development session on the OLG is to be undertaken in July 2023 and EDG members will be asked to decide on where an update on this work will be presented.

Significant Adverse Events

The IPQR presented to CGC on 3 May 2024 stated that reporting on the 'actions closed' aspect of Adverse Events was paused in December 2023. The data the KPI was based upon was unreliable and action is in progress to address this.

Adverse events KPIs are now reported to CGOG at each meeting with the following reported in April 2024, for February 2024:

- 43% of Significant Adverse Event Reviews (SAERs) for Major or Extreme Adverse Events were submitted and a decision made within 10 working days of reported date.
- 59% of adverse events with severity reported as 'no harm' were closed within 10 working days of reported date.
- 86% of adverse events with severity reported as 'Minor' or 'Moderate' were closed within 60 working days of reported date.
- 68% of adverse events with severity reported as 'major' or 'extreme' were closed within 90 working days of reported date.
- 50% of actions from Local Adverse Event Reviews (LAERs) and Significant Adverse Event Reviews (SAERs) were completed by their target dates.
- 72% of all actions from LAERs and SAERs reported since 1 April 2018 were closed.
- Overall analysis of incident categories does not highlight any significant trends.

The update to the Adverse Events Policy and associated procedures in 2023 has promoted a more streamlined and efficient management of major and extreme adverse events.

Organisational Duty of Candour

The Annual Duty of Candour (DoC) report covering the 2022/23 financial year was presented to Fife NHS Board 26 March 2023 and reported that there were 33 adverse events reported where DoC applied.

The report also included assurance that NHS Fife had complied with DoC in all 33 cases and that lessons were learned.

As reported to the 1 March 2023 CGC, in 2023/24 to date there were 8 confirmed DoC incidents (3 falls, 1 each for paediatrics, patient info, personal accident, surgical complication and tissue viability) with 8 outcomes recorded (4 being an increase in treatment). It has been agreed that the full report for 2023/24 should be presented in January 2025.

Clinical Policies and Procedures

CGOG was regularly updated on the review status of clinical policies and procedures in 2023/24 via the work of the Clinical Policies and Procedures Authorisation and Co-ordination Group. The CGOG Annual

Statement of Assurance reported that over the year a 99% compliance rate was achieved, which is an excellent outcome that has been consistent for a number of years.

Health and Safety

The 2023/24 Health & Safety Sub-Committee Annual Statement of Assurance confirmed that there were no significant control weaknesses or issues at the year-end which it considered should be escalated to the CGC or disclosed in the Board's Governance Statement.

The 2023/24 CGC Annual Assurance Report/Statement provided assurance on actions to mitigate risks associated with Reinforced Autoclaved Aerated Concrete (RAAC) within the Estate and radon in excess of HSE limits at a Medical Practice.


There was no Health & Safety Executive enforcement during the year.

Resilience

An annual statement of assurance for the Resilience Forum was presented to CGC on 3 May 2024 which provided moderate assurance, reflecting the work-in-progress to strengthen arrangements for resilience planning across NHS Fife and with its contracted partners.

The CGC Annual Assurance Report/Statement included assurance regarding business continuity arrangements put in place for potential industrial action and for the breakdown of CT scanners.

All actions to address recommendations from Internal Audit Report B23/22 on Resilience have been implemented and actions to address recommendations from Internal Audit Report B13/23 on Business Continuity Arrangements are progressing and are reported within Audit Follow Up reports to the Audit & Risk Committee.

Action Point Reference 1 – CGOG Annual Assurance Statement	
Finding:	
<p>The CGOG receives updates on inspections by external bodies such as Healthcare Improvement Scotland and the Mental Welfare Commission via the NHS Fife Activity Tracker and the HSCP Clinical Assurance Update reports that are presented at each of its meetings, but this assurance is not referred to in its Annual Assurance Statement.</p>	
Audit Recommendation:	
<p>The CGOG Annual Statement of Assurance for 2024/25 should include reference to the assurance it receives on inspections by external bodies such as Healthcare Improvement Scotland and the Mental Welfare Commission. This should include assurance on action being taken to address recommendations made in these.</p>	
Assessment of Risk:	
<p>Merits attention</p>	<div style="display: flex; align-items: center; gap: 10px;">  <p>There are generally areas of good practice. Action may be advised to enhance control or improve operational efficiency.</p> </div>
Management Response/Action:	
<p>Management will include an appropriate reference to external assurance reporting in the next CGOG statement of assurance.</p>	
Action by:	Date of Expected Completion
<p>Medical Director</p>	<p>31 March 2025</p>

Staff Governance

Corporate Risks:

11 Workforce Planning and Delivery - High Risk (16); Target (8) Moderate by March 2025

Currently Above Risk Appetite

There is a risk that the current supply of a trained workforce is insufficient to meet the anticipated Whole System capacity challenges, or the aspirations set out within the Population Health & Wellbeing Strategy, which may impact on service delivery.

12 Staff Health & Wellbeing - High Risk (16); Target (8) Moderate by March 2025

Currently Above Risk Appetite

There is a risk that if due to a limited workforce supply and system pressure, we are unable to maintain the health and wellbeing of our existing staff, we will fail to retain and develop a skilled and sustainable workforce to deliver services now and in the future.

19 Implementation of Health and Care Staffing (Scotland) Act 2019 - Moderate Risk (12); Target (9) Moderate by July 2024

Currently Within Risk Appetite

Taking account of ongoing preparatory work, there is a risk that the current supply and availability of trained workforce nationally, will influence the level of compliance with HCSA requirements. While the consequences of not meeting full compliance have not been specified, this could result in additional Board monitoring/measures.

Workforce Planning

Internal Audit Report B17/23 Workforce Planning reviewed NHS Fife's Workforce Plan and was provided to the Audit & Risk Committee and the Staff Governance Committee (SGC) in May 2024.

Our audit opinion was 'Reasonable Assurance' and we made three significant and three moderate recommendations related to risk management, workforce plan information to assess the capacity and capability to effectively deliver services, oversight & assurance over delegated functions, workforce action plan, SGC and the workforce plan and comprehensive information to committee and the Board. One of the recommendations was addressed at the time of report publication and actions to address the remaining five recommendations have been agreed with management with target implementation dates ranging from 31 October 2024 to 31 May 2025.

An update on workforce planning was presented to the SGC on 6 March 2024 and provided assurance that the national workforce modelling tool would be utilised as part of the wider RTP discussions and would allow fuller modelling of how workforce levels are likely to change over the next three years.

Workforce Risks

The three corporate risks are set out as above. Both the Workforce Planning and Delivery Risk and the Staff and Wellbeing Risk are rated as High and are both above risk appetite. Both these risks and current ratings are reflective of the current environment including the intense levels of activity in health and social care and the pressures on staff.

During 2023/24 the SGC reviewed the corporate risks assigned to it including a new corporate risk for implementation of the Health and Care Staffing (Scotland) Act 2019 which comes into force in April 2024 and reflects the preparatory work required to meet the terms of the legislation. This risk was approved by the Board and has been reported to the SGC since January 2024. The risk score reflects the current

arrangements. Updates on preparation for implementation of Health and Care Staffing (Scotland) Act 2019 were presented to the September 2023 and May 2024 SGC and the May 2024 NHS Board and provided assurance on the plans for quarterly reporting and prioritisation of implementation of eRostering in clinical areas. The Scottish Government quarter 3 return provided reasonable assurance and no 'red' RAG status was noted for any element.

In addition to the summary presentation of the aligned risks, the SGC have received deep dive information on individual aspects of a corporate risks aligned to the SGC. In May 2023, the SGC were provided a deep dive into current levels of Bank & Agency utilisation and resultant financial spend, noting both the adverse impact on the Board's financial position and the possible quality and safety aspects from an overreliance on temporary staff. A further deep dive into Band and Agency programme of work was delivered to members in November 2023, noting that, despite the implementation of stricter controls and new initiatives, the financial impact of these had yet to be seen on the overall position. The SGC Annual Report for 2023/24 recognised that considerable work had been undertaken around the usage of bank and agency staff, and that it was likely that the financial impact will take longer to realise than originally intended. A further report to the Committee's March 2024 meeting noted that initiatives were continuing at pace however the real impact should be seen in 2024/25.

The March 2023 SGC was advised that future deep dives will be agreed by the Lead Officer in consultation with the Chair and Committee members. A Pharmacy workforce deep dive was planned for May 2024.

Staff Governance Committee

The Staff Governance Self-Assessment report was to the March 2024 meeting and noted improvements in year, including focus on strategic rather than operational details. Improvements included continued focus on agenda management and feedback from clinical and operational leads to aid interpretation of performance data were noted.

Revised SGC Terms of Reference were agreed at the March 2024 meeting. Amendments included the addition of oversight of Workforce Planning and risk, and review of compliance with Whistleblowing Standards, in response to previous internal audit recommendations.

The SGC Annual Report for 2023/24 concluded positively that it has fulfilled its remit and there is evidence of the SGC addressing full coverage of the strands of the Staff Governance Standard.

Staff Governance Assurances

Our 2023/24 ICE report recommended that the 2022/23 Staff Governance Monitoring Return presented to the 9 November 2023 SGC should be updated to reflect action taken to address Scottish Government Feedback. The feedback was reported to SGC on 14 May 2024 and SGC are to be updated on progress to address this feedback at a future meeting. Scottish Government has paused the requirement to complete the monitoring return and Boards have been asked to continue with their ongoing commitment to the Staff Governance Standards and that they will seek a statement of assurance on this from Boards later in 2024.

Each paper presented to the SGC in 2023/24 references the strand(s) of the Staff Governance Standard it relates to. The SGC's Annual Report/Assurance Statement was presented to SGC on 14 May 2024 and included reflection on how successfully and effectively the strands of the Staff Governance Standards have been implemented. Positive feedback on coverage was provided in the Staff Governance Committee Self-Assessment and is evident in SGC discussions.

Remuneration Committee

The Remuneration Committee (RC) held regular meetings throughout 2023/24. It completed an annual self-assessment of its performance along with all standing committees in February 2024, with only a small number of minor changes to future performance being required. This is reflected within the RC annual Report for 2023/24 which overall provides positive confirmation on the activities of the RC for the year.

Appropriately Trained & Developed

Both Personal Development Plan (PDP) and sickness absence statistics are now reported to the SGC as part of the IPQR.

41% of PDP reviews were complete at March 2024 (38% in March 2023), and Mandatory training completion was 56% at January 2024 (57% at April 2023). Both of these are well below the target of 80% and limited improvement has been made during the year, despite agreement of new management improvement actions. In March 2024 the SGC was provided as part of the Staff Governance focussed IPQR that for PDP performance *'action plans have been developed and this work will be taken forward in the first half of the 2024/25 financial year'* and on the existing actions to improving mandatory training uptake including agreeing performance trajectories with services and prioritising certain elements of core training, engaging with training owners, improving compliance reporting and reviewing and refining the core training offering to improve satisfying role specific training requirements. The Director of Acute Services offered assurance to the Committee by providing examples of the concerted efforts being employed to improve training compliance, particularly within Acute, despite extreme staff and service pressures ongoing.

The minutes of the meeting record that *'It was, however, noted that overall training attainment was disappointing and significant measures were needed to improve these metrics'*.

NHS Fife's Mandatory Core training compliance performance was reported to the March 2024 SGC for the period to 22 January 2024 and included assurance on associated recovery actions identified to improve completion levels into 2024/2025. The target for 31 March 2024 was 80%, however achievement was 56% up to January 2024, with actions identified to improve the performance.

The Medical Appraisal and Revalidation Annual Report for 2022/23 was considered at the January 2024 SGC. Primary Care GPs achieved 99.35%, Acute Consultants 91.27% and Speciality and Specialist Doctors (SAS) 59%. The report includes actions that will be undertaken in 2024/25 to improve performance.

Attendance Management

Sickness absence at February 2024 was 7.64%, a significant increase over February 2023 (5.69%). Benchmarking for February 2024 shows NHS Fife to be in the lower range of all the mainland Boards. SGC considered a comprehensive update on attendance management on 6 March 2024 which highlighted the need for a change in emphasis to secure a longer term, sustainable improvement in absence rates, and outlined the attendance management actions to be taken forward in 2024/25. The SGC annual assurance report/statement for 2023/24 concluded that *'Actions continue to be undertaken to manage the challenging circumstances that lead to sickness absence, in particular that of a long-term nature, which can by its nature be extremely complicated to manage'*.

The results of the 2023/24 iMatter survey and the comparative national results were presented to the SGC in January 2024. NHS Fife has achieved increases in each KPI with NHS Fife's engagement and questionnaire rates the highest out of all 14 NHS Scotland territorial boards.

Whistleblowing

All actions to address recommendations made in Internal Audit report B18/23 – Whistleblowing have been implemented.

Quarterly update reports detailing action to comply with the National Whistleblowing standards and the number of concerns raised are presented to the SGC. The SGC annual assurance report/statement 2023/24 includes a statement from the Board's Non-Executive Whistleblowing Champion providing assurance that at Board level there is an environment of listening and openness whilst emphasising that further work is required and that this is more important during this period of reform and transformation.

The annual whistleblowing report for 2023/24 was presented to SGC and to Fife NHS Board in May 2024, an improvement in timing to align with year-end reporting and assurance processes. Planned arrangements for 2024/25 include establishment of a Whistleblowing Oversight Group, a decision making team and recruitment of a Speak-up Coordinator.

Staff Wellbeing

The SGC endorsed NHS Fife's Staff Health and Wellbeing Action Plan 2023-2025 for publication on 11 January 2024. The Head of Workforce Planning & Staff Wellbeing emphasised that the future focus would require to be on evaluation and metrics, to ensure the best use of available resources.

The SGC annual assurance report/statement for 2023/24 summarises the services available to help support staff during this time of continuing high levels of activity on all services.

Financial Governance

Corporate Risks

6 - Whole System Capacity - High Risk (20); Target (9) Moderate by 30 April 2024

Currently Above Risk Appetite

There is a risk that significant and sustained admission activity to acute services, combined with challenges in achieving timely discharge to downstream wards and/or provision of social care packages, that the management of Acute hospital capacity and flow will be severely compromised.

7 - Access to Outpatient, Diagnostic and Treatment Services - High Risk (20); Target N/A

Currently Above Risk Appetite

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

8 – Cancer Waiting Times - High Risk (15); Target (12) Moderate by 30 April 2024

Currently Above Risk Appetite

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

13 - Delivery of A Balanced In Year Financial Position - High Risk (16); Target (12) Moderate by 31 March 2024

Currently Above Risk Appetite

There is a risk that due to the ongoing impact of the pandemic combined with the very challenging financial context both locally and nationally, the Board will not achieve its statutory financial revenue budget target in 2023/24 without further planned brokerage from Scottish Government.

14 - Delivery of Recurring Financial Balance Over the Medium Term - High Risk (16); Target (12) Moderate by 31 March 2024

Currently Above Risk Appetite

There is a risk that NHS Fife will not deliver the financial improvement and sustainability programme actions required to ensure sustainable financial balance over the medium term.

15 - Prioritisation & Management of Capital Funding - Moderate (12); Target (8) Moderate by 1 April 2026

Currently Within Risk Appetite

There is a risk that lack of prioritisation and control around the utilisation of limited capital and staffing resources will affect our ability to deliver the PAMS and to support the developing Population Health and Wellbeing Strategy.

Financial Performance

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

For 2023/24, NHS Fife achieved break even and stayed within the Revenue Resource Limit (RRL). Achievement of this was primarily due to the late receipt of share of *'funding of non-recurring additional UK Government consequentials'* (£10.3m) and a national reduction of CNORIS costs (£2.3 m). Brokerage was also required for the second consecutive year of £14.005 to deliver the RRL target of breakeven.

While the year-end financial position is line with the initial forecast, this has only been achieved by the use of non-recurring funding in year. Recurring cost improvements have not been achieved (see Savings section below).

The draft financial outturn position to 31 March 2024, subject to external audit review, is:

- A break-even position against the Revenue Resource Limit (RRL)
- A break-even position against the Capital Resources Limit (CRL)
- A break-even position against the cash requirement
- The 2023/24 savings target of £15 million was not delivered, with only £8.142 million achieved (54%), of which only £2.974 (36%) was recurring.

The Financial Performance Report 2023/24 paper to the May 2024 FPRC stated that the draft IJB outturn had increased to a £17m overspend from the £7m forecast deficit to end of January 2024, reported to FPRC in March 2024. The earlier reported deficit was to be managed through the application of £7m from IJB reserves. The movement was due to an increase in social care costs, supplementary staffing, GP prescribing and costs associated with providing out of area mental health services. General and earmarked reserves reduced the £17m overspend to £0.775m of which NHS Fife reported a £0.466m impact for the Health Board as part of the risk share.

The Director of Finance and Strategy for NHS Fife and the Director of Finance for Fife Council remained in dialogue with the IJB Chief Finance Officer (CFO) to determine the final position for the IJB, including the ability and agreement of partners to support reinstating aspects of the applied "ear marked" reserves in 2024/25. On 30 May 2024 the CFO received notification from the Scottish Government that several of the ear-marked reserves were required to be held by the IJB and therefore the £0.775m overspend increased to £5.578m which required to be covered through the risk-share arrangement. To cover the appropriate NHS Fife share, further repayable brokerage of £2.992m was requested from Scottish Government. This was a very late adjustment with final funding only confirmed on 11th June 2024.

The Chief Finance Officer is completing due diligence around the reasons for the significant move in the position at year end which will require further discussion with partners.

Financial reporting to the FPRC and Board remained consistent, and the position and challenges were clearly presented.

Savings Challenge

A savings target of £15 million was identified for 2023/24, all on a recurring basis.

Despite having identified the main areas to target cost reduction in the original financial plan for 2023/24, 54% of the cost improvement target was delivered and 36% was achieved on a recurring basis. The consequence of not achieving savings on a recurring basis means that around 80% of the 2023/24 savings plan (£12m) will be carried forward for action into 2024/25.

Financial Planning 2024/25

The Financial Plan 2024/25 – 2027/28 recognises that the scale of the financial challenge over the next 3 years is unprecedented and delivering financial balance across the 5-year timeframe will be extremely challenging. Due to the scale of the forecast deficit within NHS Fife and the significant movement from

plan, NHS Fife was assessed as being at level two of the Scottish Government escalation framework. FPRC noted that this did not represent formal escalation but did signal enhanced scrutiny at Scottish Government level.

The Internal Audit Annual Report for 2022/23 reported that the organisation must assure itself that it has both capacity and can affect cultural change sufficient to deliver the required level of savings in addition to business as usual. In 2023/24 NHS Fife have clearly communicated that it is everyone's responsibility to contribute towards achieving financial parity through Reform, Transform and Perform (RTP). RTP promotes a culture that empowers change by involving everyone, alongside clear instructions to budget holders to achieve savings within the grip and control programme.

On 13 December 2023 the Scottish Government advised NHS Fife that all NHS Boards had been assessed for financial performance against the revised NHS Scotland Support and Intervention Framework and confirmed NHS Fife would move from level 1 to level 2 due to the relative scale of deficit in 2023/24 and the variation from the original financial plan for the year.

The three-year Financial Plan 2024/25 to 2026/27 was approved by Board on 26 March 2024, with a summary of the revenue projections as follows:

	2024/25 £m	2025/26 £m	2026/27 £m
Financial gap before savings	(53,507)	(42,924)	(24,961)
Savings plans / targets	25,000	25,000	24,961
Residual gap	28,507	17,914	-

The 3-year plan carries a significant level of risk, particularly in relation to ongoing capacity and workforce pressures which continue to drive increased use of temporary staffing. The Financial Plan recognises that the scale of the financial challenge is unprecedented and delivering financial balance across the 3-year timeframe will be extremely challenging.

The Scottish Government did not approve the MTFP with its assessment set out in a letter on 4 April 2024 which stated the NHS Fife MTFP not fully met the following criteria:

- A clear programme of work and supporting actions to achieve the target of 3% recurring savings on baseline budgets.
- Deliver an improved forecast outturn position compared to the forecast outturn for 2024/25 reported at the start of 2023/24.
- Present a credible financial plan that would meet the brokerage cap set by Scottish Government.

The Scottish Government has not asked NHS Fife to resubmit its MTFP but, in the period to the formal Quarter 1 financial review with the Scottish Government, key actions identified by the Scottish Government will need to be progressed to improve the position of the MTFP. These actions include:

- Progress delivery of a minimum 3% recurring savings in 2024/25 and develop options to meet any unidentified or high-risk savings balances.
- Continue to progress with the areas of focus set out in the 15 box grid.

- Engage and take proactive involvement in supporting national programmes as they develop in 2024/25.
- Develop further measures to reduce the Board residual financial gap towards the brokerage cap set.
- Provide an update on the financial risks outlined within the financial plan to assess likelihood of these materialising and the impact these could have on the Board's outturn.

Finance Risk Reporting Revenue

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

The update provided to the FPRC in May 2024 for Risk 13 - Delivery of a balanced in-year financial position noted the detailed discussions at the January and March 2024 FPRC meetings with the year figures being finalised for external audit review, and that the Director of Finance & Strategy will propose further clarification on the description of the risk for 2024/25 once the 2023/24 position is finalised.

The FPRC May 2024 update on Risk 14 Delivery of recurring financial balance over the medium term noted that the MTFP *'was approved by the NHS Fife Board in March 2024 however discussion remains ongoing with Scottish Government in relation to several key planning assumptions and is currently not approved. The plan indicates a 3-year period is required to enable delivery of sustainable cost reduction and service change to deliver recurring financial balance.'*

As expected, the risk scores for both these risks have remained High during 2023/24. The target risk scores due to be achieved by 31 March 2024 appear to be optimistic in the circumstances. We encourage review of both the target and actual risk scores, to ensure they fully reflect the deterioration in the financial position and the challenging environment.

Property Asset Management, Net Zero and Capital Risk

The capital plan for 2023/24 was approved in March 2023 as part of the MTFP. Reporting of the capital plan to the FPRC is frequent, with the latest report on year-end performance to the May 2024 FPRC reflecting a balanced position for capital funding and achievement of the year end capital resource limit financial target.

The deep dive of the Prioritisation & Management of Capital funding risk (No. 15), in January 2024 provided reasonable assurance. The minute reflects the conclusion that *'given the limited capital funding available, and demand for investment, members recognised it is vitally important that funding is prioritised to mitigate operational risks, whilst delivering change to meet strategic objectives. Employing the correct governance, processes and procedures also helps to mitigate the risk that the Board may fail to maximise the benefit from the capital allocation it receives.'*

We commend the discussion on the risk 15 and the recognition that a separate but closely related risk concerning the amount of capital funding and how this will impact on NHS Fife plans needs to be developed. Consideration of a new Corporate Risk – Reduced Capital Funding was approved by the EDG on 4 May 2024.

In September 2023 NHS Fife Board approved the Whole System Property and Asset Management Strategy, developed from the previous Property Asset Management Strategy.

This Strategy details how NHS Fife expects to meet the challenge to reduce carbon emissions to net zero by 2040. Carbon zero 'road maps' for nine of the Board's sites have been created, with a further three in

progress. Previous decarbonisation scheme funding has allowed £1.8m of investment projects during 2022/23 and further applications are planned over the next three years.

We commend the reporting to the January 2024 FPRC around the decarbonisation of the NHS Fife fleet of vehicles. A change in legislation has resulted in the previous target to not buy/lease new fossil fuelled light vehicles from 2025 to not using any by 2025. Effectively this shortens the target by several years. The paper to the FPRC is clear on the actions NHS Fife needs to take to meet this challenging target.

Best Value

Regular reporting of the Financial and Sustainability Programme to FPRC and the FPRC assessment of Best Value within its Annual Report for 2023/24 jointly demonstrate a commitment by NHS Fife to achieving best value across resource allocations.

Funding of Critical Posts

In December 2023, the Director General Health & Social Care and Chief Executive NHS Scotland, wrote to all NHS Board Chairs stating that approval is sought from Scottish Government before committing expenditure that does not have a budget, in the context of the national financial challenge. A paper to the January 2024 FPRC requested approval of posts critical to NHS Fife, because the clinical risk of not undertaking the expenditure was deemed to outweigh the financial risk. These posts were approved by the FPRC subject to discussions with the Scottish Government around including these cost pressures in the 2024/25 Financial Plan.

Digital and Information Governance

Corporate Risks:

Risk 17 – Cyber Resilience - High Risk (16); Target (12) Moderate by September 2024

Currently Above Risk Appetite

There is a risk that NHS Fife will be overcome by a targeted and sustained cyber attack that may impact the availability and / or integrity of digital and information required to operate a full health service.

Risk 18 - Digital & Information (D&I) - High Risk (15); Target (8) Moderate by April 2025

Currently Above Risk Appetite

There is a risk that the organisation maybe unable to sustain the financial investment necessary to deliver its D&I Strategy and as a result this will affect our ability to enable transformation across Health and Social Care and adversely impact on the availability of systems that support clinical services, in their treatment and management of patients.

Actions to Address Recommendations made in Previous ICE and Internal Audit Annual Reports

The following action has been completed:

The Information Governance & Security (IG&S) Update report presented to CGC on 1 March 2024 included consideration of an escalation to CGC of one incident, which was included as a disclosure in the 2023/24 draft Governance Statement.

The following actions are in progress:

- The IG&S Accountability and Assurance Framework report has been updated but performance measures (for five of the 10 categories) and risk summaries (for all 10 categories) are not yet included. The target date of 30 April 2024 has been extended to 31 October 2024.
- Timely issue of Information Governance and Security Steering Group (IG&SSG) and Digital and Information Board (D&I Board) meeting papers is to be monitored and reported in their respective annual reports/assurance statements in 2024/25. The target date of 30 April 2024 has been extended to 30 April 2025.
- The D&I Strategy update to CGC on 3 November 2023 included a more explicit review of the deliverables achieved during the D&I strategic period 2019-2024 and will inform development of the next iteration of the Digital and Information Strategy which is to be supported by a financial framework. The timeframe for development of the revised D&I Strategy has been extended from 31 July 2024 to 31 January 2025.

Governance Arrangements and Assurance Reporting

Reporting to the IG&SSG and the D&I Board has been adequate and effective throughout the year. Both groups provided regular update reports and Annual Assurance Reports/Statements to the CGC. The D&I Board meeting originally scheduled for April 2024 was rescheduled to 9 May 2024 and took place after the CGC meeting at which the D&I Board's Annual Assurance Statement/Report was considered (3 May 2024). The report was agreed by the D&I Board Chair (Medical Director), the Executive Lead for D&I (Associate Director for Digital & Information) and the Head of Corporate Governance/Board Secretary ahead of the CGC meeting and was subsequently presented to D&I Board.

The IG&SSG meeting scheduled for 31 January 2024 was cancelled meaning that the group met on three occasions in 2023/24 rather than the four required by its Terms of Reference. However, the conclusion in the IG&SSG Annual Assurance Report/Statement was that the remit of the group was fulfilled, and we concur with this as the papers intended for discussion at the meeting were distributed to members and appropriate assurance has been provided to CGC.

The IG&S Accountability and Assurance Framework report presented to each IG&SSG meeting provides assurance across 10 categories derived from the Network & Information Systems Regulations (NISR) and the ICO Accountability Framework. As reported above, further work to improve the report is required.

A Senior Information Risk Owner (SIRO) and a Data Protection Officer (DPO) are in place.

Digital and Information Strategy

The deep dive into corporate risk 18 – Digital and Information Strategy reported to the CGC in November 2023, recorded the need to rewrite the Digital Strategy to match the revised Population Health and Wellbeing Strategy and align to the wider strategic landscape, and that creation of a future strategy allows for specific consideration of the financial plan.

Updates on the D&I Strategy have been provided in line with the CGC 2023/24 workplan. The latest update in November 2023 concluded that many of the deliverables are consistent with an overall maturing of the digital capabilities and can be expected to be included in multiple strategies as NHS Fife moves through the levels of maturity associated with digital capability. The Associate Director of D&I has informed Internal Audit that the timescale for revising the D&I Strategy (2019-2024), which expired on 31 March 2024 but remains fit for purpose, has been put back from 31 July 2024 to 31 January 2025, as reflected in the D&I Board Workplan for 2024/25.

Risk Management

Risk reports were presented to the majority of IG&SSG and D&IB meetings in 2023/24 including visualisation of the risk profile.

During 2023/24, the IG&SSG and the D&IB received reports on relevant corporate and operational risks. Overall there was considerable movement in the risk profile, with several risks closed or with improved ratings and moved to a status of monitoring, although one risk rating did deteriorate.

Draft Risk Management Operational Guidance was presented to IG&SSG on 10 October 2023 and the Risk Tolerance Framework for D&I was presented to D&I Board on 19 April 2023.

The deep dive report on risk 17 – D&I Strategy, presented to CGC on 2 November 2023, concluded that there is reasonable assurance that the actions identified will be sufficient to reduce the risk score by April 2025, from its current High (15) level to the target level of Moderate (8), which is within the Board's risk appetite for this subject.

The deep dive report on risk 18 – Cyber Resilience concluded that there is reasonable assurance that the actions identified will be sufficient to reduce the risk score by September 2024 from its current High (16) level to the target level of Moderate (12), which is within the Board's risk appetite for this subject. More recently the D&I Board were provided with a verbal update on the hacking incident that impacted on NHS Dumfries and Galloway and received assurance that the exploit that had been effective in that Board would not have been effective in NHS Fife due to the controls in place.

NIS Regulations

The compliance score from the Competent Authority's May 2023 audit of the NIS Regulations has improved from 76% to 87%, but inclusion of additional controls resulted in a new baseline of 77% for NHS

Fife, a positive outcome against the required 60%. A presentation on the NISR audit by the Competent Authority was scheduled to be presented to the cancelled January 2024 IG&SSG but the high level results were reported to IG&SSG at the 16 April 2024 meeting in its Annual Assurance Report/Statement.

Digital Maturity Assessment

NHS Fife participated in the Scottish Government's Digital Maturity Assessment and received a comprehensive report on the outcomes. Assurance was taken that the consideration would be adopted into lifecycle and programme activities.


IG Incidents

In 2023/24, 12 incidents were reported to the Information Commissioner's Office (ICO), compared to 14 incidents in 2022/23. 83% were reported within the 72-hour requirement. 10 of the 12 incidents did not require any further follow up and two remain to be confirmed.

The incident that led to a reprimand from the ICO is included as a disclosure in the draft Fife NHS Board Governance Statement that was presented to the Audit and Risk Committee on 16 May 2024.

Information Governance & Security and Digital & Information Policies

The IG&S Accountability and Assurance Framework report presented to IG&SSG on 16 April 2024 reported on 8 IG&S policies and provided assurance that all were within their scheduled review dates. A report on General Policies to FPRC on 7 May 2024 included a further 8 D&I policies that had lapsed review dates and these were not included in the reporting to IG&SSG and were not reported to the D&I Board. The Associate Director of D&I explained that these policies are distinct from the IG&S arena and are therefore managed within the Digital & Information Senior Leadership Team Group.

Action Point Reference 2 – Digital and Information Strategy	
Finding:	
<p>The D&I Strategy 2019-2024 remains fit for purpose but it has passed its original end date and the development of the next iteration has been put back from July 2024 to January 2025. CGC has been regularly updated on the delivery of the strategy but has not yet been informed of a clear timetable for its revision.</p>	
Audit Recommendation:	
<p>The update report to on the D&I Strategy scheduled to be presented to CGC in July 2024 should include clear scheduling of the revision process including presentation to D&I Board, CGC and ultimately to Fife NHS Board for approval.</p>	
Assessment of Risk:	
<p>Moderate</p>	<div style="display: flex; align-items: center; gap: 10px;">  <p>Weaknesses in design or implementation of controls which contribute to risk mitigation.</p> <p>Requires action to avoid exposure to moderate risks to achieving the objectives for area under review.</p> </div>
Management Response/Action:	
<p>Management accepts and will action this recommendation.</p>	
Action by:	Date of expected completion:
<p>Director Digital & Information</p>	<p>31 July 2024</p>

Action Point Reference 3 – IG&S/D&I Policies**Finding:**

The IG&S Accountability and Assurance Framework report presented to IG&SSG on 16 April 2024 reported on 8 IG&S policies and provided assurance that all were within their scheduled review dates. A report on General Policies to FPRC on 7 May 2024 included a further 8 D&I policies that had lapsed review dates and these were not included in the reporting to IG&SSG and were not reported to the D&I Board. The Associate Director of Digital and Information explained that these policies are distinct from the IG&S arena and are therefore managed within the Digital & Information Senior Leadership Team Group.

Audit Recommendation:

Assurance regarding the review status of D&I policies not included in the IG&S Accountability and Assurance Framework report should be regularly provided to the D&I Board.

Assessment of Risk:

Moderate



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

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

Management Response/Action:

Management will consider and report on this recommendation.

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

Director Digital & Information





30 September 2024





Key Performance Indicators



Planning	Target	2022/23	2023/24
Strategic/Annual Plan presented to Audit & Risk Committee by June.		Draft presented June 2023	Draft presented June 2024
Internal Audit Annual Report presented to Audit & Risk Committee by June	Yes	Presented Audit & Risk Committee – June 2023	Presented Audit & Risk Committee – June 2024
Audit assignment plans for planned audits issued to the responsible Director at least 2 weeks before commencement of audit	75%	100%	78%
Efficiency			
Draft reports issued by target date	75%	57%	46%
Responses received from client within timescale defined in reporting protocol	75%	80%	100%
Final reports presented to target Audit & Risk Committee	75%	57%	80%
Number of days delivered against plan	100% at year-end	90%	102%
Number of audits delivered to planned number of days (within 10%)	75%	79%	80%
Skill mix	50%	88%	84%
Staff provision by category	As per SSA/Spec	Pie chart	
Effectiveness			
Client satisfaction surveys	Average score of 3.5	Bar chart	




Assessment of Risk



To assist management in assessing each audit finding and recommendation, we have assessed the risk of each of the weaknesses identified and categorised each finding according to the following criteria:

Fundamental		Non Compliance with key controls or evidence of material loss or error. Action is imperative to ensure that the objectives for the area under review are met.	None
Significant		Weaknesses in design or implementation of key controls i.e. those which individually reduce the risk scores. Requires action to avoid exposure to significant risks to achieving the objectives for area under review.	None
Moderate		Weaknesses in design or implementation of controls which contribute to risk mitigation. Requires action to avoid exposure to moderate risks to achieving the objectives for area under review.	Two
Merits attention		There are generally areas of good practice. Action may be advised to enhance control or improve operational efficiency.	One

ICE Report 2023/24 (B08/24) - Update of Progress Against Actions		
Agreed Management Actions with Dates	Progress with agreed Management Actions	Assurance Against Progress
1. Governance Statement Disclosures		
<p>Process to highlight issues that may require to be included as disclosures in the Board's Governance Statement throughout the year.</p> <p>Action Owner: Head of Corporate Governance & Board Secretary</p> <p>Original target implementation date N/A.</p>	<p>Management considered introducing a new process but decided that the current arrangements to allow members of standing committees to consider which issues warrant disclosure in the Board's Governance statement are sufficient.</p>	 <p>Completed</p>
2. Performance Monitoring		
<p>Report to the Clinical Governance Committee on remedial action to improve performance for - Adverse Events Improvement Actions (70% target) and Complaint Closed- Stage 1 (80% target). This was recommended as these are the only measures included as Quality Performance Indicators in the Clinical Governance Strategic Framework that were not routinely reported on to the Clinical Governance Committee.</p> <p>Action Owner: Director of Nursing / Planning & Performance Team</p> <p>Original target implementation date 31 December 2023.</p>	<p>The IPQR now includes reporting on all of the Quality Performance Indicators included in the Clinical Governance Strategic Framework including evidence of review and remedial action.</p>	 <p>Completed</p>
3. SG Annual Monitoring Return		
<p>Update to SGC on the SG Annual Monitoring Return including an update on action taken to address Scottish Government feedback from previous years.</p> <p>Action Owner: Director of Workforce</p> <p>Original target implementation date 31 March 2024.</p>	<p>Scottish Government feedback related to the 2022/23 Annual Monitoring Return was reported to SGC on 14 May 2024 and a paper reporting on how the feedback has been acted upon is to be presented to SGC by the revised target implementation date of 30 Sep 2024.</p>	 <p>Minor slippage on agreed timelines</p>
4. Assurance Reporting to IG&SSG		
<p>a. All sections of IGS Accountability and Assurance Framework Report (IGSA&AR) to include performance measures and risk summary information.</p> <p>b. Monitoring of timing of distribution of IG&SSG and D&I Board Papers to comply with 5 days ahead of meeting date stipulation included in their Terms of Reference.</p> <p>Action Owner: Associate Director of Digital and Information</p> <p>Original target implementation date 30 April 2024.</p>	<p>a. The IG&S Accountability and Assurance Framework report presented to IG&SSG on 16 April 2024 did not fully address this recommendation and a revised target implementation date of 31 October 2024 has been agreed.</p> <p>b. Monitoring of the timing of issue of papers to of IG&SSG and D&I Board members was not undertaken in 2023/23. A revised target implementation date of 30 April 2025 to allow this to be monitored in</p>	 <p>Minor slippage on agreed timelines</p>

	2024/25 and reported on in the IG&SSG and D&I Board Annual Assurance Statements for 2024/25.	
5. IG&S Incident Management Assurance		
<p>Incident Management reporting to direct IG&SSG members to consider whether any incidents will likely warrant disclosure in the Board’s Governance Statement.</p> <p>Action Owner: Associate Director of Digital and Information</p> <p>Original target implementation date 30 April 2024.</p>	<p>Consideration of whether the ICO reprimand related incident warranted disclosure in the Board’s Governance statement was included in the IG&SSG Annual Assurance Statement and was discussed at length at the IG&SSG meeting held on 16 April 2024.</p>	 <p>Completed</p>
Annual Report 2022/23 (B06/24) - Update of Progress Against Actions		
Agreed Management Actions with Dates	Progress with agreed Management Actions	Assurance Against Progress
1. Development of Risk Management		
<p>a. Greater use of risk appetite including greater detail in risk reports presented to standing committees on how the risk appetite will affect strategy, decision-making prioritisation, budget setting and organisational focus.</p> <p>b. Deep Dive Reports to include:</p> <ul style="list-style-type: none"> • Further assessment as to which key management actions will impact on the target score with success criteria stated. • A focus on key controls only, providing overt assurance and an overt conclusion on the effectiveness of implemented controls. • An assessment of the proportionality of proposed actions and whether they should be sufficient to achieve the target score. <p>c. Revised Risk Management KPIs presented to the Audit and Risk Committee (ARC) that take account of previous internal audit recommendations and allow ARC members to assess the overall effectiveness of the system of Risk Management.</p> <p>d. Revised Risk Management Framework approved by the ARC providing a detailed description of joint Risk Management arrangements with the IJB including responsibility for operational risks, responsibility for sharing of information and responsibility for provision of assurance consistent with the IJB Risk Management Strategy.</p> <p>Action Owner: Director of Finance & Strategy</p> <p>Original target implementation date 31 March 2024.</p>	<p>a. Corporate Risks papers presented to each standing committee state if risks are within or outwith risk appetite. Review of the Board’s risk appetite has not taken place yet.</p> <p>Risk reports to standing committees do not yet include greater detail on how the risk appetite will affect strategy, decision making prioritisation, budget setting and organisational focus and the minutes of their meetings do not record discussion on these topics referring to risk appetite. Target implementation date extended to 30 September 2024.</p> <p>b. The Deep Dives continue to evolve but they do not include the 3 components referred to in our recommendation which are derived from the ‘Specific questions when analysing a risk delegated to the committee in detail’ section of the Assurance Principles that are appended to the Risk Management papers presented to standing committees. Target implementation date extended to 30 September 2024.</p> <p>c. Revised KPIs which allow the A&RC to oversee performance management of the risk management framework were presented to A&RC on 16 May 2024</p>	 <p>Minor slippage on agreed timelines</p>

	<p>and A&RC were advised that these will continue to evolve (Complete).</p> <p>d. The revised NHS Fife Risk Management Framework, including a description of RM arrangements with the IJB that satisfies our recommendation, was approved by Fife NHS Board on 26 September 2023 (Complete).</p>	
<p>2. Staff Governance Standards</p>		
<p>a. A year-end report to be presented to the Staff Governance Committee providing year-end feedback on:</p> <ul style="list-style-type: none"> • The action taken on each strand of the Staff Governance Standards during 2023/24. • Reflection on how successfully and effectively these have been implemented. • What actions are being taken forward into 2024/25, plus the further coverage planned for each strand during 2024/25. <p>b. The Staff Governance Committee Annual Report and Statement of Assurance to include a conclusion on compliance with the different strands of the Staff Governance Standards based on the paper referred to in 2a above.</p> <p>Action Owner: Director of Workforce</p> <p>Original target implementation date 31 March 2024.</p>	<p>a. The conclusion in the SGC Annual Report/Assurance Statement presented to SGC on 14 May 2024 combined with the paper presented to the March 2024 SGC on the coverage of the strands at SGC meetings in 2023/24 satisfies our recommendation.</p> <p>b. As per 2a above</p>	 <p>Completed</p>
<p>3. Whistleblowing</p>		
<p>The Staff Governance Committee Annual Report and Statement of Assurance including a statement confirming the Whistleblowing Champion's opinion on the adequacy NHS Fife's whistleblowing arrangements.</p> <p>Action Owner: Director of Workforce</p> <p>Original target implementation date 31 March 2024.</p>	<p>The Whistleblowing Annual Report 2022/2023 was presented to the SGC on 9 November 2023 and subsequently to Fife NHS Board on 28 November 2023. This includes a statement from the Whistleblowing Champion on the adequacy of NHS Fife's Whistleblowing arrangements.</p> <p>The SGC Annual Assurance Report/Statement for 2023/24 presented to SGC on 14 May 2024 includes a statement from the Board's Non-Executive Whistleblowing Champion on the adequacy NHS Fife's whistleblowing arrangements at section 4.13.</p>	 <p>Completed</p>
<p>6. Digital & Information Strategy</p>		
<p>a. Clinical Governance Committee (CGC) to be updated regarding the impact on strategic ambitions & new</p>	<p>a. The D&I Strategy update to CGC on 3 November 2023 included analysis of</p>	

<p>D&I Strategy of elements from previous strategy not yet delivered.</p> <p>b. The new D&I Strategy to include a resource & financial assessment supporting the likelihood of the revised D&I Strategy being delivered within the stated timescale.</p> <p>Action Owner: Associate Director of Digital & Information</p> <p>Original target implementation date 31 July 2024.</p>	<p>the delivery of items from the 2020-24 D&I Strategy and clearly shows items partially or not delivered. The update also identifies themes to be taken forward to the next iteration of the strategy (Complete).</p> <p>b. The D&I Strategy update to CGC on 3 November 2023 confirmed that this will be supported by a financial framework. The development of the revised D&I Strategy has been delayed. Target implementation date extended to 31 January 2025.</p>	<p>Minor slippage on agreed timelines</p>
<p>ICE Report 2022/23 (B08/23) - Update of Progress Against Actions</p>		
<p>Agreed Management Actions with Dates</p>	<p>Progress with agreed Management Actions</p>	<p>Assurance Against Progress</p>
<p>1. Committee Assurances</p>		
<p>a. The Board’s action list, which is currently maintained and followed up by the Corporate Governance & Board Administration team, will be tabled for review at future Board meetings.</p> <p>b. Risk sections within the SBAR papers presented to the Standing Committees and the Board should fully articulate the risks associated with the report, the linkage to the relevant Corporate or Operational risk and any related consequences.</p> <p>c. SBARs on Policy Updates to include a risk assessment on each policy which has passed the renew date, highlighting the risks and possible consequences of the policy not being reviewed within the timescale and superseded policies will be removed from Stafflink.</p> <p>Action Owner: Head of Corporate Governance & Board Secretary</p> <p>Original target implementation date 30 June 2023.</p>	<p>a. The Board’s Action List was included on the agenda for its meetings on 31 January and 28 March 2023 and a comparison of the two Action Lists shows that it is being updated between meetings (Complete).</p> <p>b. Improvements to the completion of the Risk Management section of SBARs presented to the Board and its Standing Committees was evident in a sample selected for meetings in December 2023, January 2024, and March 2024.</p> <p>c. Discussion on the policies that have lapsed review dates took place at EDG on 2 November 2023 and a risk-based approach to prioritise the review and update policies was agreed and relevant assurances regarding this were provided by the relevant responsible Executive Directors. FPRC were notified of this on 14 November 2023 (Complete).</p>	<p></p> <p>Completed</p>
<p>10. IG&S Incident Reporting to CGC</p>		
<p>The IG&S update report for the Clinical Governance Committee to be updated to include a section for IG Incident Management including:</p> <ul style="list-style-type: none"> o Reasons for any instances of non-compliance with the 72-hour statutory timescale for 	<p>IG&SSG Updates to CGC on 1 March 2024 includes assurance regarding compliance with the 72-hour timescale for reporting incidents to the ICO and consideration regarding whether or not any of the</p>	<p></p> <p>Completed</p>

<p>reporting to the ICO and what has been done to prevent this from happening in future.</p> <ul style="list-style-type: none">○ Sufficient information to allow an opinion on whether any of the incidents reported to date should be considered for disclosure within the Board's Governance statement. <p>Action Owner: Associate Director of Digital and Information</p> <p>Original target implementation date 31 May 2023.</p> <p>Extended to 29 February 2024 (TBC)</p>	<p>incidents will warrant disclosure in the Board's Governance statement.</p>	
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Meeting:	Public Health and Wellbeing Committee
Meeting date:	1 July 2024
Title:	Corporate Risks Aligned to the Public Health and Wellbeing Committee
Responsible Executive:	Dr Joy Tomlinson, Director of Public Health
Report Author:	Dr Shirley-Anne Savage Associate Director for Risk & Professional Standards

1 Purpose

This report is presented for:

- Assurance

This report relates to:

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

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

This paper provides an update on the corporate risks aligned to this Committee since the last report on 13 May 2024. The Committee is invited to:

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

2.2 Background

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

- relevance
- proportionality
- reliability
- sufficiency

2.3 Assessment



The Strategic Risk Profile as at end of May 2024 is provided in Table 1 below.

Table 1: Strategic Risk Profile

Strategic Priority	Total Risks	Current Strategic Risk Profile				Risk Movement	Risk Appetite
To improve health and wellbeing	4	2	2	-	-	◀▶	High
To improve the quality of health and care services	6	4	2	-	-	◀▶	Moderate
To improve staff experience and wellbeing	2	2	-	-	-	◀▶	Moderate
To deliver value and sustainability	6	4	2	-	-	◀▶	Moderate
Total	18	12	6	0	0		
Summary Statement on Risk Profile							
The current assessment indicates that delivery against 3 of the 4 strategic priorities continues to face a risk profile in excess of risk appetite. A review of Risk Appetite is currently underway with the Board members.							
Mitigations are in place to support management of risk over time with some risks requiring daily assessment.							
Assessment of corporate risk performance and improvement trajectory remains in place.							
Risk Key				Movement Key			
High Risk	15 - 25			▲	Improved - Risk Decreased		
Moderate Risk	8 - 12			◀▶	No Change		
Low Risk	4 - 6			▼	Deteriorated - Risk Increased		
Very Low Risk	1 - 3						

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

Table 2: Risks Aligned to the Clinical Governance Committee

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

Since the last report to the Committee on 13 May 2024:

- The four risks aligned to the Committee are as previously reported.
- The risk level breakdown is unchanged at - 2 High and 2 Moderate.

Key Updates

Population Health & Wellbeing Strategy

The transformation agenda taken forward through RTP will inform opportunities to work towards the delivery of the strategic ambitions although the service, workforce and financial challenge may have an impact on the scope and pace of the delivery of the ambitions within the Strategy.

Health Inequalities

Fife Partnership have agreed to explore the option of working with the Institute of Health Equity and becoming a Marmot place. This approach would build on the Plan for Fife and focus on health equity. Scoping work will take place in the summer and it will be discussed at their meeting in August.

Primary Care Services

Considered as part of the Primary Care Risk Report separate update.

Details of all risks are contained within Appendix 1.

Next Steps

The Corporate Risk Register will continue to evolve in response to feedback from this Committee and other stakeholders, including via Internal Audit recommendations. The Register will require to reflect the current operating landscape, and our risk appetite in relation to changes in the internal and external environment including developments associated with the Reform, Transform, Perform Framework. The Risks and Opportunities Group (ROG) will seek to enhance its contribution to the identification and

assessment of emergent risks and opportunities and make appropriate recommendations on the potential impact upon the Board’s Risk Appetite position. There is work currently underway with the Board to review the Risk Appetite.

The Group will also contribute to the development of the process and content of Deep Dive Reviews as part of a broader consideration of the Board’s assurance framework.

This report provides the following Level of Assurance:

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

2.3.1 Quality, Patient and Value-Based Health & Care

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

2.3.2 Workforce

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

2.3.3 Financial

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

2.3.4 Risk Assessment / Management

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

The Committee is asked to note the risk appetite status of its corporate risks.

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

The Board has a High appetite for risks within this domain.
Risks 1 and 4 have a current risk level of Moderate and are therefore below risk appetite.
Risk 2 has a current risk level of High and is therefore within risk appetite.

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

The Board has a Moderate appetite for risks within this domain.
The risk is currently assessed as High and is therefore above appetite. This reflects the sustained level of challenge across all aspects of Primary Care Services delivery.

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

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

2.3.6 Climate Emergency & Sustainability Impact

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

2.3.7 Communication, involvement, engagement and consultation

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

2.3.8 Route to the Meeting

- Nicky Connor, Director of Health & Social Care, on 20 June 2024
- Susan Fraser, Associate Director of Planning & Performance, on 20 June 2024
- Neil McCormick, Director of Property & Asset Management, on 20 June 2024
- Margo McGurk, Director of Finance & Strategy, on 20 June 2024
- Dr Chris McKenna, Medical Director, on 20 June 2024
- Carol Potter, Chief Executive, on 20 June 2024
- Dr Joy Tomlinson, Director of Public Health, on 20 June 2024

2.4 Recommendation

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

3 List of appendices

The following appendices are included with this report:

- Appendix 1, Summary of Corporate Risks Aligned to the Public Health and Wellbeing Committee as at end of May 2024
- Appendix 2, Assurance Principles
- Appendix 3, Risk Matrix

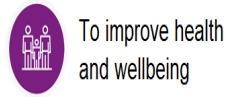
Report Contact

Dr Shirley-Anne Savage

Associate Director for Risk and Professional Standards

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**Summary of Corporate Risks Aligned to the Public Health and Wellbeing Committee
as at 20 June 2024**

								
	Risk	Mitigation	Current Risk Level / Rating	Target Risk Level & Rating by date	Current Risk Level Trend	Appetite (HIGH)	Risk Owner	Primary Committee
1	<p>Population Health and Wellbeing Strategy</p> <p>There is a risk that the ambitions and delivery of the new organisational Strategy do not deliver the most effective health and wellbeing and clinical services for the population of Fife.</p>	<p>The strategy was approved by the NHS Fife Board in March 2023. This is in the context that the management of this specific risk will span a number of financial years.</p> <p>NHS Fife's 3-year Medium Term Plan 2024/25 is yet to be agreed by Scottish Government and the Annual Delivery Plan 2024/25 was agreed by Scottish Government. The service, workforce and financial challenge may have an impact on the scope and pace of the delivery of the ambitions within the Strategy.</p> <p>The transformation agenda taken forward through RTP will inform opportunities to work towards the delivery of the strategic ambitions.</p>	Mod 12	Mod 12 by 31/03/24	◀▶	Below	Chief Executive	Public Health & Wellbeing

		For 2024/25, the PHW Strategy Mid Year Report and Annual Report was approved in January and May 2024 respectively by NHS Fife Board. The Annual Report included an update on the risks in delivery of the PHW Strategy.						
2	Health Inequalities There is a risk that if NHS Fife does not develop and implement an effective strategic approach to contribute to reducing health inequalities and their causes, health and wellbeing outcomes will continue to be poorer, and lives cut short in the most deprived areas of Fife compared to the least deprived areas, representing huge disparities in health and wellbeing between Fife communities.	<p>Public Health and Wellbeing Committee established, with the aim of providing assurance that NHS Fife is fully engaged in supporting wider population health and wellbeing for the local population.</p> <p>The Population Health and Wellbeing Strategy is monitoring actions which will contribute to reducing health inequalities.</p> <p>Consideration of Health Inequalities within all Board and Committee papers.</p> <p>Leadership and partnership working to influence policies to 'undo' the causes of health inequalities in Fife.</p> <p>Public Health working on approach to ensure that financial decisions under RTP take into account impacts on protected characteristics and inequalities.</p> <p>Development of Anchors strategic plan. Key achievements to date:</p> <ul style="list-style-type: none"> - Real Living Wage accreditation achieved 	High 20	High 15 by 31/05/24	◀▶	Within	Director of Public Health	Public Health & Wellbeing

		<ul style="list-style-type: none"> - 100% of newly awarded contracts of 50K and over are with Real Living Wage accredited businesses - Eight employability programmes in place and engaging with Local Employability partnership - Baseline reporting in place to track spend on local businesses within Fife <p>Fife Partnership have agreed to explore the option of working with the Institute of Health Equity and becoming a Marmot place. This is tabled for discussion at their meeting in August.</p>						
4	<p>Policy obligations in relation to environmental management and climate change</p> <p>There is a risk that if we do not put in place robust management arrangements and the necessary resources, we will not meet the requirements of the 'Policy for NHS Scotland on the Global Climate Emergency and Sustainable</p>	<p>Robust governance arrangements remain in place including an Executive Lead and a Board Champion. Regional working group and representation on the National Board ongoing.</p> <p>Active participation in Plan 4 Fife continues.</p> <p>The NHS Fife Climate Emergency Report and Action Plan have been developed. These form part of the Annual Delivery Plan (ADP). The Action Plan includes mechanics and timescales.</p> <p>The Board's Climate Change Annual Report was prepared for submission to PHWC in January 2024 and</p>	Mod 12	Mod 10 by 01/04/2025	◀▶	Below	Director of Property & Asset Management	Public Health & Wellbeing

	Development, Nov 2021.'	<p>thereafter to Scottish Government (SG) and has been published as per the requirements of the policy DL38.</p> <p>Resource in the sustainability team has increased to 4 FTE's in total including an energy manager who will be key in supporting the requirements of the strategy and policy.</p> <p>The Head of Sustainability has been seconded from the Estates initially for 18 months to drive delivery of the Climate Emergency Action Plan.</p> <p>A partnership plan for Fife Council, Fife College and University of St Andrews is being prepared for submission to the Fife Partnership board in May 2024. This will set out the agreed actions discussed in the 'addressing the climate emergency working group' and formally create joint actions we will work on as part of the climate emergency in Fife.</p> <p>The deliverables associated with climate change, will be monitored through the Annual Delivery Plan.</p>						
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 To improve the quality of health and care services

	Risk	Mitigation	Risk Level / Rating	Target Risk Level	Risk Level Trend	Appetite (MOD)	Risk Owner	Primary Committee
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				& Rating by date				
10	<p>Primary Care Services</p> <p>There is a risk that due to a combination of unmet need across health and social care as a result of the pandemic, increasing demand on services, workforce availability, funding challenges, adequate sufficient premises and overall resourcing of Primary Care services, it may not be possible to deliver sustainable quality services to the population of Fife into the short, medium and longer term.</p>	<p>A Primary Care Governance and Strategy Oversight Group (PCGSOG) is in place.</p> <p>A Primary Care Strategy was developed following a strategic needs analysis and wide stakeholder engagement. This was approved at IJB in July 2023 and is now moving to implementation. This is a 3 year strategy focused on recovery, quality and sustainability.</p> <p>Development of a Performance and Assurance Framework covering qualitative and quantitative performance will provide robust reporting, monitoring and oversight of implementation and impact of the Primary Care Strategy to committees quarterly. This is due by end of January 2024. Completed – this will go to the Primary Care Governance and Strategic Oversight Group for ratification. Complete</p> <p>Following approval of the Performance and Assurance Framework an annual report will be presented to Committee / IJB.</p> <p>A Primary Care Improvement Plan (PCIP) is in place; subject to regular monitoring and reporting to General</p>	High 16	Mod 12 by 31/03/25	◀▶	Above	Director of Health & Social Care	Public Health & Wellbeing

		<p>Medical Services (GMS) Board, Quality & Communities (Q&C) Committee, IJB and Scottish Government.</p> <p>A workshop took place in January 2023 to review and refresh the current PCIP to ensure it is contemporary and based on current position and known risks to ensure a realistic and feasible PCIP. A Primary Care Strategy Stakeholder workshop for year two is now being planned.</p> <p>Local negotiations in relation to MOU2 transitional payments are complete and agreement has been reached and implemented for 23/24. Awaiting further direction and/or guidance from Scottish Government for 24/25</p> <p>The review of leadership, management and governance structure which has been jointly commissioned by Deputy Medical Director (DMD) and Head of Service (HOS) for Primary & Preventative Care (P&PC) is now complete and ratified by PCGSOG.</p> <p>Memorandum of Understanding 2 (MOU2) - in line with the direction of MOU2, the focus for the PCIP remains to be delivery of a complete CTAC and Pharmacotherapy, This programme of work will be underpinned by the PCIP 2023-2024 with regular monitoring and oversight by the GMS groups and the</p>						
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		<p>governance structures of the IJB. This will be reviewed - April 2024. Complete</p> <p>Pharmacotherapy and CTAC models for care continue to be developed and implemented throughout 2024/25. A General Practice Pharmacy Framework has been issued by the Directors of Pharmacy which outlines the vision to transform the pharmacy service in GP Practices. Pharmacotherapy, CTAC and In Hours Urgent Care have been accepted to HIS Primary Care Improvement Collaborative</p> <p>MOU2 remains the national direction regarding delivery of PCIP. Programme of work continues with regular monitoring and oversight by GMS groups and governance structures of the IJB. Awaiting further direction and/or guidance from Scottish Government for 24/25</p> <p>Pharmacotherapy and CTAC models for care continue to be shaped and developed. The anticipated date for completion is April 2024. – Complete. Level of 82% achieved for CTAC. All practices (52 across Fife) have access to Pharmacotherapy service.</p> <p>Primary Care Strategic Communication Plan has been developed.</p>						
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Risk

Movement Key

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

Assurance Principles

General Questions:			
<ul style="list-style-type: none"> Does the risk description fully explain the nature and impact of the risk? Do the current controls match the stated risk? How weak or strong are the controls? Are they both well-designed and effective i.e., implemented properly? Will further actions bring the risk down to the planned/target level? Does the assurance you receive tell you how controls are performing? Are we investing in areas of high risk instead of those that are already well-controlled? Do Committee papers identify risk clearly and explicitly link the strategic priorities and objectives/corporate risk? 			
Specific Questions when analysing a risk delegated to the committee in detail:			
<ul style="list-style-type: none"> History of the risk (when was it opened) – has it moved towards target at any point? Is there a valid reason given for the current score? Is the target score: <ul style="list-style-type: none"> In line with the organisation's defined risk appetite? Realistic/achievable or does the risk require to be tolerated at a higher level? Sensible/worthwhile? Is there an appropriate split between: <ul style="list-style-type: none"> Controls – processes already in place which take the score down from its initial/inherent position to where it is now? Actions – planned initiatives which should take it from its current to target? Assurances – which monitor the application of controls/actions? Assessing Controls <ul style="list-style-type: none"> Are the controls "Key" i.e., are they what actually reduces the risk to its current level (not an extensive list of processes which happen but don't actually have any substantive impact)? Overall, do the controls look as if they are applying the level of risk mitigation stated? Is their adequacy assessed by the risk owner? If so, is it reasonable based on the evidence provided? Assessing Actions – as controls but accepting that there is necessarily more uncertainty <ul style="list-style-type: none"> Are they on track to be delivered? Are the actions achievable or does the necessary investment outweigh the benefit of reducing the risk? Are they likely to be sufficient to bring the risk down to the target score? Assess Assurances: <ul style="list-style-type: none"> Do they actually relate to the listed controls and actions (surprisingly often they don't)? Do they provide relevant, reliable and sufficient evidence either individually or in composite? Do the assurance sources listed actually provide a conclusion on whether: <ul style="list-style-type: none"> the control is working action is being implemented the risk is being mitigated effectively overall (e.g. performance reports look at the overall objective which is separate from assurances over individual controls) and is on course to achieve the target level What level of assurance can be given or can be concluded and how does this compare to the required level of defence (commensurate with the nature or scale of the risk): <ul style="list-style-type: none"> 1st line – management/performance/data trends? 2nd line – oversight / compliance / audits? 3rd line – internal audit and/or external audit reports/external assessments? 			
Level of Assurance:			
Substantial Assurance	Reasonable Assurance	Limited Assurance	No Assurance

Risk Assurance Principles:

Board

- Ensuring efficient, effective and accountable governance

Standing Committees of the Board

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

Committee Agenda

- Agenda Items should relate to risk (where relevant)

Seek Assurance of Effectiveness of Risk Mitigation

- Relevance
- Proportionality
- Reliable
- Sufficient

Chairs Assurance Report

- Consider issues for disclosure
- Emergent risks or

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 - Escalation
 - Recording
- Scrutiny or risk delegated to Committee

Year End Report

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

Risk Assessment Matrix

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

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

Figure 1 Likelihood Definitions

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

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

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

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

Figure 2 Risk Matrix

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

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

Figure 3 Consequence Definitions

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

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

Meeting: Public Health and Wellbeing Committee
Meeting date: 1 July 2024
Title: Primary Care Risk Update
Responsible Executive: Fiona McKay, Interim Director of Health and Social Care
Report Author: Lisa Cooper, Head of Primary and Preventative Care Services

1 Purpose

This report is presented for:

- Assurance
- Discussion

This report relates to:

- Annual Delivery Plan
- National Health & Wellbeing Outcomes / Care & Wellbeing Portfolio
- NHS Board Strategic Priority
 - To improve Quality of Health and Care Services/IJB Strategy

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

This paper is brought to the Committee as part of the reporting to the governance committees on the corporate risks and provides an update on the risk for Primary Care

The Committee is invited to:

- Consider the report.
- Take assurance on the significant work ongoing to mitigate this risk.

2.2 Background

The Board has a moderate risk appetite in the domain of improving the quality of health and care services. We acknowledge that healthcare, including Primary Care, operates within a highly

regulated environment, and we must meet high levels of compliance expectations in line with national standards and various regulatory bodies.

This report will describe the underpinning causes of the risk, and the internal and external factors that may impact on the risk. It sets out the actions we are taking to address the risk to meet expectations within a framework of prudent controls, balancing reducing the risk against continuing to manage and redesign services.

There is significant work ongoing in support of Primary Care in Fife which is described in the actions section of the report. These are actively ongoing with a common focus on delivering core health and care services safely and supporting:

- The Recovery of Primary Care
- Improving Quality of Primary Care
- Making our Primary Care system sustainable

2.3 Assessment

The report for the Primary Care services risk is shown at Appendix 1. This seeks to demonstrate how this risk is being managed and sets out the relevant external and internal factors impacting on this risk and the management actions that are being undertaken to provide assurance to members that mitigations will have an impact on the elements of the risk that we can influence and control and that we are actively monitoring the elements of the risk that we cannot control.

A key mitigation for this risk is the Primary Care strategy. This has recently been approved for implementation by the IJB and a 3-year plan will underpin delivery. As the plan is deployed impact is being closely monitored and reported via the Primary Care Strategic Implementation Group reporting to the Primary Care Governance and Strategic Oversight group and all relevant groups and committees that have responsibility for this area of work.

The Performance and Assurance Framework which has been agreed provides additional assurances of control measures and also information on performance and benefits being sought from both a qualitative and quantitative perspective.

At the moment there are limited external assurances in relation to the management of this risk, however, the Scottish Government provide close scrutiny and feedback on the Annual Delivery Plan submission which has key milestones and deliverables related to primary care.

There is confidence that although the risk rating level remains high, there is a moderate level of assurance that work is ongoing to support management of this risk and close scrutiny is being applied to delivery actions and monitoring of performance. It is acknowledged that there are external factors out with our sphere of influence and control but these are also being closely monitored

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	There is sufficient assurance that controls upon which the organisation relies to manage the risk(s) are suitably designed	There is some assurance from the systems of control in place to manage the risk(s), but there remains a significant	No assurance can be taken from the information that has been provided. There remains a significant amount of residual risk

	deliver. There may be an insignificant amount of residual risk or none at all.	and effectively applied. There remains a moderate amount of residual risk.	amount of residual risk, which requires further action to be taken.	
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2.3.1 Quality, Patient and Value-Based Health & Care

A resilient and thriving primary care 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. The actions being taken to mitigate this risk, support delivery of improved sustainability, quality and accessibility of primary care and recovery post Covid pandemic.

2.3.2 Workforce

Effective management of workforce risks will support delivery of primary care to improve staff health and wellbeing, and the quality of health and care services. The workforce risk reports on a regular basis to the Staff Governance Committee and recognises the significant challenge in relation to workforce availability and potential whole system impact. The workforce actions are contained in the Workforce Strategy and are monitored regularly. Some workforce challenges including medical, nursing, pharmacy, dental and mental health are also being raised and explored at a national level. Addressing this risk requires both change and transformation being progressed are in line with our staff governance standard and HR Policy with close working with both HR and staff side colleagues at all stages of the change processes.

2.3.3 Financial

Effective management of financial risks will support delivery of our strategic priorities including delivering value and sustainability. The Financial risk for primary care relates to both the Primary Care Improvement Plan and capital funding. This area of risk is being raised at a national level through financial, managerial and professional leads.

2.3.4 Risk Assessment / Management

This paper focuses on providing an update report into the primary care risk. Some of the mitigating actions directly relate to primary care and some connect to broader risks within the organisation and as such the mitigating action may be more complex and longer term e.g. addressing health inequalities.

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

Health Inequalities is referenced within this report and significant work is progressed at a locality level to address this connecting into wider work within the organisation including addressing health inequalities and Anchor ambitions.

2.3.6 Climate Emergency & Sustainability Impact

This paper does not raise directly, issues relating to climate emergency and sustainability however local working, improved premises and enhanced digital solutions all contribute to climate and sustainability.

2.3.7 Communication, involvement, engagement and consultation

This paper reflects a range of communication and engagement over time including direct public feedback through the development of the Population Health and Wellbeing Strategy and Health and Social Care Strategic Plan. There is regular engagement with clinical and professional teams on an ongoing basis about elements of this risk. Engagement with Director of Health and Social Care, Medical Director, Director of Pharmacy and Medicines and Director of Property & Asset Management. The primary care risk is also reviewed on a regular basis through due governance at both an operational level and a strategic risk for the organisation.

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.

- Fife HSCP SLT
- NHS Fife Executive Directors Group 20/07/2024

2.4 Recommendation

The Public Health and Wellbeing Committee are asked to:

- **Discuss** the report into the risk in relation to Primary Care, noting the external and internal factors identified and the mitigating actions being taken.
- **Take Moderate assurance** from the actions being taken noting delivery of these will be closely monitored.

3 List of appendices

The following appendices are included with this report:

- Appendix 1, Primary Care Risk Report
- Appendix 2, Primary care Strategy 2023-2026

Report Contact

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Risk Management Primary Care Risk Update Report July 2024



Contents

- 1. Introduction and Content of Report2
- 2. National and Local Strategy and Legislation2
- 3. Risk Background3
- 4. Current and Target Levels (Likelihood and Consequence)3
- 5. External Factors4
- 6. Internal Factors.....5
- 7. Risk Appetite.....6
- 8. Potential and Actual Areas for Improvement within Risk Management Activities7
- 9. Assurances**Error! Bookmark not defined.**
- 10. Conclusion8

1. Introduction and Content of Report

This report is being brought to Committee to provide an update on progress with the management of the corporate risk relating to Primary Care Services.

The risk is described as follows:

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

It is currently aligned to the strategic priority to improve the quality of health and care services.

2. National and Local Strategy and Legislation

Primary care services are an integral part of a well-functioning healthcare system. Development of the Primary Care Strategy supports a collaborative whole systems approach across NHS Fife and Fife Health and Social care Partnership (HSCP) to provide services that are safe and accessible and reflect the needs and demands of the population.

The statutory responsibility for the strategic planning and commissioning for Primary Care services lies with Fife Integration Joint Board. NHS Fife retains the statutory duty for provision with the Medical Director having Executive Responsibility.

The HSCP is responsible for the administration of the contracts and has the operational responsibility for oversight of delivery of primary care services.

The contracts for general practice, optometry, community pharmacy, and dentistry are negotiated and agreed at a Scotland wide level. It is recognised that national policy developments and agreements may change requirements over the period of the strategy and these will be kept under review.

The Chief Executive of NHS Scotland recently wrote to all NHS Chief Executives, NHS Chairs and IJB Chief Officers about the critical need to reform services to support wellbeing of people across Scotland. Renewed focus on improving the health of our population, addressing inequalities, prevention and early intervention is required to ensure the provision of services that will be able to meet the forecasted demand. The vision that will drive this reform, to enable people to live longer, healthier and more fulfilling lives, is underpinned by the four key areas of place-based population health improvement; early intervention and prevention; improved access; and high-quality service provision; all with people at the heart of decision making.

3. Risk Background

This report describes the underpinning causes of the risk of delivering Primary care services, including the internal and external factors that may impact on the risk. It sets out the actions that have already been undertaken and the further actions that are in progress to address the risk. These mitigating actions are delivered within a framework of prudent controls, balancing reducing the risk against continuing to manage, improve and redesign services.

4. Current and Target Levels (Likelihood and Consequence)

The following table highlights the current and target risk rating levels as at July 2024

Risk Rating (Likelihood x Consequence)	Risk Level	Rationale
Current Risk Rating 4 x 4 = 16	High	Rationale for Current Risk Rating: The key mitigation for this risk is the Primary Care strategy which was approved at Board July 2023 and is now almost at end of year one of 3 year implementation plan. Risk remains high till impact of the strategy is assessed against the performance framework now developed over the 3 year period. The strategy focuses on recovery, quality and sustainability with an overarching plan and specific deliverables which are designed to mitigate and manage the risks
Target Risk Rating 3 x 4 = 12 (By 31/03/2025) 2 x 4 = 8 (By 31/03/2026)	Moderate	Rationale for Target score: It is anticipated that as the Primary Care strategy is implemented over 2023 -2026 the risk will reduce. However, there are external factors that may influence the management of this risk so there is a requirement to continue close monitoring and management.

5. External Factors

These are national and external factors impacting on this risk over which we have limited, or no influence.

Changing demographics: The population projections for the future indicate a significant increase in our ageing population impacting directly on primary care service provision. In direct contrast with this increase is a reduction in our working age population and also some suspension of academic intake with specific professions, leading to recruitment difficulties now and for the future.

Finance: increased inflation and interest rates, changes to government funding processes including timings and uncertainty regarding recurrence of capital and revenue funding streams, national decisions regarding slippage in budgets due to other factors impacting on ability to spend (workforce challenges), pressures on partner bodies and sustainability of primary care contractors, volatility in the international pharmaceutical markets.

There is an emerging issue in regards to a pause to funding to support sustainability loans in line with the National Premises Code of Practice which underpins delivery of the GMS Contract (2018), which is another example where local planning and mitigation to manage risk can be superseded by a national funding decision.

National Directions and Developments: Decisions taken at Scottish Government level impacting on the delivery of health and care services and revisions to the governance framework for Health and Social Care including the implementation of the Health and Care (Staffing) (Scotland) Act 2019.

Contractual arrangements at a National level may impact at a local level across all contractors. There may be additional impacts as a result of the general election in July 2024 and Scottish Government election in 2026. The impact of EU exit has altered access to the international workforce and presented new challenges in attracting and recruiting staff from overseas.

Increased demand for services and unmet need: As services continue to recover from the pandemic, the impacts have added to the challenges already being faced as a health and care system. This includes the significant impact on the physical and mental health and wellbeing of individuals and communities which has seen an increased demand for primary care services including the important need for long term condition management and access to urgent primary care. It also has resulted in an increase in waiting times for outpatient and elective care meaning there has also been an increased pressure on our primary care system, particularly in general practice and dentistry, as patients seek support as their circumstances or conditions deteriorate. There are dependencies across the system in regards to strategic planning and impact of these plans which then impact directly on primary care and the risks being managed as a result of increased demand,.

Independent contracting business models: Whilst all Primary Care Contracting services are required to deliver services within their respective contracts and regulations, recognising their status as independent contractors, the emergence of different delivery/business models has created a level of unknown risk. In particular, the emergence of Dental Body Corporates (DBC), whereby multi- General Dental Practices (GDP) operate under a single DBC. These delivery models not only see larger bodies delivering multiple contracts/services within Fife, but also across the whole of the UK. Whilst as business models this creates clear economies of scale, with the scale of DBC being significant in Fife (around a 35% of all GDPs) there is a level of risk that any sustainability challenge will impact more of our local population. Work is already ongoing with Scottish Government to establish overview of these delivery/business models, however locally we have little control of the development of DBCs.

A whole system approach in line with the principles and objectives of the NHS Fife Population and Health Wellbeing Strategy seeks to address these factors locally with the strategic objective of prevention and early intervention working in partnership with HSCP strategic planning.

6. Internal Factors

These are factors over which we have the ability to seek to influence, mitigate, manage and/or control.

Demand on services: Primary care services are defined as the first point of contact for 90% of the population accessing health and social care. Primary care is delivered by the following independent contractors: General Medical Services, General Dental Services, Community Pharmacy and Community Optometry in association with NHS Fife primary care managed services. These services are experiencing increasing demand across all of Fife.

Finance: due to the external factors described in regard to finance processes and national direction regarding funding streams there are local challenges in regard to effective financial management and budgetary control. There is also an imbalance of the finance and resources required to deliver the GMS contract versus the monies awarded. There are also uncertainties including access to capital funding and more recent experiences include the impact in relation to the proposed builds in both Kincardine and Lochgelly and as advised previously the impact of funding pause for sustainability loans. It is important to utilise all mechanisms (finance, professional, national forums) to raise and highlight these challenges from both NHS Fife and Fife Health and Social Care Partnership.

Public Expectation: through the development of the primary care strategy there was significant engagement with the people of Fife and concerns in relation to accessing primary care was a common theme, making communication and ongoing engagement a critical element of all the work being progressed.

Workforce resource and staff wellbeing; There is a continued commitment to delivery of the Primary Care Improvement plan from Fife HSCP. Due to the lack of national direction in regard to Memorandum of Understanding 2 (MOU2) underpinning delivery of the GMS contract and lack of national specification for some services, this has resulted in difficulties in recruitment, retention of staff, and workforce availability in regard to the disciplines and skillsets required. The availability and key role of general practitioners has changed. This has enabled the development of multi-disciplinary teams (MDT) employing other healthcare professionals to expand the primary care workforce. It is therefore not unusual for people to now see an advanced nurse practitioner, physiotherapist, a mental health worker, or a pharmacist as the first point of contact, rather than a GP. This change in model of general practice has impacted on other primary care services, for example, increasing numbers of pharmacists and pharmacy technicians working in the general practice team impacts on the available workforce for community pharmacy, thus creating a risk of destabilisation of community pharmacy. Our workforce is our greatest asset and there are national recruitment challenges to more specialist roles.

Health Inequalities: As a result of unmet need, an increase in the poverty gap across Fife and current costs of living crisis impacting on health and outcomes for people, therefore there has been a corresponding increase in health inequalities. This makes the work essential in relation to supporting primary care at a cluster and locality level recognising that needs vary across Fife.

Premises: As we continue to build the MDT and deliver the primary care strategy, our access to quality, and readily accessible buildings that are fit for purpose is an ongoing challenge. It is necessary to ensure premises are suitable to deliver effective services. A primary care premises plan which is a key enabler within the Primary Care Strategy and is designed to ensure estates that are fit for now and the future. As advised within finance, current capital resource means there is a challenge in relation to delivery of new premises e.g. Kincardine and Lochgelly. Work will continue to review available premises and evolve our hub models to support care in a locality rather than what is necessarily in individual buildings to maximise clinical space. There has been positive impact of premises improvement funded by HSCP but impact on sustainability as a result of national decisions around sustainability loans in regards to premises code of practice. 7 practices are currently impacted and Primary Care team working directly to support and are engaging frequently and directly with Scottish Government also.

Digital: Technologies to support healthcare are advancing rapidly. There has been growth in this area within primary care. An example includes using near me for video technology and consultations. There is also ongoing work to standardise the clinical system nationally used by primary care which will require investment to implement. Further development and use of digital solutions will be part of supporting people to manage their own health and access services in a convenient, efficient, and effective way when needed. Examples include access therapies website, technology enabled care etc. As digital technologies develop there is an essential requirement to ensure equality of access is maintained.

Right Place, Right Time and the Multidisciplinary Team Approach (MDT):

Through participation and engagement activity, activity data review and also as a result of our patient experience governance process, it is recognised that due to various factors including our communities understanding of the models of care within primary care as it evolves in line with contract, strategy and transformation suggest there can be lack of understanding or confusion as to how and where to access the right care in the right time. There is a responsibility to ensure a Fife wide primary care communication plan that will promote a greater understanding of primary care services and enable people and communities to access the right care, at the right time and in the right place.

7. Risk Appetite

The Board has agreed a moderate risk appetite in the domain of improving the quality of health and care services. We acknowledge that healthcare, including Primary Care, operates within a highly regulated environment, and we must meet high levels of compliance expectations in line with national standards and various regulatory bodies.

8. Potential and Actual Areas for Improvement within Risk Management Activities

These are detailed within the risk mitigation action plan and include:

- **The Primary Care Strategy for 2023 – 2026** is now being implemented. This is a three-year strategy focussed on recovery, quality and sustainability, enabled by our workforce, our digital strategy, locality planning, finance and communication. A Primary Care Strategic Communication Plan has been developed to support the strategy.
- A Primary Care Governance and Strategy Oversight Group (PCGSOG) is established with Executive level membership and oversight reflective of the constitution of Primary Care.
- A Performance and Assurance Framework has now been approved and ratified by the PCGSOG. This covers qualitative and quantitative performance measures and will ensure robust reporting, monitoring and oversight of implementation and impact of the Primary Care Strategy to committees quarterly. An annual report will also be presented to Committee and the IJB.
- The review of leadership, management and governance structure which was jointly commissioned by Deputy Medical Director (DMD) and Head of Service (HOS) for Primary & Preventative Care (P&PC) is now complete and ratified by PCGSOG. An implementation plan is now in place with no identifies risks or issues to progress.
- A Primary Care Improvement Plan is in place. This is subject to regular monitoring by the General Medical Services (GMS) Board, Quality and Communities Committee, IJB and Scottish Government. This is currently being refreshed for 2024/25 and will be presented via Committees of IJB and NHS Fife in Autumn 2024 for information. This will be based on the resources available and will focus on equity and parity and effective workforce planning in alignment with strategy.
- Local negotiations in relation to MOU2 transitional payments are complete and agreement was reached and implemented for 23/24. MOU2 remains the national direction regarding delivery of PCIP. The programme of work continues with regular monitoring and oversight by GMS groups and governance structures of the IJB. Awaiting further direction and/or guidance from Scottish Government for 24/25
- In 2023/24, Pharmacotherapy and CTAC models of care continued to evolve resulting in a level of 82% achieved for CTAC. Additionally, all 52 practices across Fife have access to Pharmacotherapy service. Pharmacotherapy and CTAC models of care continue to be developed and implemented throughout 2024/25. A General Practice Pharmacy Framework has been issued by the Directors of Pharmacy which outlines the vision to transform the pharmacy service in GP practices. Pharmacotherapy, CTAC and In Hours Urgent Care have been accepted to HIS Primary Care Improvement Collaborative.
- The Primary care Leadership team are in direct and frequent dialogue with Scottish Government regarding any emerging issues to escalate and ensure awareness of real and potential impact to funding decisions e.g. sustainability loans. The team also ensure stakeholders are update regularly.

- A sustainability infrastructure is now convened with significant work progressed to reduce the amount of 2C practices (Health board managed) and return them to independent contractor status. Systems, processes and effective governance are established.
- A dental improvement plan lead by the Director of Dentistry which underpins the Primary care Strategy is in progress with realistic and feasible plans in place to support and improve access to urgent care and work with contractors where possible to increase access. Reporting of this is via the PCGSOG. Regular dialogue continues with the national Chief Dental Office to assure and seek support around improvement planning in line with legislation and ability to influence change.
- A specific improvement, action plan is also agreed within the strategy to improved shared care arrangements for Community Optometry in partnership with Hospital based optometry to support people being care for closer to home and within the primary care environment.
- Community Pharmacy continue to develop models of care in line with national and local direction working in partnership with the primary care team to include expansion of the Pharmacy 1st Plus programme supporting care in the right place at the right time and reducing demand and pressure across other areas of primary care and wider system

9. Assurances

- Regular reporting to the Primary Care Governance and Strategy Oversight Group, providing information on strategy development, progress of implementation of deliverables and action plans and risks.
- Regular Reporting via HSCP and NHS Fife governance structures, Committees of IJB and NHS Fife, Scottish Government providing information on quality as a strategic focus of the primary care strategy, this will include quality improvement, reduction in health inequalities and equity in access to care across Fife.
- Regular reporting, assurance, and escalation where appropriate to the GMS, Medicine Efficiencies optimisation Group, Financial Governance Board, and the Workforce Strategy Board. This reporting will contain and notwithstanding, new or increasing risks and mitigating actions related to service effectiveness, workforce planning and effective financial management.

10. Conclusion

This report is designed to provide a comprehensive update and position statement for assurance in regarding the current high level risk in regards to delivery and sustainability of Primary Care services within Fife.

There are various external factors which create and impact on the risk and ability to reduce level of risk but the target risk level remains lower and with continued implementation of the strategy is considered this will be achieved. Assurance is provided that the team and services responsible for delivery of primary have both strategic and senior operational oversight of all strategies and plans enabled to continue the

focus on recovery, quality and sustainability.

While it is recognised there are various internal control and actions described within the report, it is realised that these cannot achieve the strategic objectives in isolation and a whole system approach is required in line with wider strategic planning across the health and social care system and wider to ensure we have a thriving primary care service at the centre of a quality health and care systems supporting quality care in the right place at the right time for the people of Fife.

Assurance is given there is close and continual review of the actions being progressed via the governance structures convened and that the team are agile and responsive to any emerging issues or risks. There are also effective relationships established across all stakeholders which support constructive debate and routes for effective reporting and escalation both at national and local level.

The team seek to assure the committee regarding the planning and mitigating actions in place and seek their support in recognising the work progressed, established and completed in line with the mission to build a resilient and sustainable primary care service in parallel with the agreed risk appetite.



Fife Primary Care Strategy 2023-2026

Contents

- Forward 3
- Executive Summary 4
- Introduction 5
- National and Local Context 6
- Policy Context 8
- General Challenges..... 10
 - General Medical Services..... 13
 - Primary Care Dental Services 15
 - Community Pharmacy 17
 - Optometry Services 18
- Strategic Themes 19
- Vision 20
- Our Priorities 21
- Our Core Principles 21
- Strategic Alignment 21
 - Anchor Ambition 23
- Our Enablers 23
 - Workforce 23
 - Premises..... 24
 - Digital Technology 25
 - Finance 25
 - Communication..... 26
- Participation and Engagement 27
- Delivery Plan 27
- Planning and Governance 29
- Monitoring and Review 30
- Appendix 1: 3 Year Action Plan..... 31

Forward

This new Primary Care Strategy is one of the key strategies supporting delivery of Fife Health and Social Care Partnerships vision *for the people of Fife to live independent and healthier lives*. It also underpins NHS Fife's Population Health and Wellbeing Strategy and our collective commitment to the anchor ambitions.

Primary Care is the cornerstone of our health and social care system. We know that strong primary care services are cost effective, deliver positive outcomes, are accessible in local communities and are the first point of contact for people accessing healthcare. This is critical to supporting early intervention and addressing health inequalities and supporting people with more complex needs including long term conditions in their own communities.

Across general practice, community pharmacy, dentistry and optometry services thousands of people are in touch with primary care services every week and those services work in partnership with a much wider team across different professions, sectors and agencies.

The pandemic has had a significant impact on everyone's lives and we have all had to adapt and respond to the greatest personal and collective challenge many of us have ever faced in our lifetimes. We recognise the incredible commitment of staff within primary care and the teams that support and are aligned to primary care that have all gone above and beyond throughout the pandemic, adapting their roles and keeping people safe. We also recognise the outstanding contribution of unpaid carers and the impact of living with and recovering from the pandemic has had on people receiving health and social care support. The ambition in this strategy is focused on the recovery, quality and sustainability of primary care services in order to support access, continuity of care and the primary care workforce and the people of Fife.

The experience of patients, staff and those who are cared for through our services are at the heart of what matters. We recognise our primary care services are ideally placed to develop continuously supportive and enabling relationships with people and supporting them to make shared decisions about their care and helping them to manage their own health and wellbeing. We would like to thank everyone involved in developing this strategy for their commitment, innovative ideas and desire for positive change and for sharing what matters to them.

This strategy and delivery plan outlines our ambitious programme to support the recovery and transformation of our primary care services to ensure we have a resilient and thriving primary care at the heart of our integrated health and social care system supporting delivery of excellent, high quality, accessible and sustainable services for the population of Fife.



Dr Chris McKenna
Medical Director
NHS Fife

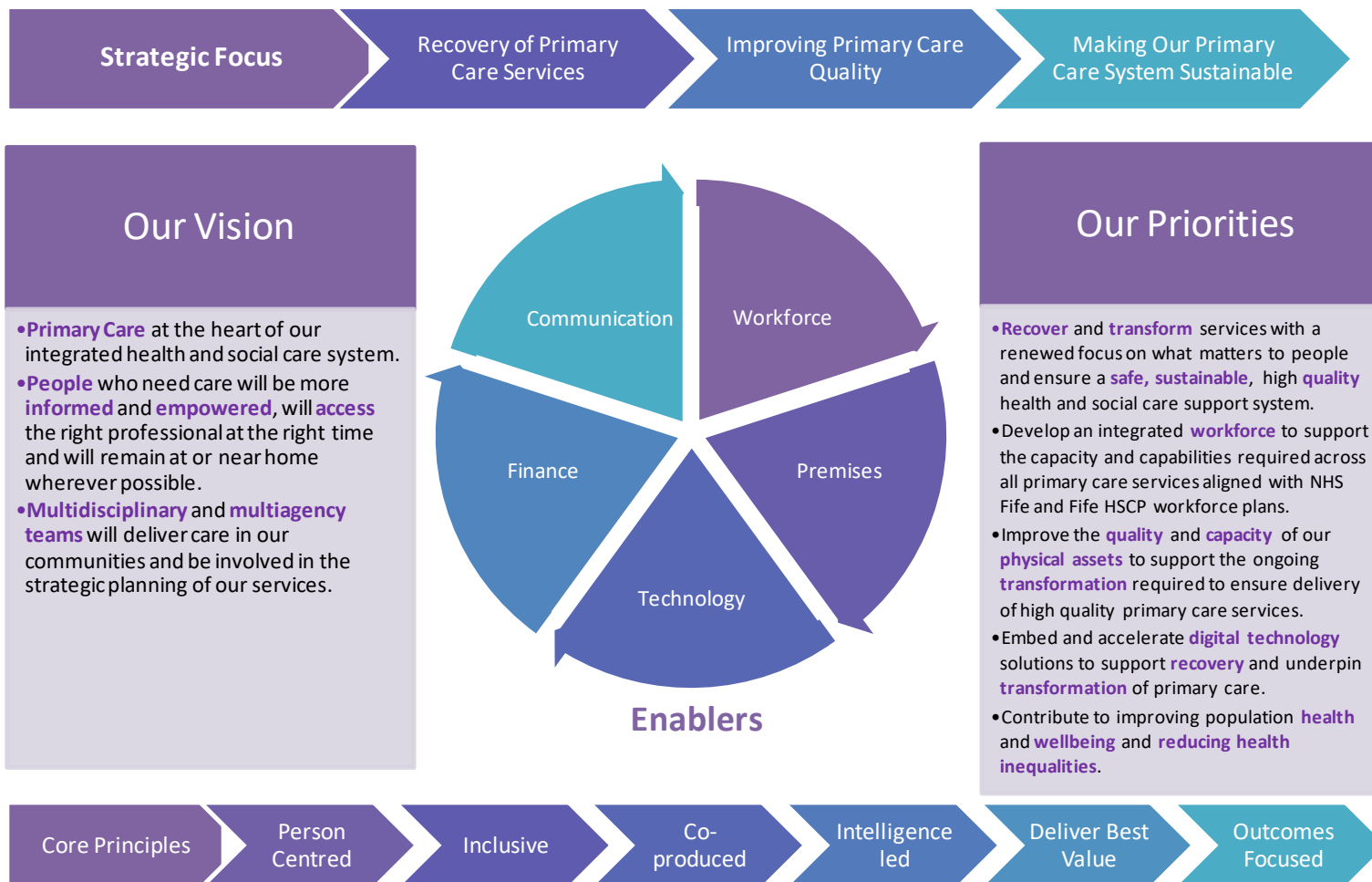


Nicky Connor
Chief Officer IJB
Director Health & Social Care

Executive Summary

Fife Primary Care Strategy 2023-26

A resilient and thriving primary care at the heart of an integrated health and social care systems supporting delivery of excellent, high quality, accessible and sustainable services for the population of Fife



Introduction

Primary care services are an integral part of a well functioning healthcare system and its influence on population outcomes and the function of the wider health and social care system cannot be overstated. Primary care is an individual's most frequent point of contact with the NHS and covers a wide range of services including:



Figure 1: Primary Care Services

This strategy recognises the importance of self care and self management. Most of the time, people use their own personal and community assets to manage their health and wellbeing to achieve the outcomes that matter to them. Primary care professionals provide accessible health care and support to individuals and families in the community, when it is needed, at whatever stage of life.

Strong primary care systems are positively associated with better health outcomes and a good primary care system will provide high-quality care for the population it serves, prioritise those at highest risk, support those with long-term conditions to self-manage these conditions as well as possible and play a significant role in longer-term prevention and early detection of disease and harm.

The scope of this strategy includes General Medical Services, Primary Care Dental Services including General Dental Services and the Public Dental Service, Community Pharmacy Services and Community Optometry Services (High Street Opticians).

Development of this primary care strategy supports a collaborative whole systems approach across NHS Fife and Fife Health and Social Care Partnership (HSCP) to provide services that are safe and accessible and reflect the needs and demands of the population. The strategy focuses on recovery, quality and sustainability to improve outcomes for individuals, local communities and to reduce health inequalities.

National and Local Context

The Public Bodies (Joint Working) (Scotland) Act 2014¹ requires local authorities and health boards to work together to integrate health and social care services. With a greater emphasis on joining up services and focusing on anticipatory and preventative care, integration aims to improve care and support for people who use services, their carers and their families.

The Council and Health Board working together to deliver these services is known as health and social care integration. Fife Integration Joint Board (IJB) is responsible for the planning and delivery of integrated arrangements and delegated functions in Fife which includes all aspects of Primary Care. The HSCP is the public facing aspect of the IJB and bring together employees of both organisations to work in partnership to deliver health and social care services (Figure 2).

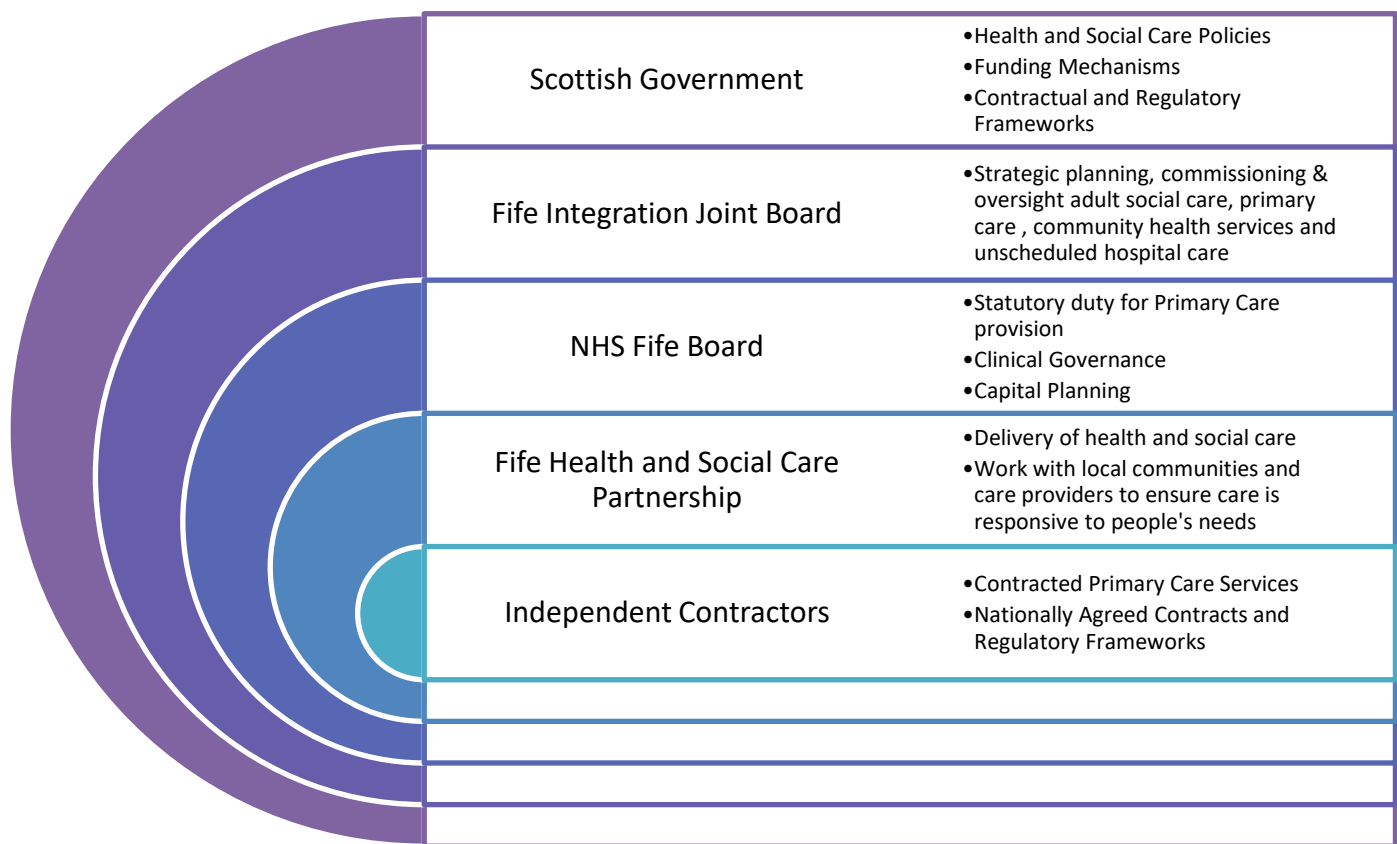


Figure 2: National and Local Context for Primary Care Services

General practitioners, dentists, pharmacists and optometrists are mostly independent contractors who are financially responsible for the business affairs of their practices and are contracted by NHS Boards to provide services on the Board's behalf within nationally negotiated contracts and regulatory frameworks (Figure 3).

¹ [Public Bodies \(Joint Working\) \(Scotland\) Act 2014 \(legislation.gov.uk\)](https://legislation.gov.uk)

General Medical Services	General Dental Services	Pharmaceutical Services	General Optometry Services
<ul style="list-style-type: none"> •Primary Medical Services (Scotland) Act 2004 •The National Health Service (General Medical Services Contracts) (Scotland) Regulations 2018 	<ul style="list-style-type: none"> •National Health Service (General Dental Services) (Scotland) Regulations 2010 and Amendment Regulations 2019 	<ul style="list-style-type: none"> •The National Health Service (Pharmaceutical Services) (Scotland) Regulations 2009 and Amendment Regulations 2021 •Scottish Drug Tariff 	<ul style="list-style-type: none"> •The National Health Service (General Ophthalmic Services) (Scotland) Regulations 2006 and Amendment Regulations 2018 •The National Health Service (Optical Charges And Payments) (Scotland) Regulations 1998 and Amendment Regulations 2023

Figure 3: Primary Care Contract and Regulatory Framework

Fife HSCP has set out the future direction of all health and social care services across Fife within their Strategic Plan². This Primary Care Strategy is one of the key transformational strategies supporting the implementation of the partnership’s Strategic Plan and achievement of their vision *for the people of Fife to live independent and healthier lives* and contributes to the delivery of their strategic priorities for local, sustainable, integrated services which focus on improving wellbeing and outcomes.

This strategy supports delivery of NHS Fife’s Population Health and Wellbeing Strategy³ and their four strategic priorities to:

- Improve health and wellbeing;
- Improve the quality of healthcare;
- Improve staff experience and wellbeing; and,
- Deliver value and sustainability within our primary care services.

This strategy is also aligned to the Plan for Fife⁴ which sets out the key recovery and renewal priorities being progressed through the Community Planning Partnership of which both NHS Fife and Fife HSCP are key partners.

The relationship between primary, secondary and social care and the third and independent sectors is critical to ensuring opportunities for collaborative working are maximised and care pathways are optimised to meet the health and care needs of the population.

This Primary Care Strategy supports an integrated approach across all partners in Fife with a common focus on improving health and wellbeing outcomes.

² www.fifehealthandsocialcare.org/publications

³ [Living well working well and flourishing in Fife \(nhsfife.org\)](http://livingwellworkingwellandflourishinginFife.nhsfife.org)

⁴ Plan-for-Fife-2017-2027.pdf

Policy Context

Primary Care has a central role in providing and coordinating care around the needs of local communities and making sure the care provided is the right care for an individual and is sustainable⁵. This approach supports person centred holistic care, minimises unwarranted variation and reduces inequalities which underpin the principles of Realistic Medicine⁶. This supports innovative ways to improve the way healthcare is delivered through value based health and care models to support a more sustainable health and care system⁷.

The National Health and Social Care Workforce Plan: Part Three⁸ focuses on improving workforce planning for primary care to support improvement and sustainability of primary care services, promote prevention and self management and development of new models of care. The future primary care workforce will have further enhanced and expanded multi-disciplinary teams. This will ensure the primary care workforce is made up of a variety of roles across health, social and community services, each contributing their unique skills to improving outcomes for individuals and local communities.

The Scottish General Medical Services Contract⁹ and its associated Memorandum of Understanding committed to a vision of general practice and primary care being at the heart of the healthcare system where multidisciplinary teams come together to inform, empower, and deliver services in communities for those people in need of care. It aimed to improve population health, reduce health inequalities and reduce General Practitioner (GP) workload through expansion of the multidisciplinary team and further development of GP clusters.

General practices are supported by primary health care teams, including community nursing, mental health and allied health professionals, to provide effective response to local health care needs. The planned expansion of the multidisciplinary team will enable clinical work previously undertaken by GPs to be delivered safely and effectively by other members of the multidisciplinary team and allow GPs to develop their role as expert medical generalists focusing on undifferentiated presentations, complex care, quality and leadership. The multidisciplinary team comprises a wide cohort of professional roles including nursing, pharmacy, paramedics, and allied health professionals.

Seven key principles underpin the expansion of the multidisciplinary team to ensure new roles and service provision is safe, person-centred, equitable, outcome focussed, effective, sustainable and affordable and represent value for money. The agreed priorities for implementation of the contract include:-

- Vaccination Transformation Programme;
- Pharmacotherapy;
- Community Treatment and Care Services;

⁵ [A National Clinical Strategy for Scotland - Summary - gov.scot \(www.gov.scot\)](http://www.gov.scot)

⁶ [Realistic Medicine – Shared decision making, reducing harm, waste and tackling unwarranted variation](#)

⁷ [Delivering Value Based Health & Care: A Vision For Scotland \(www.gov.scot\)](http://www.gov.scot)

⁸ [National health and social care workforce plan: part three - gov.scot \(www.gov.scot\)](http://www.gov.scot)

⁹ [GMS contract: 2018 - gov.scot \(www.gov.scot\)](http://www.gov.scot)

- Urgent Care;
- Additional Professional Roles; and,
- Community Link Workers.

GP Clusters are professional groupings of general practices with each practice represented by their Practice Quality Lead. The GP Clusters are aligned to the seven localities in Fife which supports strong multiagency working. The leadership of the Cluster Quality Lead (CQL) is essential to facilitating quality improvement work across the clusters and liaison with locality and professional structures. The CQLs work together, with protected time, to improve the quality of care for their local populations and contribute leadership to the development and planning of integrated care which will support quality improvement and reduce health inequalities.¹⁰

The Oral Health Improvement Plan¹¹ provides the overarching framework for the development of NHS dental service provision in Scotland. The programme of work aims to improve child oral health, access to NHS dental services, reduce oral health inequalities, meet the needs of an aging population, deliver more services in the high street, and improve information for patients and quality assurance and improvement.

Achieving Excellence in Pharmaceutical Care¹² sets out Scotland's strategic plan to transform the role of pharmacy across all areas of pharmacy practice, increase capacity and offer the best person centred care. Pharmacy teams are an important part of the workforce with specialist skills and expertise in medicines. The plan focuses on improving NHS pharmaceutical care services including delivering safer use of medicines and enabling NHS pharmaceutical care transformation through developing the capability and capacity of the pharmacy workforce, developing a digitally enabled infrastructure and planning delivery requirements for sustainable pharmaceutical care services.

Optometry services have developed since the introduction of free eye examinations in 2006 to the services being the first port of call for people with eye problems. The Community Eyecare Services Review (2017) highlighted areas of good practice and made recommendations to develop services to facilitate the care of patients safely in the community through local schemes supporting, for example, anterior eye conditions, post surgery cataract care, glaucoma and low vision services. It also recognised that those living in challenging circumstances are less likely to attend for regular eye examinations and recommended that local initiatives promoting a wider appreciation of eye health, the vital role of community optometry in the early detection of eye disease and for unplanned and emergency eye care, need to be supported and new ways of working developed to promote accessibility.

¹⁰ [PCA \(M\) \(2019\)08 - National guidance for clusters. A resource to support GP clusters and support improving together \(scot.nhs.uk\)](#)

¹¹ [Oral health improvement plan - gov.scot \(www.gov.scot\)](#)

¹² [Achieving excellence in pharmaceutical care: a strategy for Scotland - gov.scot \(www.gov.scot\)](#)

General Challenges

As described in the Fife Health and Social Care Strategic Plan and NHS Fife Population Health and Wellbeing Strategy, the whole system faces significant challenge. The challenges facing Primary Care in common with other parts of the health and social care system are summarised in Figure 4.

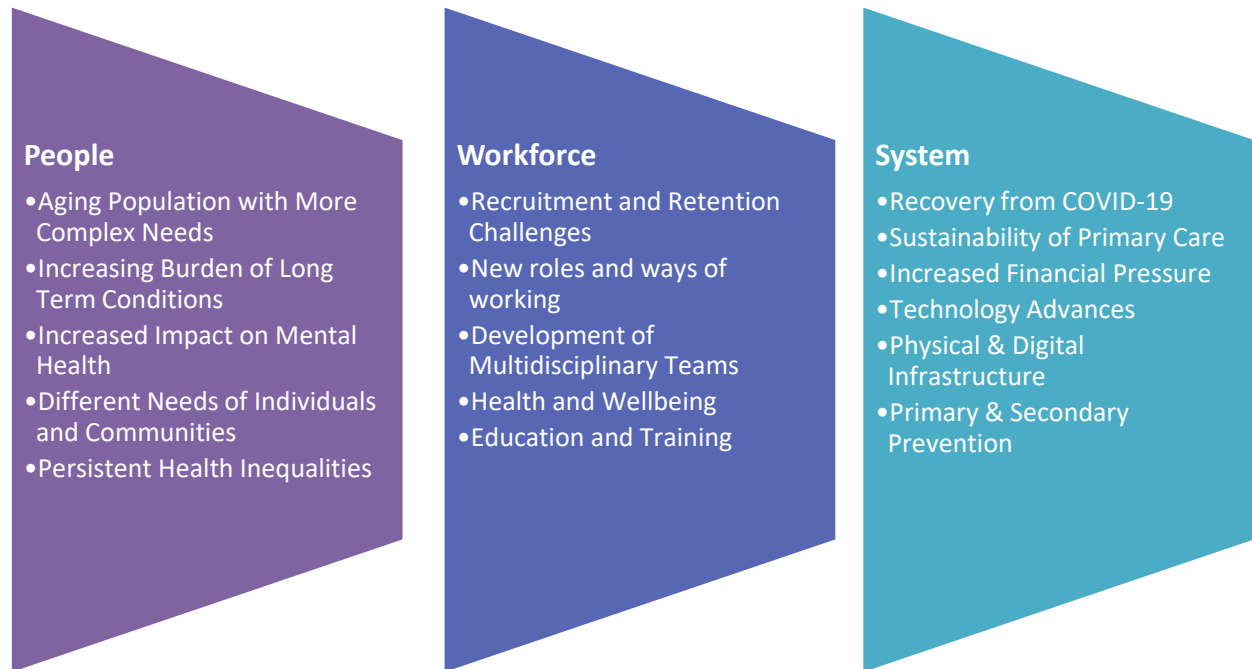


Figure 4 Challenges Affecting Primary Care Services

Changing Population

The population of Fife is aging and living longer with more long term conditions and complex care needs. The projected growth in the over 65 population will create additional demands for services and place a growing demand on unpaid carers. At the same time the working age population is shrinking which will have an impact on the whole health and care system (Figure 5).

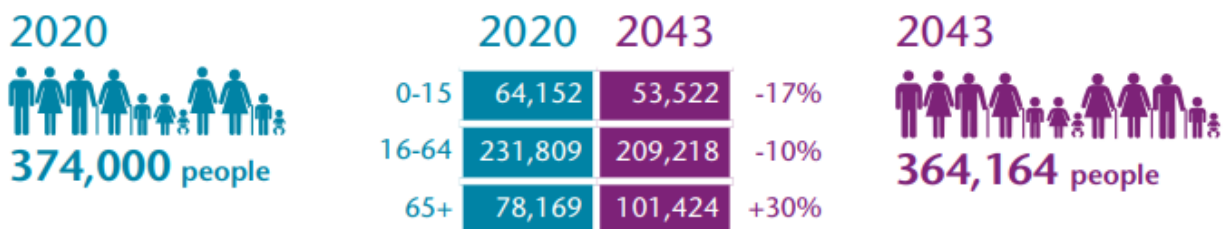


Figure 5 Projected population change in Fife 2020-2043

There are significant housing developments across Fife which will attract new populations and change the makeup of communities. This population growth will have a direct impact on all public services and increase demand for health and social care.

Carers

With an ageing population, the growing demand for unpaid care will increase and place greater pressures on public resources and health and social care budgets. Unpaid carers make a significant and highly valued contribution to supporting people in need in Fife. All partners are committed to working collaboratively to support carers and achieve the ambitions within the Carers Strategy¹³. The local knowledge of primary care practitioners and their relationships with individuals, their families, carers and communities means they can play a key part in ensuring carers have the information, advice and guidance they need, can direct them to available practical support, and contribute to them having a more positive experience.

Covid-19 Pandemic

The Covid-19 pandemic has significantly impacted the physical and mental health and wellbeing of individuals, communities and staff adding to the challenges already being faced by the health and care system and it will be some years before the full legacy is understood.

This has been a very challenging period with limited access to and delivery of some services resulting in many people experiencing longer waiting times for outpatient and elective care. This has increased pressure on primary care, particularly in general practice and dentistry, as patients seek support as their circumstances or conditions deteriorate.

In addition to the overall impact on population health and wellbeing the way people access services and how care is delivered has changed, for example, innovative use of digital technology has enabled provision of flexible services and alternative models of care to support people.

The pandemic continues to require the workforce to operate in an agile and dynamic way using a range of technologies to meet the daily challenges whilst ensuring people are safe and have their care needs met.

Mental Health

Good mental health is essential in achieving and improving outcomes for individuals and families. The growing demand for mental health care was a challenge pre pandemic with primary care often the first point of contact in supporting people experiencing and living with mental ill health and responding to people experiencing trauma and distress.

GPs play an important role in the protection of vulnerable adults, undertaking assessments to determine capacity through the Adults with Incapacity (Scotland) Act 2000, through interventions made under the Mental Health (Care and Treatment) (Scotland) Act 2003, and where intervention may be required to protect someone from harm under Adult Support and Protection (Scotland) Act 2007. In each of these areas health, social work, and social care colleagues work together to ensure human rights are upheld while appropriate safeguards are put in place to enable individuals to remain safe and as well as they can be.

¹³ [Carers-Strategy-for-Fife-2018-2021-FINAL-V2.3.pdf \(fifehealthandsocialcare.org\)](#)

Together with the HSCP's Mental Health Strategy this strategy supports the promotion of good mental wellbeing, prevention of poor mental health and distress, and provision of appropriate care and support locally and aligns with the National Mental Health Strategy priorities to prevent, promote and provide mental health care.

Health Inequalities

Health inequalities are caused by a wide range of factors which influence health and wellbeing. The rise in the cost of living, including fuel, energy, and food, is increasing the pressure on people, particularly those already facing financial hardship. In addition, there are different challenges across and within Fife's seven localities relating to accessibility, inclusion and health and wellbeing outcomes.

Significant health inequalities exist and persist within the Fife population.

- In 2016-2020 life expectancy in Fife was 10 years lower in the most deprived areas than the least deprived for males and 8 years lower among females.
- The most deprived areas have 35% more deaths and approximately double the number of early deaths (aged 15 to 44) than the Fife average.
- Fife has a higher rate of both emergency admissions and potentially preventable hospital admissions than Scotland.
- The most deprived areas have 53% more preventable emergency hospitalisations for a chronic condition, and 42% more repeat hospitalisations in the same year than the Fife average.

Socioeconomic deprivation and cost of living pressures are the main drivers affecting people's health. Each of Fife's localities contains geographies which have higher levels of need and therefore it is important to consider the impact of place on people when planning services¹⁴.

Workforce

The demographic of the workforce, changes in training, training gaps due to the pandemic and development of new and specialist roles are all impacting on the availability and recruitment and retention of key staff.

Finance

Demand for health and social care services is increasing whilst the available financial resource is under significant pressure. Making the best use of resources by redesigning services and doing things differently will be essential to meet the future health and care needs of the population.

There is a challenge between the planned projections of the workforce required and the available funding to fully implement the Primary Care Improvement Plan. This is a high level corporate risk and one of the key drivers in development of this strategy to ensure delivery of sustainable and effective primary care services. This pressure means there needs to be careful optimisation of all resources to maximise distribution and spread of services to meet local needs.

¹⁴ [nhs-fife-director-of-public-health-report-2020-and-2021-220220616.pdf](https://www.nhs.uk/press-releases/2022/02/22/nhs-fife-director-of-public-health-report-2020-and-2021-220220616.pdf) (nhsfife.org)

There is limited access to capital funding to support premises development which may impact on future capacity for service delivery. In developing models of care how existing resources can be used to maximise clinical space and optimise accessibility needs to be carefully considered.

Digital Infrastructure

Further development and use of digital solutions will be part of supporting people to manage their own health and access services in a convenient, efficient and effective way when needed; for example, use of *Near Me* video technology for consultations, access to therapies websites and technology enabled care. Alignment with NHS Fife and Fife HSCP digital strategies will ensure connectivity and support digital approaches that remain inclusive to the needs of our workforce and population and enable equitable access to primary care.

General Medical Services

Sustainability

Sustainability of GP practices has been a national concern prior to the pandemic and is largely influenced by the demographic of the workforce, difficulties with general practitioner (GP) recruitment and financial security. Over the past 10 years these sustainability challenges have resulted in an overall reduction in the number of general practices in Fife and a corresponding 16% increase in the average number of patients per practice.

Currently there are 53 General Practices across Fife with an average practice population of 7,394.

Sustainability challenges have also resulted in some practices returning their contracts and currently being managed as Health Board run services. General Practices and primary care teams are greatly valued for their commitment to provision of primary care services. The HSCP will continue to work collaboratively to support the independent contractor status of General Practice.

Workforce

The Primary Care Improvement Plan set out the planned implementation of the priorities with investment supporting the expansion of the multidisciplinary team being made through the primary care transformation fund.

Significant progress has been made to date with implementation of the new contract, including the aspirations published in 2021 with a second Memorandum of Understanding.

Investments made in expanding the workforce to deliver the aims of the contract have been partially implemented however challenges remain:-

- Recruitment of staff with the skills and competencies required;
- Significant pressure on the available funding to fully implement the plan;
- Premises capacity for additional clinical and administrative accommodation for the multidisciplinary team ;

- Digital solutions to enable remote working to happen more easily whilst retaining local access; and,
- The impact of the expanded multidisciplinary teams on other primary care services, for example, increasing numbers of pharmacists and pharmacy technicians working in the general practice team impacts on the available workforce for community pharmacy.

Progress on each of the priorities and remaining challenges is outlined in Table 1.

Transformation Priorities	Progress	Challenges
Vaccination Transfer Programme	Fully transferred	
Pharmacotherapy	Partial provision	National availability of Pharmacy workforce for delivery Financial resource No nationally agreed service specification
Community Care & Treatment Service	90% complete Full transfer expected by end 2023	
In hours Urgent Care	Partial provision Aim for full transfer by April 2024	Availability of Nursing and Paramedic workforce for delivery Financial resource
Additional professional roles	Partial provision	Availability of Advanced Practice Physiotherapists & Mental Health Nurses for delivery Financial resource
Community link workers	Link Life Fife available to all practices	

Table 1: Primary Care Improvement Plan Progress

Medical Training

General Practitioner Specialty Training

In partnership with National Education Scotland General Practitioner Specialty Training in Fife is fully supported. A breadth of relevant experience is provided through a variety of hospital placements and practice based experience within eleven GP training practices. However there are challenges in retaining general practitioners on completion of their training and there is a need to support development of portfolio career options and promote Fife as a good place to live and work.

ScotGEM

ScotGEM is a four-year graduate entry medical programme taught through a partnership between the Universities of St Andrews and Dundee in collaboration with NHS Fife. It is designed to develop doctors interested in a career as a general practitioner and focuses on rural medicine and healthcare improvement. The first cohorts graduated in 2022 and are progressing through their foundation years. At this stage it is not possible to estimate how many will become GPs in the future.

ScotCOM

NHS Fife has a strategic ambition to become a teaching Health Board. ScotCOM (Community Orientated Medicine) is a proposed medical degree which will be delivered between NHS Fife and the University of St Andrews. It is anticipated this programme will commence in 2025. Being able to provide high quality medical school placements in primary care and supporting practices to develop placement opportunities will support expansion of the future workforce and new career opportunities.

Digital Infrastructure

A programme of work is underway to standardise the clinical system used by primary care which will require investment to implement.

In addition, the design and development of the Digital Prescribing and Dispensing Pathways Programme¹⁵ is progressing with implementation anticipated to begin from 2024. The requirements for this will need to be factored into the digital health infrastructure.

Premises

Improving the quality and capacity of our physical assets will support transformation and delivery of high-quality primary care services. A primary care premises review has been undertaken which assessed the appropriateness of current primary care premises including the condition, functional suitability, utilisation, and quality of estate and identified the investment priorities to inform the updated Property & Asset Management Strategy and Primary Care Premises Strategy.

Primary Care Dental Services

General Dental Services

There are 67 independent dental practices (including 5 orthodontist practices) in Fife providing General Dental Services (GDS) through a mix of NHS and private care.

Dental Registration

Dental registration policy has changed over time and in 2010 lifetime registration was introduced. Figure 6 shows the trend in NHS dental registrations from 2006 to 2022. NHS dental registrations have been declining since 2020 as a consequence of the pandemic and workforce challenges.

Being able to register with an NHS Dentist in Fife is currently very challenging and this is also a national concern. In particular the proportion of children registered with an NHS Dentist has reduced from 93% in 2019 to 87% in 2022. Registrations are also impacted by deprivation with 85% of children living in the most deprived areas registered with an NHS dentist compared to 90% in the least deprived.

¹⁵ [About the Digital Prescribing and Dispensing Pathways programme | National Services Scotland \(nhs.scot\)](https://www.nhs.uk/about-the-digital-prescribing-and-dispensing-pathways-programme/)

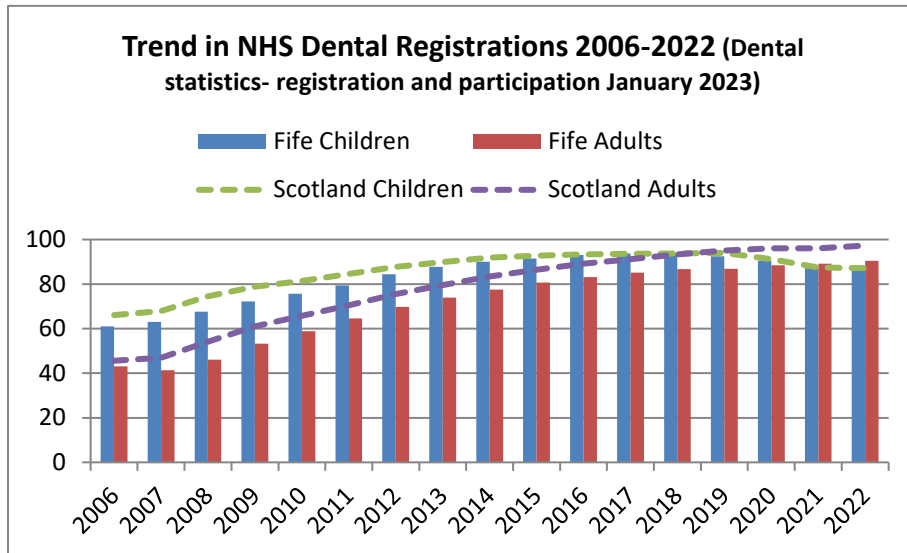


Figure 6 Trends in NHS Dental Registrations

Dental Participation

NHS dental participation is defined as contact with general dental service for examination or treatment in the 2 years prior to point of interest. Figure 7 shows the trend in participation rates. Participation rates have been affected by the lifelong registration policy from 2010; however there has been a marked reduction in participation due to the impact of the pandemic on access to dental care with only 54% of registered patients having seen an NHS dentist within the previous 2 years in 2022 compared to 74% in 2019.

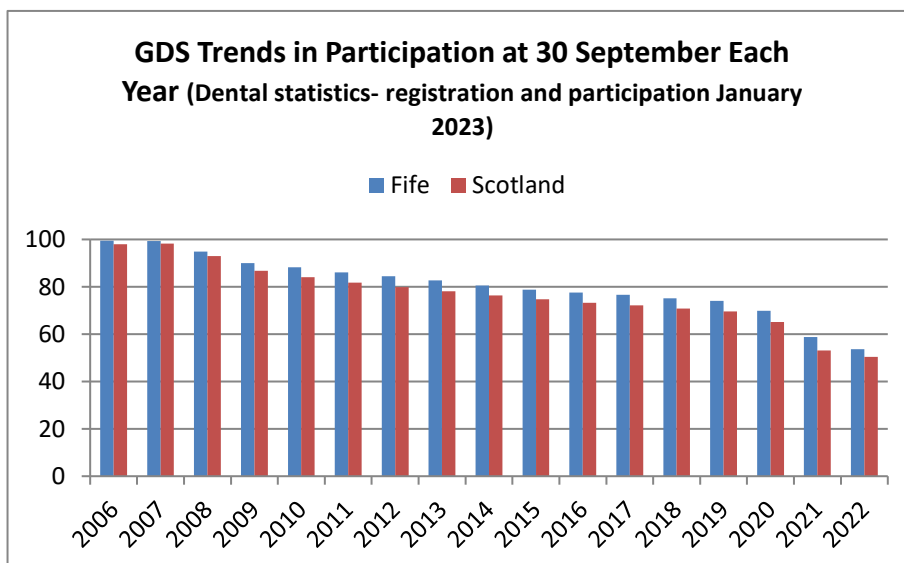


Figure 7 Trends in NHS Dental Participation

Children and adults from the most deprived areas were less likely to have seen their dentist within the last 2 years than those in the least deprived (table 2).

Table 2 Dental Participation Rates	Most Deprived	Least Deprived
Children	56.6%	74.7%
Adults	45.7%	54.1%

The main challenges impacting on dental services include:

- National and local recruitment and retention of dentists and dental care professionals;
- No dental graduates from the academic year 2020/21 due to the pandemic;
- Limited cover and access arrangements to provide urgent dental treatment for NHS patients registered with general dental practices;
- The potential impact of national reforms on sustainability.

Public Dental Services

The Public Dental Service (PDS) provides core services as well as care for priority and vulnerable groups and operates out of 12 sites in Fife including on hospital premises.

The PDS hosts the Fife Dental Advice Line for patients who are not registered with a dentist to help find a dentist and also facilitate access to urgent dental care. There are challenges with capacity of the PDS being able to provide treatment to patients who would normally access NHS dental services via their General Dental Practitioner.

The national oral health improvement programmes are delivered by the PDS. Oral health improvement actions continue to be recovered post pandemic with a focus on reducing inequalities.

Community Pharmacy

Pharmacy services have expanded considerably over the last decade and play a crucial role in supporting people in their own homes and communities. There are 86 community pharmacies in Fife providing approximately one pharmacy per 4,300 population. The pharmacies are well distributed across the region and meet the access needs of the vast majority of the population with no large gaps identified¹⁶.

The launch and expansion of the core NHS Pharmacy First service in April 2020 promotes the role of community pharmacies as one of the first points of call for people to access healthcare advice and medicines. Other core services, universally available, include Acute Medicines Provision, Public Health, and Medication Care and Review Services for people with long term conditions.

Community pharmacies also provide a wide range of enhanced services including services to care homes, care of people with substance misuse problems, palliative care network and vital capacity in vaccination programmes.

¹⁶ [June 2022 Pharmaceutical Care Services in NHS Fife 2021/22 \(scot.nhs.uk\)](https://www.scot.nhs.uk/june2022-pharmaceutical-care-services-in-nhs-fife-2021-22)

The Pharmaceutical Care Services in NHS Fife (2022) report highlights the importance of continuing to support the development of community pharmacy services through staff training and ensuring a robust infrastructure for continued delivery of pharmaceutical services that meet the needs of the population. Further development of local services may be impacted where the local facilities are not flexible enough to allow this to happen or where workforce challenges mean pharmacists need to focus on their core business and service.

Workforce challenges have emerged in part due to the expansion of clinical pharmacy roles working in General Practice. This service is a welcome addition to the multidisciplinary primary care team and delivers on several commitments to improving patient care. There is opportunity to focus on making best use of skill mix, including the roles of pharmacy technicians and pharmacy support workers to enable pharmacy teams embedded in GP Practices to focus on direct patient care activities, optimising their skill set.

In addition, there are challenges to the financial sustainability of community pharmacies with financial settlements being agreed through national negotiations.

Optometry Services

Optometry services are provided by High Street Opticians and are an integral part of the transformation of primary care services and the on-going development of community based care. Optometrists are trained to examine the eyes to detect defects in vision, signs of injury, ocular diseases or abnormality and problems with general health. An increasing number of community optometrists are registered independent prescribers and can issue NHS prescriptions to treat eye problems. Optometry is a stable part of our healthcare economy with national contracts facilitating both innovation and sustainability.

There are 50 optometry practices across Fife with a good distribution across the seven localities.

In 2021-22 optometrists in Fife completed 143,085 eye examinations which equates to 37.2% of Fife's population receiving an eye examination. Of those who received an eye examination 34% lived in the most deprived communities compared to 39% in the least deprived. 2.8% of examinations were completed through domiciliary visits¹⁷.

There are innovative developments within community optometry services to keep referrals for more complex conditions within the community network of optometry services therefore reducing referrals to secondary care services and providing care closer to home for our population.

A number of shared care schemes have been developed to provide enhanced local service provisions within Fife for the treatment of common eye conditions and management of chronic eye diseases such as glaucoma. These schemes have required optometrists to undertake

¹⁷ [Ophthalmic workload statistics - Statistics as at year ending 31 March 2022 - Ophthalmic workload statistics - Publications - Public Health Scotland](#)

additional accredited training and have enabled patients to be safely discharged from hospital eye care services into the community.

The Optometry Pharmacy First Pathway is working well and it is recognised that developing the referral pathway between general practice and optometry would support sharing of information and good practice.

Since 2006, significant investment has been made both through direct Scottish Government funding and by individual optometric practices in ensuring that the appropriate equipment is available to provide the relevant services and meet specific patient needs. Future development in community based eye care will need to include consideration of any related equipment and technology requirements.

Strategic Themes

A strategic needs assessment was undertaken to develop this strategy. The themes from this are identified in Figure 8.



Figure 8: Primary Care Strategic Themes

Vision

Our Vision:

Primary care will be at the heart of our integrated health and social care system. People who need care will be more informed and empowered, will access the right professional at the right time and will remain at or near home wherever possible. Multidisciplinary and multiagency teams will deliver care in our communities and be involved in the strategic planning of our services.

As an integral part of a well-functioning healthcare system primary care services aim to:-

- Provide high-quality, equitable care for the population they serve;
- Prioritise those at highest risk;
- Support those with long-term conditions to self-manage these conditions as well as possible;
- Play a significant role in longer-term prevention, early intervention and detection of disease and harm;
- Contribute to integrated care pathways across acute, primary and community services.

This strategy focuses on the recovery of primary care, improving quality and making our services more sustainable to achieve our strategic ambition to have a resilient and thriving primary care at the heart of an integrated health and social care system supporting delivery of excellent, high quality, accessible, equitable and sustainable services for the population of Fife (Figure 9).

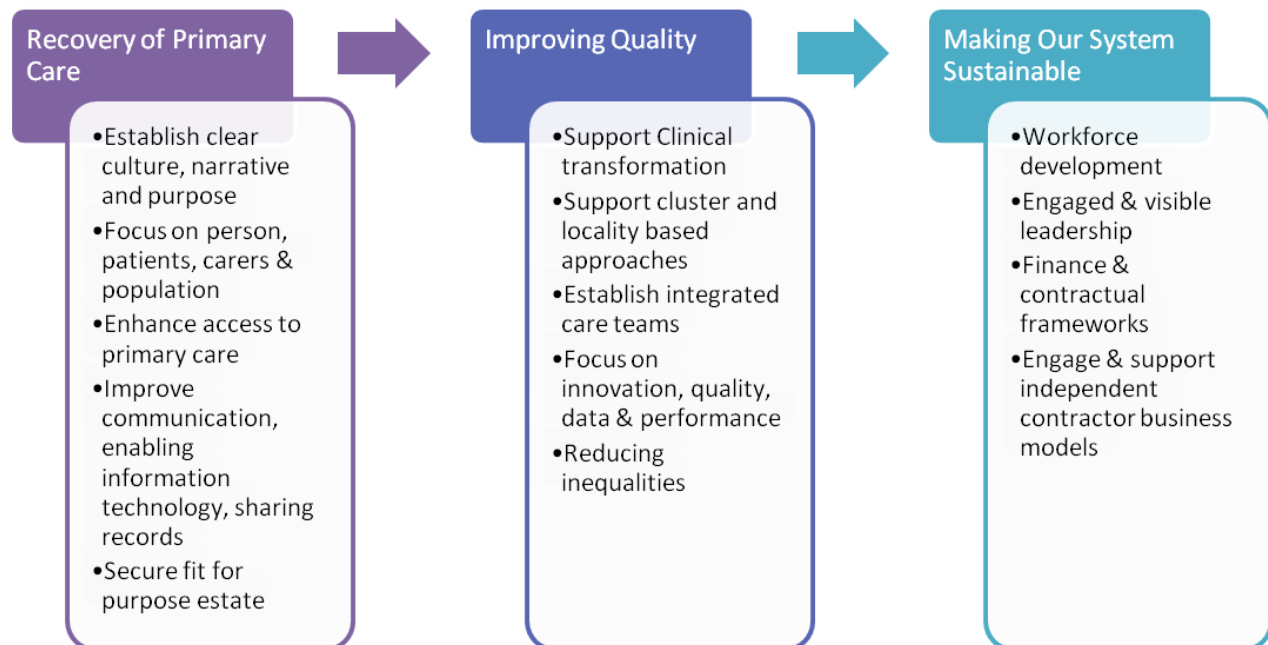


Figure 9: Strategic Focus

Our Priorities

Our Priorities:

1. To recover and transform services with a renewed focus on what matters to people and ensure a safe, sustainable, high quality health and social care support system;
2. To work with partners to develop an integrated workforce to support the capacity and capabilities required across all primary care services aligned with NHS Fife and Fife HSCP Workforce Plans;
3. To improve the quality and capacity of our physical assets to support the ongoing transformation required to ensure delivery of high quality primary care services;
4. To embed and accelerate digital solutions to support recovery and underpin transformation of primary care;
5. To contribute to improving population health and wellbeing and reducing health inequalities.

Our Core Principles

The core principles (figure 10) underpinning the transformation of primary care services will ensure they are person centred and responsive to the needs of individuals. They will ensure services are as inclusive and accessible as possible, informed by clinical evidence and expert advice. Services will be delivered at an appropriate pace to reduce risk and ensure people experience high quality, safe, effective and efficient care. Locality planning and engagement with partners and communities across the system will ensure services are co designed and tailored to local need and any barriers to accessing care and support services are removed. The development of a performance, quality and assurance framework will focus on continuous improvement in delivery and access to primary care services.



Figure 10: Core principles for the strategy

Strategic Alignment

This strategy supports the delivery of local and national strategic priorities together with the nine national health and wellbeing outcomes and six public health priorities (Table 3).

Primary Care Vision	Primary care at the heart of our integrated health and social care system. People who need care will be more informed and empowered, will access the right professional at the right time and will remain at or near home wherever possible. Multidisciplinary and multiagency teams will deliver care in our communities and be involved in the strategic planning of our services				
Primary Care Priorities	Recovery safe, sustainable, high quality services	Workforce development	Quality and capacity of our physical assets	Digital First solutions for recovery and transformation	Improve health & wellbeing & reduce inequalities
Fife HSCP Vision	People of Fife Live Independent and Healthier Lives				
Strategic priorities	Local	Sustainable	Wellbeing	Outcomes	Integration
NHS Fife Vision	Living well, working well and flourishing in Fife				
NHS Fife Priorities	Improve Health and Wellbeing	Improve The Quality Of Health And Care Services	Improve Staff Experience And Wellbeing	Deliver Value And Sustainability	
Plan for Fife Vision	A Fairer Fife				
Plan for Fife Priorities	Opportunities for all	Thriving places	Inclusive growth and jobs	Community led services	
Delivering Value Based Health & Care Vision	To deliver value based health and care; this will achieve the outcomes that matter to people and a more sustainable system				
Value Based Health & Care Aims	Improved Outcomes and Experience		Improved Equity of Access and Transparency		Sustainability & Stewardship
Nine National Health & Wellbeing Outcomes	People can look after their own health	Live at home or in a homely setting	Positive experience of services	Services improve quality of life	Services mitigate inequalities
	Carers supported to improve health	People using services are safe from harm	Engaged workforce Improving Care	Efficient resource use	
Six Public Health Priorities for Scotland	We live in vibrant, healthy and safe places and communities	We flourish in our early years	We have good mental health	We reduce the use of harm from alcohol, tobacco and other drugs	We have a sustainable, inclusive economy with equality of outcomes for all We eat well, have a healthy weight and are physically active
Table 3 Strategic Alignment of Vision and Priorities					

Anchor Ambition

Fife HSCP and NHS Fife are large organisations connected to the local communities of Fife. It is recognised that anchor institutions can make positive contributions by investing in and working locally and responsibly with others to:

- Employ people from local communities through fair and equitable employment practices and paying a living wage;
- Use our land and buildings to support local communities and influence health and wellbeing in education, housing and employment;
- Purchase goods and services locally where appropriate to support local businesses.

Both Fife HSCP and NHS Fife recognise that primary care contractors are placed at the very heart of the communities they serve and are committed to supporting them to realise their potential as anchors within their own localities.

Working in partnership with other organisations, including Fife Council, the Scottish Government, and the independent and voluntary sectors will support achievement of this ambition and alignment with the Fife Population Health and Wellbeing Strategy.

Our Enablers

The following enablers are critical to the successful implementation of this strategy (figure 11):

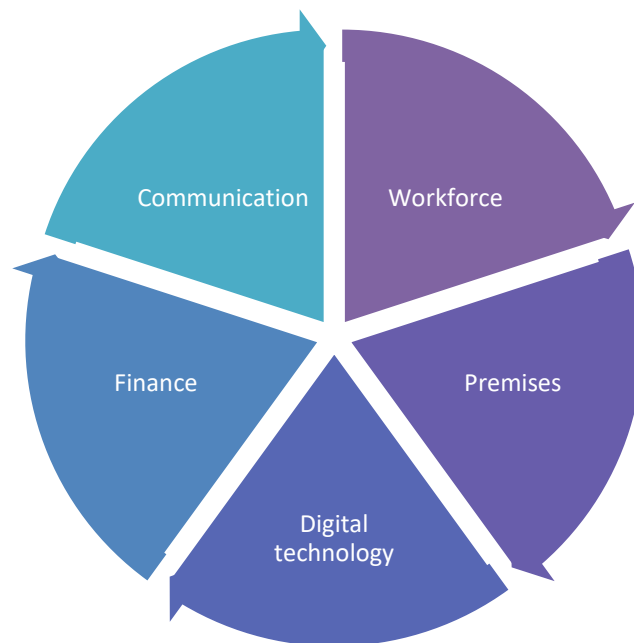


Figure 11 Key enablers

Workforce

A growing and aging population with increasingly complex health conditions needs a primary care workforce with the numbers and the breadth of skills to help people access the healthcare they need. As the front door to many other NHS services, sufficient capacity and capability in

primary care is critical for people getting timely access to other parts of the health and social care system.

Development of the workforce capacity and capabilities across all primary care services is critical to ensuring sustainable service provision. Development of initiatives that encourage people to want to live and work in Fife will maximise opportunities for recruitment and retention of all healthcare professionals. Developing careers of choice can be supported, for example, developing clinical and leadership roles for GPs such as the Primary Care Clinical Lead for Cancer and Palliative Care.

Both NHS Fife and Fife HSCP workforce plans are aligned to the five pillars of the national workforce strategy, to Plan, Attract, Train, Employ and Nurture their workforce¹⁸.

These principles underpin the development of an integrated primary care workforce with commonality across all independent contractors, managed services and across the wider health and social care system including the third and independent sectors with a focus on recruitment and retention, skill mix, training and development, health and wellbeing, career pathways and succession planning.

Development of the primary care workforce will also ensure locality and cluster based models are aligned with the HSCP's strategic vision and will ensure there is a focused, targeted approach related to the individual needs of communities.

Premises

The National Code of Practice for GP Premises¹⁹ describes the planned transition over a 25-year period to a model where GP contractors no longer own their premises. In addition, it provides a code of practice where a GP wishes the Board to acquire property or take on some of their responsibilities under an existing lease. To enable this vision, the GP Premises Sustainability Fund was established to allow GPs to access interest-free secured loans. This fund allows partners to release capital and encourages GPs to become partners in practices who own their own premises by reducing the up-front costs of becoming a GP partner.

A review of GP premises has been undertaken to establish an up-to-date baseline of key information to inform future development of primary care premises. The review considered:-

- The appropriateness of current primary care premises including technical assessment of condition, functional suitability, utilisation, and quality of estate;
- The estate requirements to implement the Primary Care Transformation Programme;
- The investment priorities to inform the updated Property & Asset Management Strategy;
- Future housing development and population changes.

The review has highlighted areas for major capital investment as well as a number of short, medium and long term investment priorities. The development of primary care premises is

¹⁸ [Fife-HSCP-Workforce-Strategy-and-Plan-2022-25.pdf \(fifehealthandsocialcare.org\)](#)

¹⁹ [National Code of Practice for GP premises - gov.scot \(www.gov.scot\)](#)

being led by the Director of Property and Asset Management and aims to ensure premises have the capacity to deliver the full range of services supporting the transformation of primary care and improved access to functionally suitable primary and social care premises.

Engagement with partners regarding the Local Development Plan for Fife²⁰ and place based initiatives will support identification of opportunities for future developments with the aim of designing premises which support delivery of public services in shared buildings with shared facilities.

Digital Technology

Improved use of technology has the potential to extend the range of care primary care can offer and improve the quality and accessibility of services. Although technology offers opportunities consideration needs to be given to issues related to digital exclusion and ensuring greater use of technology does not become a barrier for people.

Triage systems will continue to be developed to ensure that those with the greatest need are prioritised, and that patients are managed by the professional with the most appropriate skills to meet their needs in the right place, at the right time, first time.

The development and spread of models that allow for access and maximise use of communication technologies, for example, phone, NearMe, e-consult; will be supported to develop a system which reflects modern needs and expectations.

Collaborative working with digital colleagues in NHS Fife and partners across the health and care system will ensure alignment with NHS Fife and Fife HSCP digital strategies to support growth and embed and accelerate digital solutions to support recovery and underpin transformation of primary care.

Further investment in technologies which support self-care and self-management of long-term conditions will be required. In addition, there is a need to support the workforce and the population of Fife to increase their skills, confidence and access to digital options. These will be linked to the completion of the 2023 Digital Maturity Assessment and the HSCP Digital Strategy.

Finance

The remuneration of primary care contractors for their services is subject to national negotiations and agreements as set out in the relevant regulatory frameworks. National negotiations and funding arrangements for primary care service provisions are critical to sustainability for all contractors and early engagement with Government colleagues will be important to understand any potential impacts and mitigations.

²⁰ [Adopted FIFEplan - Keystone \(objective.co.uk\)](#)

Although contracts and associated payments are determined nationally, opportunities to develop services by targeting resources, seeking innovative and dynamic approaches and delivering at scale will be supported to enable local needs to be met and deliver best value.

This strategy will contribute to achievement of the measures within the Medium Term Financial Strategy including:

- Ensuring Best Value - ensure best use of and working within the resources available;
- Whole system working - building strong relationships with our partners;
- Prevention and early intervention - supporting people to stay well and remain independent;
- Technology first approach - to enhance self-management and safety;
- Commissioning approach - developing third and independent sectors;
- Transforming models of care - to support people to live longer at home, or a homely setting;
- Prescribing - reduce medicines waste; promote realistic prescribing to make effective contributions to the medicines efficiency programme.

The Primary Care Improvement Fund supports delivery of the Primary Care Improvement Plan. The plan is regularly reviewed and monitored to maximise use of all available resources and track future commitments and is reported through the finance and primary care reports to the relevant committees and Integration Joint Board.

Communication

Localities provide an opportunity for communities and professionals including GPs, primary care teams, secondary care, social work and social care, nurses, allied health professionals, pharmacists and others together with the third and independent sectors, to take an active role in, and provide leadership for, local planning of health and social care service provision.

Improving communication across the interface between primary, secondary and tertiary care services and developing care pathways, shared care initiatives and working collaboratively a strong vision for service delivery can be achieved and delivery of excellent care to improve population health and wellbeing can be maximised.

Strengthening primary care and community-based provision in each locality, and promoting recovery following the COVID-19 pandemic will be underpinned through design and delivery of services and supports that are based on an understanding of what matters to people in terms of their values, outcomes and experiences.

A Fife wide primary care communication plan will promote a greater understanding of primary care services and enable people and communities to access the right care, at the right time and in the right place.

Participation and Engagement

In developing this strategy consideration has been given to the published reports of the Health and Care Experience Survey²¹, the Health and Sport Committee findings of their inquiry on what primary care should look like for the next generation²², the consultations supporting the development of the Partnership and NHS Fife strategic plans as well as engaging with a wide range of stakeholders. A summary report of the engagement activity is provided in appendix 2. The Health and Sport Committee report identifies five key areas for development (Figure 12).

Workforce & Ways of Working	Patient Centred Approach	Preventative Focus	Community Wide Approach to Wellbeing	Use of Data and technology
<ul style="list-style-type: none"> •GPs share responsibility with Multi-Disciplinary Team; •Improved information sharing including access/input into records; •Better management of workforce to ensure supply meets demand; •Professional career development 	<ul style="list-style-type: none"> •More flexible appointment systems for working people; •Easy and accessible signposting to other available services; •More personalised relationship with health care professional; •Better triage system to direct service users 	<ul style="list-style-type: none"> •Encourage healthy eating; physical activity •Increase mental health services; wellbeing places in schools and workplaces •More holistic policy approach on health issues e.g. education, urban planning, Infrastructure •Personal responsibility for health; •Social prescribing 	<ul style="list-style-type: none"> •Making better use of community facilities for multifunctional purposes; •Bringing communities together could reduce loneliness and mental health issues; •Minimise costs of access, making initiatives more accessible to people including those in deprived areas 	<ul style="list-style-type: none"> •Desire for change including scheduling appointments; receiving results; corresponding with medical professionals by email; appointments via video; •Shared electronic patient record; •Data ownership; •Greater use of technology to monitor health

Figure 12 Five key areas for development (Scottish Government 2021)

Overall the public and staff have been very passionate about the importance of sustaining and improving primary care and have agreed with the vision, principles, and deliverables for this strategic plan.

Key themes from engagement on the delivery of the primary care strategy relate to access to care, availability of resources particularly staff, communication, information sharing, technological ability and the need for a joined-up approach. These themes are addressed in the delivery plan

Delivery Plan

The overarching delivery plan (table3) sets out our priorities, deliverables and planned outcomes and is supported with a more detailed action plan in Appendix 1.

²¹[Health and Care Experience Survey - gov.scot \(www.gov.scot\)](https://www.gov.scot)

²² [What should Primary Care look like for the next generation? Phase II | Scottish Parliament](#)

Table 3 Overarching Delivery Plan	Strategic Aim: A resilient and thriving primary care 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				
Priorities	Deliverables	Outcomes	Strategic Focus		
Recover and transform services with a renewed focus on what matters to people and ensure a safe, sustainable, high quality health and social care support system	<ul style="list-style-type: none"> Improve access to a wider range of care in our communities; Achieve new ways of working, develop local solutions and collaborate across the system to reset and recover services; Balance day to day activities, effectively manage unmet need and those presenting with greater complexity whilst continuing to recover from the pandemic. 	To have more seamless pathways between primary, secondary care and third and independent sector underpinned by a system and place-based approach with the individual engaged and involved in their care when possible.	R	Q	S
To work with partners to develop an integrated workforce to support the capacity and capabilities required across all primary care services aligned with NHS Fife and Fife HSCP Workforce Plans;	<ul style="list-style-type: none"> Expand our primary care workforce and ensure that this is more integrated, and better coordinated; Develop realistic primary care workforce plan with focus on training, recruitment and retention, career pathways, succession planning and staff health and wellbeing. Align the principles of workforce planning to support independent contractors where possible 	The right people are employed to support the needs of the local population; Increased control over workload due to increased efficiency, skill mix, education and resourcing;	R		S
Commitment to improve the quality and capacity of our physical assets to support the ongoing transformation required to ensure delivery of high quality primary care services.	<ul style="list-style-type: none"> Develop primary care premises strategic framework Support creation of whole system Initial Agreement; Facilitate and promote use of GP sustainability loans leading to the transition of property assets from GP to Board. Planning, infrastructure, delivery across, individuals, neighbourhood, place and system are supported. 	Development of a sustainable primary care asset base to support the effective provision of primary care services Our physical assets will enable expansion of the multidisciplinary teams to manage demand, create capacity, and support localities to operate at scale		Q	S
Embed and accelerate digital solutions to support recovery and underpin transformation of primary care	<ul style="list-style-type: none"> Digital solutions are created to enhance capacity and support the care delivery models; The environment is more supportive of digital health innovation to improve and enhance care delivery and support effective collaboration and new ways of working. 	Digital and technology solutions will underpin delivery of care as part of the mix of service provision and support	R		S
Primary Care Services contribute to improving population health and wellbeing and reducing health inequalities	<ul style="list-style-type: none"> Where possible the design, delivery and resourcing of primary care services will recognise the needs of people whose lives are negatively affected by inequalities, isolation and the wider social determinants of health Address the systematic disadvantage faced by people in deprived areas through provision of needs based care 	Services are co-designed with communities to better meet the needs of people, families and carers Action is taken to mitigate health inequalities through service design and monitoring the impact of the changes made		Q	S

Planning and Governance

The planning and governance of primary care services are shared across Fife Integration Joint Board, NHS Fife and Fife HSCP (Figure 14).

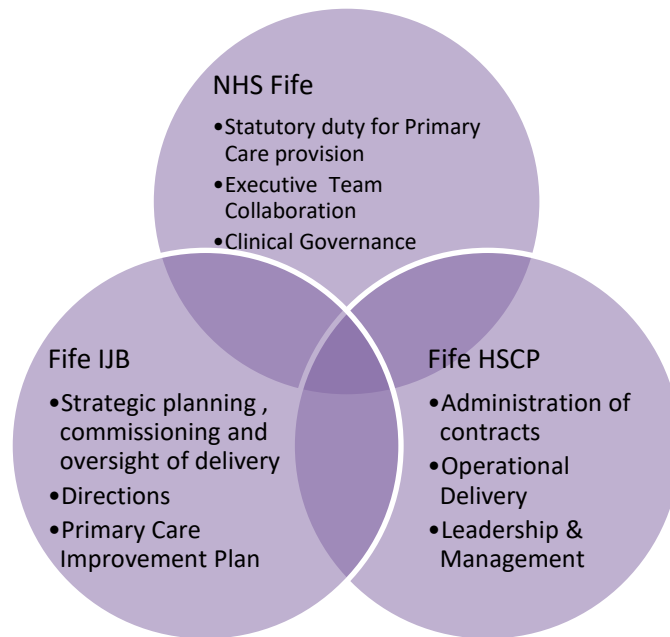


Figure 14 Planning and Governance Responsibilities

The statutory responsibility for the strategic planning, commissioning and oversight of delivery for primary care services lies with Fife Integration Joint Board supported by the Chief Officer / Director of Health and Social Care. NHS Fife retains the statutory duty for primary care provision with the Medical Director having executive responsibility for General Medical, Dental and Ophthalmic Services and the Director of Pharmacy and Medicines having executive responsibility for Community Pharmacy. The Director of Property and Asset Management has executive responsibility for the retained estate and the Director of Public Health ensures executive leadership to improving population health. This systems leadership approach values the individual and collective responsibilities of the Executive Team in support of Primary Care in Fife.

Through the governance structure effective oversight of implementation of the primary care strategy will be assured including identification and effective mitigation and management of risk as the plan evolves and is delivered.

Monitoring and Review

The contracts for general practice, optometry, community pharmacy, and dentistry are negotiated and agreed at a Scotland wide level. It is recognised that national policy developments and agreements may change requirements over the period of the strategy and these will be kept under review.

Progress on implementation of this strategy will be monitored through the Primary Care Strategic Oversight Group to enable responsive decision making and identify any necessary remedial actions, where required, to improve outcomes. Transformation and sustainability initiatives for all four independent primary care contractors together with any critical aspects of governance will be overseen by this group.

The Primary Care Improvement Plan is regularly monitored and reports to the GMS Board, Quality & Communities Committee, IJB and Scottish Government.

There has historically been a lack of reliable and robust data for primary care. The National Monitoring and Evaluation Strategy sets out the overarching national approach and principles which will shape future sustainable policy and service developments for primary care²³. To better understand how primary care contributes across the wider health and social care system, to equality of outcome and access, to ensuring our communities thrive, and to delivering public value a national indicator set and outcomes framework is in development.

A performance framework incorporating and building on the national key performance indicators will be established to monitor implementation and evaluate impact of this strategy.

Regular updates on progress will be reported to the Executive Directors Group and onto the appropriate Public Health and Clinical Governance Committees of NHS Fife Board, Fife IJB and Fife HSCP.

Monitoring and reporting over the life of the strategy, together with an evaluation of the strategy in the third year of implementation, will inform future direction and the development of future strategic plans.

Revision History

Document Title:	Primary Care Strategy		
Document Owner:	Lisa Cooper Head of Primary Preventative Care Services	Document Number:	
Date Approved by IJB:		Revision Number:	
Implementation Date:		Review Date:	
Print Date:	25/06/2024	Author:	Carol Bebbington

²³ [national-monitoring-evaluation-strategy-primary-care-scotland.pdf](#)

Appendix 1: 3 Year Action Plan

To realise our vision, the following plan outlines the actions to support recovery of and improve quality and sustainability primary care services. R=Recovery : Q=Quality: S=Sustainability

Overarching Actions							
Strategic focus			Action	Year 1	Year 2	Year 3	Systems Leadership
R	Q	S	Develop primary care workforce plan aligned with NHS Fife and Fife HSCP workforce strategies to ensure both managed service delivery and maximised support to independent contractors	√	√	√	Lead : Director of Nursing HSCP; Deputy Medical Director HSCP; Deputy Director of Pharmacy Critical: Head of Service Primary Preventative Care, HSCP Chief Finance Officer; HSCP Workforce & Organisational Culture Lead; Head of Workforce Planning & Staff Wellbeing NHS Fife; Staff Side Representative
R		S	Develop and implement Fife wide Primary Care communication and engagement plan – right care, right place, right time	√	√	√	Lead: Associate Director Communications NHS Fife; Head of Service Primary Preventative Care Critical: Head of Nursing Primary Preventative Care; Senior Portfolio Lead Primary Care
R	Q	S	Align the primary care strategy to the Fife HSCP performance, quality & assurance framework Develop NHS Contract Management and Performance Framework for Primary Care	√	√	√	Lead: Head of Performance, Planning and Commissioning Critical: Head of Service Primary Preventative Care, Director of Nursing HSCP, Deputy Medical Director HSCP
R	Q	S	Further strengthen leadership and governance arrangements	√	√	√	Lead: Head of Service Primary Preventative Care Critical: Director of Nursing HSCP; Deputy Medical Director HSCP; Deputy Director of Pharmacy; Portfolio lead Primary Care
R	Q	S	Assess impact of strategy against HSCP Strategic Plan and NHS Fife Population Health and Wellbeing Strategy			√	Lead: Head of Service Primary Preventative Care Critical: Head of planning, performance and commissioning HSCP; Director of Nursing HSCP; Deputy Medical Director HSCP; Deputy Director of Pharmacy; Portfolio lead Primary Care
	Q	S	Engage with partners and key stakeholders to influence national direction for primary care and contract reviews	√	√	√	Lead: Head of Service Primary Preventative Care Critical: Director of Nursing HSCP; Deputy Medical Director HSCP; Deputy Director of Pharmacy; Portfolio lead Primary Care
	Q	S	Evaluate impact on reducing health inequalities			√	Lead: Head of Service Primary Preventative Care Critical: Director of Nursing HSCP; Deputy Medical Director HSCP; Deputy Director of Pharmacy; Portfolio lead Primary Care

General Medical Services							
Strategic focus		Action	Year 1	Year 2	Year 3	Systems Leadership	
R	S	Support general practice in stabilising its position.	√	√	√	Lead: Head of Service Primary Preventative Care ; Deputy Medical Director;	
R	S	Support ongoing development of MDT	√	√	√		
Q	S	Support development of GPs Expert Medical Generalist Role	√	√	√		
R	Q	S	Build on implementation of VTP, CTAC and Pharmacotherapy priorities of the GMS contract	√	√	Critical: Portfolio Lead Primary Care; Head of Nursing Primary Preventative Care; Programme Manager Primary Care Improvement Programme; Clinical Directors Primary Care; Head of Pharmacy – Population Health and Wellbeing; Medical Education Lead; Head of Capital Planning / Project Director; Head of Estates and Facilities; Head of Digital Strategic Delivery; HSCP Communications Officer; LMC.	
R	S	Refresh and implement PCIP 2023/24	√	√			
Q	S	Support CQLs in delivery of cluster functions	√	√	√		
	S	Develop plan for GP training and options for portfolio careers to attract and retain GP workforce	√	√	√		
	S	Increase GP training accredited practices			√		
	S	Explore options to join Rediscover Joy in General Practice programme		√	√		
R	S	Continue to support GP sustainability loans	√	√	√		
R	Q	S	Continue to support minor works to make most of existing premises	√	√		√
Q	S	Develop Primary Care Premises Strategy;	√	√			
Q	S	Develop whole system Initial Agreement		√	√		
Q		Develop performance activity and outcomes data including assessing progress towards addressing health inequalities	√	√	√		
Q	S	Implementation of new GP Practice system (VISION)	√	√			
R	Q	S	Support development and spread of models that allow adoption of technologies	√	√		√
Q	S	Engage with Digital Prescribing and Dispensing Pathways Programme			√		
Q		Establish calendar of protected learning time in collaboration with UCSF	√	√	√		
	S	Evaluate the impact of the improvement plans on general practice capacity			√		
Q	S	Review delivery model for GMS learning from MOU implementation		√	√		

Primary Care Dental Services							
Strategic focus		Action	Year 1	Year 2	Year 3	Systems Leadership	
R	S	Increase access to NHS dental services.	√	√	√	Lead: Head of Service Primary Preventative Care Consultant in Dental Public Health; Critical: Clinical Director Public Dental Service; HSCP Dental Advisor Primary Care Manager; Business manager Public Dental Service Portfolio Lead Primary Care	
R	S	Consider recruitment and retention options	√	√	√		
R	S	Explore innovative ways to maximise current workforce capacity to deliver dental care and optimise outcomes	√	√	√		
R	S	Review and planning of PDS functions for non-registered and deregistered patients, initially to increase capacity for urgent care	√	√			
	Q	Refine referral pathways between GDS, PDS and secondary care services	√	√	√		
R	Q	S	Review Emergency Dental Service to improve sustainability and access	√	√		
	Q		Continue to recover Oral Health Improvement actions to reduce oral health inequalities	√	√		√
	Q	S	Assess impact of OHIP and refine Annual Delivery plan – targeted approach		√		√
R	S	Assess access to GDS and PDS dentistry – evaluate the impact of dental recovery through a number of indicators including registration and participation rates		√	√		
	Q	S	Consider national contracts revisions and impact on service delivery		√		√
Community Pharmacy Services							
Strategic focus		Action	Year 1	Year 2	Year 3	Systems Leadership	
R	S	Review current process and assure robust arrangements for recovery and progression of new pharmacy applications	√	√		Lead: Head of Service Primary Preventative Care Head of Pharmacy - Population Health and Wellbeing Critical: Lead Pharmacy, Community Pharmacy and Public Health; Primary Care Manager HSCP Locality Planning Manager	
	Q	S	Refresh Community Pharmacy hours of service contractual arrangements	√	√		
	Q		Continue to refresh and encourage public engagement with community pharmacy as a first line of contact for minor illness and self care advice – Right place, right time, first time	√	√		√
	Q	S	Ensure that the annual Pharmaceutical Care Services	√	√		√

		Report is co- designed with localities to meet the needs of local communities				HSCP Participation and Engagement Lead Portfolio Lead Primary Care;
Q	S	Engage with Digital Prescribing and Dispensing Pathways Programme			√	
Q		Prepare for all newly qualified pharmacists being independent prescribers from 2026			√	
Q	S	Support contractors to maximise the role of Community Pharmacies as Anchor institutions in their local communities.	√	√	√	
Optometry Services						
Strategic focus		Action	Year 1	Year 2	Year 3	Systems Leadership
Q	S	Develop GP-Optometry Pathway	√	√		Lead: Head of Service Primary Preventative Care
Q	S	Implementation of national community glaucoma service	√	√		Deputy Medical Director
Q		Review uptake of GOS across all localities and develop plan to address inequalities	√	√	√	Critical:
Q	S	Develop standardised approach to delivery of additional services	√	√	√	Secondary Care Ophthalmologist HSCP Optometry Advisor
Q	S	Review demand, access and equality of low vision services		√	√	Primary Care Manager HSCP Clinical Director
Q		Explore opportunities to enhance service delivery including investment in technology and greater collaboration with secondary care	√	√	√	Portfolio Lead Primary Care;
Q	S	Consider national contracts revisions and impact on service delivery		√	√	
Q		Prepare for all newly qualified optometrists being Independent prescribers from 2028			√	

**PUBLIC HEALTH & WELLBEING GOVERNANCE COMMITTEE
ANNUAL WORKPLAN 2024 / 2025**

Governance - General							
	Lead	13/05/24	01/07/24	16/09/24	11/11/24	13/01/25	03/03/25
Minutes of Previous Meeting	Chair	✓	✓	✓	✓	✓	✓
Action list	Chair	✓	✓	✓	✓	✓	✓
Escalation of Issues to Fife NHS Board	Chair	✓	✓	✓	✓	✓	✓
Governance Matters							
	Lead	13/05/24	01/07/24	16/09/24	11/11/24	13/01/25	03/03/25
Annual Committee Assurance Statement (inc. best value report)	Board Secretary	✓					
Assurance Statement for Public Health Assurance Committee and Equality & Human Rights Strategy Group	Director of Public Health	✓					
Annual Internal Audit Report	Director of Finance & Strategy		✓				
Committee Self-Assessment Report	Board Secretary						✓
Corporate Calendar / Committee Dates	Board Secretary			✓			
Corporate Risks Aligned to PHWC, and Deep Dives	Director of Finance & Strategy/Director of Public Health	✓ Population H&W Strategy	✓ Primary Care Services	✓ Environmental	✓ Health & Inequalities	✓	✓
Scottish and UK COVID 19 Inquiries Update	Director of Public Health			✓ Private Session			
Review of Annual Workplan 2024/25	Board Secretary					✓ Draft	✓ Approval
Delivery of Annual Workplan 2023/24	Director of Public Health	✓	✓	✓	✓	✓	✓
Review of Terms of Reference	Board Secretary						✓ Approval

Strategy / Planning							
	Lead	13/05/24	01/07/24	16/09/24	11/11/24	13/01/25	03/03/25
Alcohol and Drugs Partnership Strategy 2024-27 (and related topics)	Director of Health & Social Care	✓ Strategy					
Anchor Institution Programme Board Update	Director of Public Health	✓ Update on Anchor Institution Programme Strategic Plan Metrics Baseline			✓		
Annual Delivery Plan Scottish Government Response 2024/25 <i>(also goes to CGC, FP&R & SGC)</i>	Director of Finance & Strategy	✓ Draft	✓				
Annual Delivery Plan Quarterly Report <i>(also goes to CGC, FP&R & SGC)</i>	Director of Finance & Strategy		✓ Q4	✓ Q1	✓ Q2	✓	✓ Q3
Corporate Objectives	Director of Finance & Strategy		✓				
Greenspace Strategy Update	Director of Property & Asset Management			✓			
Implementation of the Promise National Strategy	Director of Health & Social Care		Deferred – awaiting national performance framework	✓			
Mental Health Estates Initial Agreement Update	Medical Director					✓	
Mental Health Strategy Implementation	Director of Health & Social Care						✓
Primary Care Strategy Delivery Plan	Director of Health & Social Care			✓			
Prevention & Early Intervention Strategy	Director of Health & Social Care		Deferred	✓ TBC			
Population Health & Wellbeing Strategy Update <i>(also goes to SGC)</i>	Director of Finance & Strategy	✓			✓		
Post Diagnostic Support for Dementia	Director of Health & Social Care					✓	

Quality / Performance							
	Lead	13/05/24	01/07/24	16/09/24	11/11/24	13/01/25	03/03/25
CAMHS Performance Update	Director of Health & Social Care	✓			✓		✓
Dental Services & Oral Health Improvement	Director of Public Health					✓	
Eating Well & Having a Healthy Weight and Staying Physically Active	Director of Public Health					✓	
Green Health Partnership Update	Director of Public Health				✓		
High Risk Pain Medicines - Patient Safety Programme, End of Year 2 Report	Director of Pharmacy & Medicines			✓			
Integrated Performance & Quality Report	Director of Finance & Strategy / Associate Director of Planning & Performance	✓	✓	✓	✓	✓	✓
Joint Health Protection Plan (two yearly)	Director of Public Health			✓			
No Cervix Exclusion Audit	Director of Public Health		Deferred		✓ Final audit report expected		
Psychological Therapies Standard Update	Director of Health & Social Care	✓			✓		
Spring Booster Campaign	Director of Health & Social Care	✓					
East Region Health Protection	Director of Public Health			✓			
Inequalities							
	Lead	13/05/24	01/07/24	16/09/24	11/11/24	13/01/25	03/03/25
Equalities Outcome Annual Report <i>(also goes to CGC)</i>	Director of Nursing						✓ 2025 Report
Participation & Engagement Report	Director of Nursing					✓	
Tackling Poverty & Preventing Crisis Action Plan & Annual Report 2023/24	Director of Public Health			✓			

Annual Reports / Other Reports							
	Lead	13/05/24	01/07/24	16/09/24	11/11/24	13/01/25	03/03/25
Adult Support & Protection Annual Report 2023/24 <i>(also goes to CGC)</i>	Director of Nursing		Deferred	✓			
Alcohol & Drugs Partnership Annual Report 2023/24	Director of Health & Social Care			✓ TBC			
Annual Climate Emergency and Sustainability Report 2023/24	Director of Property & Asset Management						✓
Director of Public Health Annual Report 2023/24 <i>(and additional updates, based on agreed priorities) (also goes to CGC)</i>	Director of Public Health			✓			
Fife Child Protection Annual Report 2023/24 <i>(also goes to CGC)</i>	Director of Nursing		✓				
Health Promoting Health Service Annual Report 2023/24	Director of Public Health			✓			
Immunisation Annual Report, including Strategy Strategic Framework 2024 - 2027	Director of Public Health		✓				
Public Health Screening Programmes Annual Report 2023/24	Director of Public Health				✓		
Pharmaceutical Care Services Annual Report 2023/24	Director of Pharmacy & Medicines				✓		
Sexual Health and Blood Borne Virus Framework Annual Report 2023/24	Director of Health & Social Care					✓	
Violence Against Women Annual Report 2023/24	Director of Health & Social Care						✓
Linked Committee Minutes							
	Lead	13/05/24	01/07/24	16/09/24	11/11/24	13/01/25	03/03/25
Equality and Human Rights Strategy Group	Director of Nursing	-	02/05	✓ 06/08	-	✓ 07/11	-
Public Health Assurance Committee	Director of Public Health	✓ 21/02	✓ 17/04	✓ 12/06 & 21/08	✓ 23/10	✓ 18/12	TBC

Ad Hoc Items / Additional Items							
	Lead	13/05/24	01/07/24	16/09/24	11/11/24	13/01/25	03/03/25
Update on Plan4Fife and Shared Ambitions	Director of Public Health		✓				
Equality And Health Inequalities Impact of Financial Decisions	Director of Public Health	✓					
Draft Public Participation and Community Engagement Strategy 2024-2028	Associate Director of Communications	✓					
Medical Assisted Treatment Standards	Director of Health & Social Care	✓					
United Nations Convention on the Rights of the Child (Implementation) (Scotland) Act 2024	Director of Public Health / Director of Health & Social Care	✓					
Creating Hope for Fife: Fife's Suicide Prevention Action Plan	Director Health & Social Care		✓				
Letter from the Scottish Government: Reforming Services and Reforming the Way We Work	Chief Executive		✓				
Matters Arising							
	Lead	13/05/24	01/07/24	16/09/24	11/11/24	13/01/25	03/03/25
Development Sessions							
	Lead						
Oral Health Prevention & Treatment	Director of Public Health	Dates being explored					
Focus of Committee, followed by a fundamental review of the Terms of Reference	Director of Public Health	Dates being explored (initial discussion scheduled for 9 July 2024)					
Child & Adolescent Mental Health Services and Psychological Therapies	Director of Health & Social Care	TBC					
Aspects of the Fife Alcohol and Drug Partnership Strategy 2024-27 and the MAT standards	Director of Health & Social Care	TBC					

Development Sessions (cont.)							
	Lead						
Joint Working with Partnerships - TBC	Director of Public Health						
Health & Transport - TBC	Director of Public Health / Director of Estates & Property Management						

Meeting: Public Health and Wellbeing Committee
Meeting date: 1 July 2024
Title: Corporate Objectives 2024/25
Responsible Executive: Carol Potter, Chief Executive
Report Author: Susan Fraser, Associate Director of Planning and Performance

1 Purpose

This report is presented for:

- Assurance
- Discussion

This report relates to:

- NHS Fife Population Health and Wellbeing Strategy
- Annual Delivery Plan
- Government policy/directive

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

- Safe
- Effective
- Person Centred
- NHS Board Strategic Priorities:
 - To Improve Health & Wellbeing
 - To Improve Quality of Health & Care Services
 - To Improve Staff Experience & Wellbeing
- To Deliver Value & Sustainability

2 Report Summary

2.1 Situation

The Committee is asked to consider the key corporate objectives for 2024/25. These objectives align with the NHS Fife Population Health and Wellbeing Strategy and the Re-form Transform and Perform Framework and will be taken formally to NHS Fife Board for approval.

2.2 Background

The Corporate Objectives details the priorities for NHS Fife for 2024/25 and beyond and aligns to the key strategic frameworks – the Population Health and Wellbeing Strategy and the Re-form, Transform and Perform Framework.

2.3 Assessment

The proposed Corporate Objectives were developed by the Executive Directors with support from the Associate Director of Culture, Development and Wellbeing. The Corporate Objectives are aligned with the existing strategic priorities within the Population Health and Wellbeing Strategy. They also reflect the focus areas of the Re-form, Transform, Perform Framework and the Annual Delivery Plan for 2024/25.

The Corporate Objectives aligned to the Improving Health and Wellbeing Strategic Priority 1 are:

- We will deliver pathways into employment in support of our Anchor ambitions through the development of innovative approaches to support priority groups to choose careers with NHS Fife.
- We will finalise the prevention and early intervention strategy and action plan across the life course focusing on child health and working with partners to address the building blocks for health.
- We will provide tiered support for people who are waiting for planned care building on the established 'Well' initiative and embed new learning from pilot work to support people who are waiting for appointments, procedures, and other care.

Each Corporate Objective has a Lead Director assigned and the Corporate Objectives form an integral part of Executive Director's performance management. The Chief Executive will have monthly meetings with each director to provide assurance for delegated responsibilities including review of performance metrics and to discuss and monitor personal objectives.

In addition to individual discussions with the Chief Executive, a Corporate Objective Review Group (comprising the Executive Team and the Associate Director of Planning and Performance) will meet every 2 months to report on progress against the delivery of the Corporate Objectives and the lead director will take ownership for a brief written update for their Corporate Objective(s).

This report provides the following Level of Assurance:

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

2.3.1 Quality/ Patient Care

NHS Fife corporate objectives underpin the delivery of high Quality of Health and Care Services.

2.3.2 Workforce

NHS Fife Corporate Objectives link directly to the strategic priority to “Improve Staff Experience and Wellbeing”.

2.3.3 Financial

NHS Fife Corporate Objectives link directly to the strategic priority to “Deliver Value and Sustainability”.

2.3.4 Risk Assessment/Management

Each Corporate Objective will be assessed against the corporate risk management framework.

2.3.5 Equality and Diversity, including health inequalities

Each corporate objective will complete an EQIA as appropriate.

2.3.6 Other impact

N/A

2.3.7 Communication, involvement, engagement and consultation

Developed through discussion with Executive Directors.

2.3.8 Route to the Meeting

This paper has been considered and agreed by the Executive Directors Group on 16 May 2024 and the Corporate Objectives have been approved in draft at the Remuneration Committee on 21 June 2024.

2.4 Recommendation

This paper is provided for:

- **Significant Assurance** – the Corporate Objectives 2024/25 capture the priority actions for NHS Fife aligned to the Population Health and Wellbeing Strategy and Reform, Transform and Perform Framework.
- **Discussion**

3 List of appendices

The following appendices are included with this report:

- Appendix 1 - Corporate Objectives 2024/25

Report Contact

Susan Fraser

Associate Director of Planning and Performance

Email: Susan.fraser3@nhs.scot

Corporate Objectives 2024/25

Executive Directors

Committees



Improve health and wellbeing

	Medical Director	Director of Nursing	Director of Public Health	Director of Finance & Strat	Director of Acute Services	Director of Health & Social Care	Director of Workforce	Director of Property & Asset Mang	Director of Pharm and Medicines	Director of Reform & Trans	Director of Comms	Director of Digital & Information
1 We will deliver pathways into employment in support of our Anchor ambitions through the development of innovative approaches to support priority groups to choose careers with NHS Fife.			L		✓	✓	L	✓			L	✓
2 We will finalise the prevention and early intervention strategy and action plan across the life course focusing on child health and working with partners to address the building blocks for health.			✓		✓	L						
3 We will provide tiered support for people who are waiting for planned care building on the established 'Well' initiative and embed new learning from pilot work to support people who are waiting for appointments, procedures, and other care.	✓	✓	L		L	L					✓	✓

Clinical Governance	Staff Governance	Finance, Resource and Performance	Public Health and Wellbeing
	✓		✓
✓			✓
✓		✓	✓



Improve quality of health and care services

4 We will establish a transformative and sustainable model for unscheduled care in Fife and implement sustainable changes that will lay a solid foundation for the reformation and continuous improvement of unscheduled care services, ensuring they are integrated, efficient, and responsive to the needs of our community.	✓	✓		✓	L	L	✓		✓	✓		✓
5 We will develop an Acute Services Clinical Framework and action plan that will guide the strategic direction and delivery of services throughout the lifespan of the strategy, ensuring a cohesive and integrated approach to healthcare provision that meets the evolving needs of our patient population.	L	L		✓	L	✓		✓	✓	✓		✓
6 We will develop an approach to clinically underpin Re-form, Perform and Transform initiatives enabling Realistic, Timely and Personalised Care through developing clear methodologies for implementation and measurement, and underlining the intrinsic link between this approach and the sustainability and value of healthcare services in Fife.	L	L		✓	✓	✓		✓	L	✓		

✓		✓	
✓		✓	
✓		✓	



Improve staff experience and wellbeing

7 We will develop a workforce staffing model for in line with our Re-form, Perform, Transform objectives. This will include full review of establishments across NHS Fife, demand modelling, and a full review of our skills and expertise to maximise our opportunities and continued pursuit of teaching board status.	L	L	✓	✓	✓	✓	L	✓	✓	✓	✓	✓
8 We will deliver against key staff governance metrics for 24/25. This includes reducing sickness absence levels to at least 6.5% and maintaining 80% compliance with mandatory training and 60% uptake of PDRs.	✓	✓	✓	✓	✓	✓	L	✓	✓	✓	✓	✓
9 We will develop and launch a leadership framework focussed on compassionate leadership and an open, transparent, and nurturing culture, underpinned by strong staff engagement.	✓	✓	✓	✓	✓	✓	L	✓	✓	✓	L	✓

	✓	✓	
	✓		
	✓		



Improve value and sustainability

10 We will Re-form, Transform and Perform our organisation to deliver a minimum of 3% recurring savings, and design, approve and commence plans to deliver break even for 2024/25, in support of medium to long term financial sustainability.	✓	✓	✓	L	✓	✓	✓	✓	✓	L	✓	✓
11 We will develop a digital framework to underpin RTP including specific delivery plans: to modernise administration and business enabling functions; to enhance adoption of technologies; to implement Digital Medicines; and to ensure further innovative approaches to support clinical redesign.	✓	✓		✓	✓	✓	✓		L	✓	✓	L
12 We will continue to implement actions to support the challenge of climate emergency including the reduction of energy, carbon, waste, and unnecessary travel together with improved use of our Greenspace; including the development of the whole system infrastructure plan.	✓	✓	✓	✓	✓	✓	✓	L	✓	✓	✓	✓

		✓	
✓		✓	
		✓	

Meeting: Public Health & Wellbeing Committee
Meeting date: 1 July 2024
Title: Annual Delivery Plan Scottish Government Response 2024/25
Responsible Executive: Margo McGurk, Director of Finance & Strategy
Report Author: Susan Fraser, Associate Director of Planning & Performance

1 Purpose

This report is presented for:

- Assurance

This report relates to:

- Annual Delivery Plan 2024/25

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

- Safe
- Effective
- Person Centred
- NHS Board Strategic Priorities:
 - To Improve Health & Wellbeing
 - To Improve Quality of Health & Care Services
 - To Improve Staff Experience & Wellbeing
 - To Deliver Value & Sustainability

2 Report summary

2.1 Situation

The guidance for Annual Delivery Plan (ADP) 2024/25 was distributed to territorial NHS Boards on 4 December 2023. The planning priorities set out in the guidance are intended to give clarity on the high-level priorities which Boards should deliver in 2024/25, whilst remaining flexible enough to allow Boards to appropriately plan and prioritise within their own financial context.

This paper presents the final Annual Delivery Plan 2024/25 and accompanying approval letter from the Scottish Government to the NHS Fife Board for final approval

2.2 Background

The Delivery Plan guidance was issued alongside the NHS Scotland Financial Plan 2024/25 Guidance and the two have been produced in conjunction.

The planning priorities set out in this guidance are intended to give clarity on the high-level priorities which Boards should deliver in 2024/25, whilst remaining flexible enough to allow Boards to appropriately plan and prioritise within their own financial context.

The ten ‘Drivers of Recovery’, which will be used to frame planning 2024/25, have remained broadly in line with those used in 2023/24. The changes from 2023/24 drivers are:

- Health Inequalities driver has been expanded to cover a wider range of population health planning
- Digital Services and Technology and Innovation Adoption have now been merged into a combined “Digital Services Innovation Adoption” driver.
- Women and Children’s Health driver has been added

2.3 Assessment

The Annual Delivery Plan 2024/25 was submitted on 21 March 2024. The feedback letter from the Scottish Government was received on 28 May 2024 approving the plan stating that the Scottish Government was satisfied that the ADP broadly meets the requirements and provides appropriate assurance under the current circumstances.

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 main aim of ADP process is to continue to deliver high quality care to patients.

2.3.2 Workforce

Workforce planning is key to the ADP process.

2.3.3 Financial

Financial planning is key to the ADP process.

2.3.4 Risk Assessment / Management

Risk assessment is part of ADP process.

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

Equality and Diversity is integral to any redesign based on the ADP process.

2.3.6 Climate Emergency & Sustainability Impact

N/A

2.3.7 Communication, involvement, engagement and consultation

Appropriate communication, involvement, engagement and consultation within the organisation throughout the ADP process.

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 11 March 2024 (by email)
- NHS Fife Board 26 March 2024 (in private)
- NHS Fife Board 20 June 2024

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 No. 1, NHS Fife Annual Delivery Plan 2024/25
- Appendix No. 2, NHS Fife Delivery Plan 2024/25 Approval Letter

Report Contact

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Annual Delivery Plan 2024/25

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Contents

Planning Context.....	2
Population Health and Wellbeing Strategy	3
Medium term Financial Plan 2024-27	3
Re-form, Transform and Perform Framework.....	4
Regional planning.....	5
Risk Management	5
Recovery Drivers	6
1 Primary and Community Care	6
2 Urgent & Unscheduled Care	10
3 Mental Health	18
4 Planned Care	22
5 Cancer Care.....	27
6 Health Inequalities and Population Health.....	31
7 Women and Children’s Health.....	38
8 Workforce.....	42
9 Digital Services Innovation Adoption	46
10 Climate.....	50

Planning Context

This Annual Delivery Plan 2024/25 has been developed within the context of the NHS Fife Population Health and Wellbeing Strategy 2023-28, “*Living Well, Working Well, and Flourishing in Fife*”, aligned to Scottish Government Recovery Drivers for 2024/25.

We recognise that our plans over the coming year and beyond, will remain subject to change as we adapt to the significant financial context, as set out in the letter from the Scottish Government, Director of Health & Social Care Finance on 19 December 2023: “*the financial pressures across health and social care, are, by far, the most challenging since devolution*”.

At present, many of our ambitions and plans do not fully take into consideration the risks of the evolving financial situation and the difficult decisions that may be required as we engage with the public and staff on a range of emerging cost reduction initiatives. It may be necessary to accept deviations from desired performance metrics in certain areas temporarily and the Board may need to make informed decisions to prioritise certain aspects of care, which might lead to short-term variances in performance metrics. These decisions are essential for achieving longer term balance and sustainability in our health and care system, ultimately leading to improvements in patient care and system efficiency.

Furthermore, it is inevitable that the shape of our workforce may need to evolve to deliver affordable health and care services. This evolution may result in a workforce that must either shrink, or at best, remain static.

Throughout this Delivery Plan, we have sought to highlight the connection to our overarching Reform, Transform, Perform Framework and assumptions set out in our Medium Term Financial Plan. Collectively, these documents describe the Board’s Tactical Plan for 2024/25, to deliver our Population Health and Wellbeing Strategy, and seek to maintain a balance across all pillars of governance.

Population Health and Wellbeing Strategy

NHS Fife published its Population and Wellbeing Strategy in March 2023, which outlines the ways in which healthcare services in Fife will evolve to meet the developing needs of the local population over the course of the next five years.

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.

Ambitions*
 A Fife where we:
 1 live in flourishing, healthy and safe places and communities.
 2 thrive in our early years.
 3 have good mental wellbeing.
 4 reduce the use of and harm from alcohol, tobacco, and other drugs.
 5 have a sustainable, inclusive economy with equality of outcomes for all.
 6 eat well, have a healthy weight and are physically active.

*Based on Scotland's public health priorities.

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.

Ambitions
 For all healthcare services provided by NHS Fife, we will:
 1 Provide high quality person-centred care.
 2 Deliver services as close to home as possible.
 3 Reduce reliance on inpatient beds by providing alternatives to admission to hospital.
 4 Ensure timely access to services based on clinical need.
 5 Prevent and identify disease earlier.
 6 Support the delivery of seamless, integrated care and services across health and social care.

PRIORITY 3
Improve staff experience and wellbeing
 We value and look after our staff.

Ambitions
 Our workforce:
 1 is inclusive and diverse, reflecting Fife's communities.
 2 is supported to develop new skills that help improve care for patients.
 3 is heard and at the heart of transforming services.
 4 works in partnership across health and social care, recognising interdependencies.
 5 experiences compassionate leadership in a culture that supports wellbeing.

PRIORITY 4
Deliver value and sustainability
 We use our resources wisely to ensure our services are sustainable and meet our population's needs.

Ambitions
 1 Provide the right services in the right places with the right facilities.
 2 Ensure the best use of our buildings and land.
 3 Reduce energy usage and carbon emissions, working toward carbon neutral by 2040.
 4 Deliver our capital programmes for primary care, mental health, and acute services creating high quality environments for patients and staff.
 5 Deliver sustainable and effective resource allocation that supports value-based healthcare.

This strategy outlines the vision and ambitions to focus on health inequalities and support improvement in the health and wellbeing of Fife citizens and is based around the 4 strategic priorities. Achieving the vision will require to be supported by several enabling strategies which bring together different strands of the journey into a deliverable and cohesive approach. It remains the foundation for all of our plans and decision-making across NHS Fife, with the key difference for 2024/25 being the significant and unprecedented financial challenges facing the system.

Medium term Financial Plan 2024-27

The Medium Term Financial Plan (MTFP) 2024-2027 is an important enabler to underpin the delivery of the Population Health and Wellbeing Strategy ambitions. There is no doubt that there are challenges not seen since devolution in the NHS in Scotland and the plan acknowledges the compounding pressures that the financial climate will bring. There are likely to be important choices ahead, ensuring that there is a focus on the

areas of service and support which drive the most health benefit to the people of Fife. Delivery of ADP actions are all dependent on the availability of funding and will be prioritised locally by NHS Fife Board.

Re-form, Transform and Perform Framework

The Re-form, Transform and Perform (RTP) Framework has been developed at pace since January 2024, to bring a renewed and strategic approach to empower change, to drive improvement in clinical and corporate services, and to deliver greater efficiency, value and sustainability. Financial recovery will be delivered by our new Re-form, Transform and Perform Framework (RTP).



The first phase of our RTP framework, Re-form, will concentrate on immediate changes to how we work across the organisation with increased grip and control and principles to enable system wide leadership to improve our financial position. Our Re-form phase is designed to deliver the 3% savings target set out by Scottish Government. The Transform phase will focus on changes to our services, structures and care delivery.

The RTP framework was supported by NHS Fife Board in January with further development of options and detailed plans in progress and due to be commenced by April 2024. The Annual Delivery Plan will align to the RTP Framework and will be monitored and reported throughout the year.

Regional planning

The three NHS Boards in the East Region are committed to collaborative regional planning and regional delivery of services where this will maintain or improve quality, reduce cost, and deliver excellent outcomes across the region but not at the expense of one Board over another.

In the context of individual NHS Board governance and responsibilities to both financially plan to break even and deliver the highest quality care to those in greatest need, we will develop a joint process for 2024/25 to assist in the identification and assessment of service areas and functions that may be delivered regionally to support greater efficiency and service sustainability. In developing this process, we will also link to the emerging national policy and approaches which aim to develop single national plans for identified fragile services. Through our East Region Programme Board, we will support the development of business cases for service redesign and change in areas of mutual benefit.


Risk Management

The Corporate Risk Register contains the key risks for NHS Fife that have the potential to affect the whole organisation, or operational risks which have been escalated. The Board considered the level of risk it is prepared to tolerate under each of the four strategic priorities and agreed the risk appetite to aid strategic and operational decision-making. Recognising the current climate, the Board intends to review all aspects of risk appetite in early April. A deep dive of each risk takes place annually to consider the appropriateness of the mitigation and controls for each risk.

Recovery Drivers

1 Primary and Community Care

Improved access to primary and community care to enable earlier intervention and more care to be delivered in the community.

Recovery Driver	Indicator	National Standard		Latest		2025/26
Primary & Community Care 	GP Access	GPs to provide 48 hour access or advance booking to an appropriate member of the GP team for at least 90 per cent of patients	Positive responses for 48 hour access to an appropriate healthcare professional	2021/22	89%	Increase in positive response
			Positive response for booking an appointment with a GP >48 hours in advance	2021/22	48%	Increase in positive response

1.1 Delivery of core primary care services

Fife Health and Social Care Partnership (HSCP) have recently launched their Primary Care Strategy 2023 – 2026, which provides the strategic framework for improving delivery of and access to Primary Care Services with the key strategic priorities of the strategy being recovery, quality, and sustainability. This is one of 9 key enabling strategies which underpin delivery of Fife HSCP’s strategic plan through to 2026 and the Population Health and Wellbeing Strategy.

Focused work has been undertaken to improve the sustainability of General Practice, which includes taking forward proposals to transition the 4 Board Managed 2C practices to independent 17j status and to continue targeted and proportionate support to GP Practices, which includes the continuation of our Multi-disciplinary Resilience Team who support practices under the greatest sustainability pressures.

1.2 Ongoing development of Community Treatment and Care (CTAC) services, supporting more local access to a wider range of services

In line with MOU2 (Memorandum of Understanding) as a key directive for delivery of the Primary Care Improvement Plan, there is a focused piece of work being carried out to develop our CTAC services to both create a level of consistency and continuity in service provision across all GP Practices, whilst allowing for the enhancement of services across Primary Care. This has already seen the commencement of the following initiatives:

- Working with Podiatry to bring all Low-Risk foot screening under the responsibility of CTAC Services
- Working with ENT and Audiology services to develop a joint Ear Care Strategy.
- Delivery of leg ulcer specialist clinics
- Development of an integrated workforce with our Community Immunisation Service, along with closer working across a wider Primary Care nursing team
- Understanding, planning, and implementing a co-ordinated approach to delivery of nationally directed Learning Disability Annual Health Checks in an integrated approach with Complex Care Services within the HSCP

Key focuses for 2024/25 are to continue the development of an integrated Primary Care nursing team, setting the foundations for the ongoing roll-out of CTAC hubs across Fife, to create increased resilience to service provision to support General Practice, whilst create the conditions for CTAC hubs which provide services which spans the whole of Health and Social Care. The focus remains to release capacity for GPs to work within the role of expert medical generalist, ensuring quality and continuity in care delivery of CTAC services and ensuring improved and equitable access to services both within CTAC and General Practice.

1.3 Ensuring there is a sustainable Out of Hours service, utilising multidisciplinary teams (MDT)

Urgent Care Services Fife (UCSF) has a whole systems approach to support effective care delivery, in close collaboration with partners such as NHS24, Scottish Ambulance Service and across health and care services in Fife to ensure comprehensive and integrated care.

For 2024/25, the focus will be on the continued development of the MDT and a focus on dual nursing posts to develop and deliver a 24-hour approach to Urgent Care, which includes further enhancements to the capacity and accessibility to HSCP-led Minor Injury Units (MIU) and Urgent Care Centres. This will help pave the way for testing an Urgent Care Hub within Fife functioning over a 24-hour period to accept a high referral rate of urgent care referrals, with the aim of reducing same day urgent illness presentation within primary and emergency care.

Opportunities are being explored for further redesign across urgent care services, at pace, to drive efficiency whilst maintaining a focus on safety and quality. We are committed to further releasing capacity within General Practice and supporting access to care in line with the ambition of the Primary Care Strategy.

1.4 Early detection and improved management of the key cardiovascular risk factor conditions, primarily diabetes, high blood pressure and high cholesterol.

Fife HSCP will implement a Prevention and Early Intervention Strategy during 2024. The strategic priorities are to prevent, reduce and improve to enable people to live longer healthier lives. The strategic vision of the plan as a key enabling strategy of the HSCP Strategic Plan 2023 – 2026. Conditions and culture across Fife for Prevention and Early Intervention will be created so that people can remain well or limit the impact of health and social care problems.

Through the 7 locality plans testing approaches will continue to develop and contribute to increase opportunities for local communities to participate in activities to improve health and wellbeing and which support prevention and early intervention ensuring these are targeted to the needs of the localities and communities. This will prevent, reduce, and improve long term conditions and promote healthy lifestyles.

Within Primary and Preventative Care Services, a programme of work will be completed in 2024/25 to ensure a sustainable model of care which is outcomes focused and measurable for Type 2 diabetes prevention and reduction. which is delivered by the Nutrition and Dietetics Service.

1.5 Delivery of sustained and improved equitable national access to NHS dentistry, setting out how they will assess and articulate local oral health needs, and engage with independent dental contractors and bodies corporates to ensure that patients receive the NHS oral health care they are entitled to

Currently, there are no Dental Practices across Fife taking on new registrations for NHS patients, however, this situation does fluctuate.

Locally, in line with the priorities and deliverables of Fife's Primary Care Strategy 2023 – 2026, options are being explored to increase, improve, and sustain access to dental services despite the expected continued pressures on workforce going forward. Continued challenges in access to General Dental Practices for NHS patients has created sustained additional demand on HSCP-managed Public Dental Service and the Fife Dental Advice line hosted within the service for both registered and unregistered patients. Despite these challenges the Public Dental Service are ensuring that patients who are unregistered can still receive urgent dental care when they are experiencing dental pain.

Exception reporting arrangements are currently in place, particularly in relation to Dental Bodies Corporates (DBC's) with a focus on key areas regarding provision of NHS Dental Care including progress with National initiatives and alignment to the key deliverables of the Primary Care Strategy.

1.6 Increasing delivery of hospital-based eyecare into a primary care setting where appropriate

The Glaucoma Shared Care scheme is well established in Fife, with approximately 950 patients across Fife under Shared Care arrangements, which sees Optometry supporting secondary care eye care. The national service will result in a more streamlined and seamless model of care to reduce pressure on the hospital eye service through the implementation of digital solution, OpenEyes, facilitating this model.

The service continues to operate effectively reducing the pressure of emergency eye patients needing to be seen within a hospital setting. In 2024/25, work will be ongoing to refine eye conditions and triage process to align better with the prospective national emergency eyecare service with a proposal to improve reporting/ clinical governance and auditing of the service.

An improvement plan is being progressed from the Primary Care Strategy aims at maintaining care within the community and prevention of attendance at secondary care supporting care in the right place at the right time.


1.7 Provision of non-emergency patient transport services, working with bodies which provide community transport services in the Board area

A strategic 'health & transport' plan is being scoped out in Fife describing with potential next steps at a strategic and operational level. Health Promotion Service has worked with NHS Facilities to continue the promotion of NHS Fife Travel reimbursement entitlement across the public and third sector and to identify and promote the range of community patient transport opportunities available.

A concessionary bus fare scheme for North East Fife residents following identification of the cost of transport acting as a key barrier to accessing services is in place in its third year. The number of healthcare services holding vouchers has been expanded and will be monitored.

2 Urgent & Unscheduled Care

Access to urgent and unscheduled care, including scaling of integrated frailty services to reduce admissions to hospital.

Recovery Driver	Indicator	National Standard		Latest		By Mar-25
Urgent & Unscheduled Care 	SAS Handover Times	100% patients turnaround within 60 minutes		Feb-24	88.8%	100%
	Emergency Department Waiting Times	95% of patients to wait no longer than four hours from arrival to admission, discharge or transfer for treatment, to work towards 98%		Feb-24	63.9%	75%
		Patients wait less than 12 hours to admission, discharge or transfer		Feb-24	115	0
	Unplanned Care	Ensure that acute receiving occupancy is 95% or less		Feb-24	110%	95%
		Reduce estimated average length of stay for emergency admissions to acute hospitals		Feb-24	4.1	4.0
	Delayed Discharge	Reduce average number of beds occupied per day due to people delayed in Acute/Community hospital	Standard Delays	Feb-24	49	39
AWI Delays			13		19	

Ensuring patients receive the right care at the right place is a priority target for NHS Fife. Programmes of work are in place to ensure whole system planning, which is overseen by the Unscheduled Care Programme Board and had identified the following priorities:

- Consolidate and stabilise the ED medical and nursing workforce dependent on the availability financial resources.
- Continuation the integration of Flow Navigation Centre (FNC) into Emergency Care.
- Further develop and enhance the Care Home advice line
- Develop the Rapid Triage Unit (RTU) using existing resources
- Develop robust ambulatory pathways and models of care

2.1 Improve urgent care pathways in the community and links across primary and secondary care.

There is an ambition to test an urgent care hub during in-hours, from 8 am to 6 pm, Mondays to Friday to create a community-based hub to support Primary and Secondary Care with access and care navigation to a multi-disciplinary team. These hubs would augment already established Urgent Care infrastructure, whilst providing a mixture of remote and face to face support to patients with an Urgent Care need.

The Urgent Care Services Fife (USCF) and Care Home Assurance Teams have initiated a test of change that allows Fife care homes direct access to UCSF through a single point of access. During 2024/25, UCSF will continue to onboard as many care homes as possible, with the goal of achieving 100% coverage by summer 2024 in collaboration with our care home partners.

2.2 Provide the Right Care, in the Right Place, at the right time through early consultation, advice and access to alternative pathways, protecting inpatient capacity for those in greatest need. Ensuring patients receive the right care in the right place by optimising Flow Navigation Centres, signposting and scheduling of appointments to A&E where possible and increasing the routes for professional-to-professional advice and guidance with a specific focus on frailty pathways and care home support.

This continues to be a priority target for NHS Fife and the whole system programme of work is overseen by the Unscheduled Care Programme Board.

2.2.1 Optimising Flow Navigation Centre

The Flow Navigation Centre transitioned to Acute Services from the Health and Social Care Partnership in December 2023. In 2024/25, the integration of Flow Navigation Centre (FNC) into Emergency Care will continue.

The projected impact will be to support an increased redirection from 5% to 10%, to enable a joint review and development of new pathways to alternative teams including mental health & addictions, discharge HUB / community hospital & social care, homelessness, Pharmacy First, community respiratory and surgical / planned care GP referrals; thus, reducing demand for inpatient admission.

2.2.2 Signposting and scheduling of appointments to A&E

In 2024/25, scheduling of appointments will be maintained with redirection rates to Minor Injuries currently at 75%. Work will continue to improve the 4-hour access standard performance in line with agreed improvement trajectory.

2.2.3 Increasing the routes for professional-to-professional advice

Plans are in place to further develop and enhance the Care Home advice line with ED/Geriatrician of Day (GOD) optimising redirection to H@H and Care Home ANPs to reduce admission rates for care home residents especially those within their last 100 days, to support realistic medicine outcomes including Anticipatory Care Plans (ACPs) and reduce bed days and costs.

2.2.4 Focus on frailty pathways and care home support

Work to support the reduction of unplanned attendances and admissions of residents from Care Homes will be driven forward by a multi-disciplinary/multi-partner Optimising Care Home Pathways Oversight Group. This work also aligns with the Prevention of Admission & Early Intervention and Anticipatory Care Planning work within Fife.

An integral component will be verification groups which will lead the review of Emergency Department attendances and front door admissions to understand if an alternative pathway would have been more appropriate for the resident to allow them to remain in their Care Home with appropriate care wrapped around them. Introduction of palliative care bundle for end-of-life patients in community to reduce inappropriate admission to hospital and ensure timely management of symptoms will also be progressed.

2.2.5 Develop further ambulatory pathways

Using existing resources in 2024/25, the Rapid Triage Unit (RTU) will be developed through reviewing further the integration of the ambulatory urgent care/same day non-admitted patients into one joint service (ECAS/DVT/OPAT/IV infusions). This will support shorter length of stay for non-admitted and admitted patients, provide timely triage and discharge for non-admitted patients, further improve Hospital avoidance and redirection rates and reduce costs of both units into one integrated unit.

Direct access pathways for GPs, Hospital at Home and front door ward areas are in place with a proposal for additional pathways into inpatient specialty wards and extension of opening hours to include out of hours.

Further work to reduce admissions to acute settings from the community include the inception of a primary care verification group that will review members of the population identified as having multiple attendances at A&E. Pilot work for this is ongoing with a group developed to target the population of the Levenmouth locality as data demonstrates that this area currently has the highest attendance rate at A&E in Fife. Early indicators demonstrate a decrease in both admission to hospital and attendance at A&E for the target population and this will be rolled out all localities in Fife.

2.3 Improving access to Hospital at Home services across a range of pathways including OPAT (Outpatient Antimicrobial Treatment), Respiratory, Older People, Paediatrics and Heart Failure.

2.3.1 Hospital at Home (Older People)

The traditional model of Hospital at Home associated processes and pathways are being scrutinised to determine areas for improvement and to release clinician time. This work will facilitate improved access by increasing virtual capacity and reducing the number of times that maximum capacity closures are reached. A multifactorial review of the service is also being completed which will focus on identifying opportunities to streamline, automate or redirect processes and a full review of service criteria, pathways and documentation focussing on areas to release capacity.

Following the completion of the test of change, the plan is to recruit two permanent in-reach practitioners that will cover a 7-day service, but this will be dependent on funding.

2.3.2 OPAT (Outpatient Antimicrobial Treatment)

Plans are in place to enhance the OPAT service and increase the consultant cover from Infectious Diseases, however, the skill mix and staffing model for the delivery of an increased capacity OPAT model requires further resource.

2.3.3 Respiratory

Commencement of improvement work through the Virtual Capacity Workstream has allowed an Acute Respiratory Team to cover in-reach to admission areas with the development of a weekend team who support a 7-day early supported discharge profile. There are plans to further develop a fully integrated weekend team.

A respiratory HOT clinic model is also being developed with plans to increase further. The key benefit to the inpatient service is a reduction in readmissions.

In addition, the specialist Community Respiratory Service will reduce hospital front-door attendance through co-working with GPs, the Scottish Ambulance Service and Flow Navigation Centre, as well as improve the primary care diagnosis of COPD (Chronic Obstructive Pulmonary Disease) through staff training.

2.3.4 Paediatrics

Work began in November 2023 to develop a Hospital at Home model within the Paediatric Diabetes service. As funding for this initiative was only granted until March 2024, it is not currently possible to plan for continuation or further development of this initiative beyond March 2024.

2.3.5 Heart Failure

If funding can be secured from the Scottish Government Virtual Capacity workstream, the aim is to spread the learning from respiratory and to those with heart failure.

2.3.6 Long Term Conditions and Complex Care

The integration of community service pathways is planned with the objective of increasing the capacity of services utilising a step-up and step-down model of care by reducing reliance on admissions to hospital and increasing the availability of comprehensive clinical care in a homely setting.

By increasing the skill set and staffing in specialist services, there will be an increase in the ability to expand clinical interventions available in the community and prevent admission to acute hospital.

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 will improve pathways.

2.3.7 Improving access to 'same day' services

Work will continue to develop robust ambulatory pathways and models of care to include a number of speciality-led HOT Clinics with same day access. This will reduce overnight stays and bed-based care, provide more resilience for services with large inpatient models of care, reduce surge/boarding and reduce financial costs of overnight stays.

2.3.8 The use of early and effective triage

An agreed area for improvement is ED minors' performance with the current average performance is 95% with trajectory performance agreed at 99%. To achieve this the following will be actioned:

- Review of staffing model with focus on skill mix and senior clinical decision-making oversight
- Implement robust redirection criteria and support for patients and staff
- Strong and effective communications to ensure population awareness of how to access alternative same day care including MIUs - QMH and St Andrews
- Internal pathway review to ensure patients who require gynaecology, orthopaedics, OMFS or ENT review can access within agreed KPIs.
- Redirection pathways to Rapid Triage Unit and ECAS/OPAT
- ED advice line to expand to take all care home calls and support SAS/community ANPs with clinical decision making to prevent inappropriate presentations

A revised business case will be the basis for the development of an enhanced ambulatory unit. This will be subject to Board decision making in respect of any financial investment required.

2.3.9 Rapid decision-making

The ongoing work to consolidate and stabilise the ED medical and nursing workforce will be dependent on the availability of financial resources. This action aims to reduce ambulance turnaround times to meet agreed national targets and support clinical decision making to Call Before You Convey (CBYC) including reducing care home demand by taking all care home calls.

Work is also underway to enhance the frailty / ED model to care for the growing cohort of frail patients who require emergency level care, through a plan to roll out frailty practitioners / assessments. This is projected to reduce admission rate to 27% by reducing in patient demand but is also subject to availability of funding.

2.4 Reducing the time people need to spend in hospital, increasing 1–3-day admissions and reducing delays over 14 days, by promoting early and effective discharge planning and robust and responsive operational management.

2.4.1 Increasing 1–3-day admissions

Improvements within secondary care have been identified to reduce length of stay by increasing 1-to-3-day admissions, these include:

- Restructuring of hospital capacity and flow teams to integrate discharge pathways with downstream wards to optimise advance planning including early referral to HSCP discharge hub for community transfers, early identification of transport requirements and complete discharge documentation.
- Optimisation of pre noon discharges and implementation of a sustained continuous flow model to focus on early moves to make the hospital safe and avoid substantial bed moves in the out of hours period.
- Further develop partnership working with discharge hub and front door team(s) to optimise social work input at time of admission to support shorter length of stay.
- Improve timely completion of discharge documentation and work to ensure that patients transferred into surge beds have their IDL (integrated Discharge Letter) completed by the parent team. Explore alternative models of care for our surge beds, exploring AHP consultant led beds for patients who are awaiting onward rehab pathways, this can support change of pathways if therapy input is optimised.
- Optimise rapid access radiology outpatient slots to avoid unnecessary delay and prolonged admission.

2.4.2 Reducing delays over 14 days

A whole system approach has already been adopted to reduce the number of patients in secondary care with length of stay over 14 days, actions include:

- Weekly length of stay verification for all patients over 10 days includes senior oversight and robust action plan
- Daily community verification
- Weekend planning meeting
- Moving On Policy in place to support complex conversations.

To reduce delays over 14 days, patients requiring coordination across Acute and Community are reviewed daily at whole system verification meetings that are chaired by the Head of Service or Service Manager within the Health and Social Care Partnership. This enables system wide discussions of all patients requiring support to return home or to a homely setting. Patients who have exceeded their PDD or for whom any potential barriers to discharge have been identified will be reviewed proactively to ensure the whole team work collectively to resolve.

2.4.3 Supporting Discharges

There are a range of models being implemented to support discharges. Further progression of these models will be dependent on available funding in 2024/25.

Fife Rehabilitation Model – This model has a clear focus on home-based rehabilitation and will aid a reduction in time people spend in hospital by ensuring all patients first pathway for consideration is rehabilitation at home rather than a dependency on community hospital beds.

Right Care for You Model – this model is a person-centred assessment of an individual's moving and handling needs that supports ensuring that the person receives the right amount of care and treatment and that it is provided in the correct environment, reducing the number of people

required to undertake specific tasks, creating additional capacity across the whole system and utilising staff resources and time better. This will increase the availability of POC and reduce the length of time people are in hospital waiting on a double up POC.

Adults with Incapacity - transformational work is in progress to analyse this area of practice and to further reduce those delayed in hospital working with a Solicitor and Mental Health Officers who have a specific role to provide expert advice and support to social work staff undertaking assessments for people in hospital, who are deemed to lack capacity to consent to a support plan to enable their discharge.

2.4.4 Promoting early and effective discharge planning

To improve patient flow and further embed best practice of Planned Day of Discharge (PDD) all Integrated Discharge Teams will ensure discharge pathway planning and discussions begin from the point of admission and this will be achieved by further embedding representation for Social Work and Social Care at multi-disciplinary meetings (based on every hospital site) within planned and unplanned care to ensure timely holistic assessments are determined by the most appropriate professional to avoid unnecessary delay.

An audit will be conducted to track progress of PDD documentation and review completion, identifying areas of good practice or areas for improvement to ensure consistency across our inpatient wards. KPIs will be developed to measure performance and seek new routes for further improvements.

The Discharge to Assess Model will be enhanced and improved to ensure that wherever possible people are assessed for ongoing care within their own homes and not in an unfamiliar environment such as a hospital ward or assessment bed in a care home and when they are at their most vulnerable. This will facilitate an increased use of Discharge without Delay principles and the Planned Date of Discharge (PDD) bundle.

2.4.5 Robust and responsive operational management

A system-wide Operational Escalation Level (OPEL) Framework is embedded within NHS Fife and Fife HSCP with it continuing to support responsive decision making across all services throughout the day as well as facilitate improved patient flow.

2.5 Reduce unscheduled admissions and keep people care for closer to home through reconfiguring existing resource to accelerate rapid assessment and evolve to implement Frailty Units.

2.5.1 Reduce unscheduled admissions

Future care planning is a key area to support the reduction of admissions. A new ACP is in the process of being developed. A small group consisting of a GP, Practice Manager and Medical Consultant have met to develop an information sharing process where the information on the ACP is shared with the linked GP Practice to the care home and this information is transferred onto the Patient Electronic Key Information Summary (EKIS). This information will then be available for secondary care to view on the Patient Portal.

In addition to the evolving frailty model, plans are in place to further develop the frailty ambulatory model, working in partnership with the front door frailty practitioners who complete on average a minimum of 20 frailty assessments per day.

There are various onward pathways for these patients, including hospital admission or discharge home with HSCP services/supports. There is also an option to refer into the Frailty Ambulatory Unit (RADA – Rapid Assessment and Discharge Ambulatory Unit), this unit can administer infusions, transfusions, and hot clinic appointments to avoid hospital admission.

2.5.2 Accelerate rapid assessment

The Integrated Community Teams proposal for community services frailty redesign will facilitate increased access to rapid assessments and follow up care across Fife. This will be achieved by moving from Assessment and Rehabilitation Centres (ARCs) to an Assessment and Rehabilitation Clinic model where Advanced Nurse Practitioners and Advanced Therapy Practitioners complete a comprehensive multidisciplinary assessment in a clinic setting. The clinics would be set up across Fife with the aim of having a clinic operating in each of the 7 localities. This would be achieved by merging the existing ARC and Intermediate Care Team (ICT) services together to become a 'Community Rehabilitation and Frailty Team' which will facilitate a consistent staffing model across Fife, enhance capacity within the overall service and therapy will be undertaken at home or as close to home as possible. This will be delivered with current resources.

2.5.3 Evolve to implement Frailty Units

The Fife Frailty MCCN has just been re-established and refreshed and now includes stakeholders from health, social care, independent and third sector as well as public representation. The MCCN will meet quarterly with subgroups meeting between those times to take forward the priorities of the MCCN which will strive to develop an integrated coordinated approach to supporting people living with frailty across Fife.

The priorities identified at the recent stakeholder event included awareness raising around what frailty is and how professionals and individuals themselves can support those living with frailty, and rapid access to information and services. Examples include developing, knowledge, skills and confidence of staff and citizens. Future and proactive care planning, navigation of effective care pathways and joined up care with all services wrapped around the person living with frailty.


Frailty is a dynamic state and the MCCN recognises the importance of people being able to access responsive services at whatever stage of frailty they are at whether. The MCCN priorities align with ensuring people can live as healthy lives as possible in their own home or as close to home as possible.

Subgroups are being developed to focus on the priorities however there are already groups set up which will link with the MCCN including the ACP group and the Prevention of Admission and Early Intervention subgroups which are part of the Fife Home First and Transformation Strategy. Ageing Well and Community Falls group will be set up as part of this network and further subgroups will be developed as the MCCN matures. These groups will report back through the MCCN and the wider governance structures within the HSCP and Acute Services.

2.5.4 Frailty Skill Mix

A review of the frailty workforce is underway with a focus on skill mix. The projections for Medicine of the Elderly Consultants are on a downward trend therefore there are plans being explored to develop advanced practice nursing and AHP staff/teams to support and integrate with clinical teams.

3 Mental Health

Recovery Driver	Indicator	National Standard		Latest		By Mar-25
 Mental Health	CAMHS	90% of young people to commence treatment for specialist Child and Adolescent Mental Health services within 18 weeks of referral		Jan-24	69.4%	90.0%
	Psychological Therapies Waiting Times	90% of patients to commence Psychological Therapy based treatment within 18 weeks of referral		Jan-24	73.6%	73%
	Delayed Discharge	Reduce average number of beds occupied per day due to people delayed in Mental Health hospital	Standard Delays	Feb-24	19	10
	AWI Delays		8		12	

Improving the delivery of mental health support and services, reflecting key priorities set out in the Mental health and wellbeing strategy.

The planned improvement in the delivery of Mental Health services is dependent on the financial allocation and if this is insufficient to achieve the ambitions set out in the programme deliverables within agreed timescales, this could have an effect on service delivery and staff morale. There has been significant engagement with people to coproduce plans and they may feel their voices have not been heard. This could also lead to lack of long-term engagement in this process and the retention of staff.

To mitigate these risks, there will be open and transparent communications regarding priorities and funding to manage expectations.

3.1 Improving Access to Mental Health services and building capacity to sustainably deliver and maintain the CAMHS and PT 18-week referral to treatment standard.

3.1.1 CAMHS (Child & Adolescent Mental Health Services)

Fife CAMHS will continue to prioritise the development of services, to build capacity to achieve and sustain the national Referral to Treatment Target (RTT) as well as delivery of services as set out within the national CAMHS Service Specification.

Fife CAMHS will achieve this through the prioritisation of early intervention, engagement with service users, parents and carers, effective use of resources through the development of clinical pathways for complex mental health issues and ensuring that services are accessible to children and young people when they are most in need.

The demands on the CAMHS service remain high and additionally, national recruitment challenges present local challenges, thus impacting on progress in meeting the RTT target.

There is a risk to future service delivery due to insufficient workforce capacity if the funding provided through national sources (Recovery and Renewal Fund & Community Framework fund) is no longer available or reduced in any way.

There is a risk of not meeting RTT target if the service is unable to recruit or retain appropriately qualified clinicians to deliver complex care and treatment. A risk exists to staff wellbeing and morale if workforce numbers are reduced resulting in higher workloads and increased pressures.

3.1.2 Psychological Therapies

Fife Psychology Service will increase capacity to improve access psychological interventions and evidence-based PTs, eliminate very long waits (over 52 weeks) as well as meet and maintain the 18-week referral to treatment (RTT) waiting times standard.

Demand for psychological therapy remains high, and DCAQ (Demand Capacity Activity Queue) analysis confirms that the service is not currently in balance, meaning that referrals currently exceed the number of treatments started that can be offered, limiting progress toward the RTT standard. The sustainability of service delivery is highly dependent on a resilient and effectively resourced workforce and any changes to the current national funding arrangements will impact on service delivery, and the ability to achieve targets and improvement plans.

There remains a national shortage of qualified clinical and counselling psychologists with the service currently 7.5 WTE short of clinical staff and 6.0 WTE of this are required to work with people with the most complex needs. It is expected that 4.5 WTE will be filled by July 2024. Recruitment difficulties and service pressures affecting other parts of the system may reduce capacity for psychological interventions to be delivered by others.

Funding pressures across the system may reduce alternative options, leading to reduced access to appropriate interventions and increased demand on Fife Psychology.

3.2 Tackling inequalities in relation to accessing Mental Health services, strengthening provision in Community Mental Health teams, and better supporting those with complex needs and delivering service Re-Forms aimed at supporting more people in the community.

3.2.1 Development of Fife Mental Health Strategy

The production of a draft Fife Mental Health Strategy will progress through local governance procedures in April 2024, with a view to receiving endorsement from the IJB (Integration Joint Board) in May 2024 and will be aligned to the national Mental Health Strategy and Fife HSCP Strategic Plan.

Consultation took place on four key priority areas to take forward through the strategy delivery plan, these priorities have received strong local support, and are clearly aligned to the priorities published in the National Mental Health and Wellbeing Strategy.

Local Priority	Linked national Mental Health and Wellbeing Strategy priorities
1. Talking about Mental Health We want to tackle stigma and discrimination and help to create a Fife where we can talk openly about our mental health, without fear or judgement, and where we are supported to seek help when we need it.	1
2. Prevention, early intervention & recovery We want to ensure all people in Fife, including people living with mental health conditions, have the resources they need to look after and nurture their own mental health and wellbeing.	2, 3, 5, 9, 10
3. Effective response to mental health distress & crisis We want to ensure that people experiencing mental health distress and crisis can access timely, compassionate support.	4
4. Recovery-oriented care, treatment, and support We want to ensure that people living with complex mental health conditions can access timely, high-quality support, care and treatment which is as local as possible and as specialist as necessary.	6, 7, 8, 9

The delivery plan will build on the existing Mental Health Services Redesign Programme by delivering projects: Alternatives to Admission and Mental Health in Primary Care and Community Settings and commits to continue to invest in working collaboratively with our third sector partners to achieve better outcomes for people, for example by piloting new models such as peer practitioners being embedded in Community Mental Health Teams (CMHTs).

It is expected that the delivery and implementation of the refreshed Mental Health Strategy will commence in 2025/26.

3.3 Developing and growing Primary Mental Health teams and integration of the primary care mental health workforce into wider primary care multi-disciplinary teams, community, and secondary care.

The Mental Health and Wellbeing in Primary Care and Community Settings (MHWPCCS) project started in late 2022 and is expected to run for five years. There will be a transition in the final year to ensure initiatives and changes are embedded into business-as-usual and will identify where positive changes can happen.

If resources permit, then engagement activities will begin in the remaining four localities.

Core elements supporting coproduction are currently funded from Scottish Government project monies. This includes 3rd Sector partner employing people with lived experience, as well as project management, engagement, and equality roles. If this funding is lost, then coproduction activities will have to be scaled back significantly.

One of the objectives of the project was to deliver multi-disciplinary primary care teams and this is not sustainable in the absence of the planned funding. The immediate focus of the project will need to shift to 'quick wins' achievable within existing resources.

3.4 Delivering a coherent system of forensic mental health services, addressing issues raised by the independent review into such services.

Forensic Mental Health Services (FMHS) will continue to work with partners to review and develop services that support individual's journeys and deliver sustainable services: enabling the right care at the right time.

The plan for 2024/25 will include the delivery of the recommendations including review and improve patient flow and delayed discharges, review of Forensic Community Mental Health Team and Inpatient Service' resources, implement improvement work to reduce health inequalities for individual with a mental health condition and the provision of inpatient General practice for Forensics inpatients

3.5 Improving support and developing the Mental Health workforce.

Actions to support a sustainable workforce for Mental Health services include:

- Development of a recruitment strategy that is aligned to establishment budgets.
- Monitoring workforce demand and professional judgement tools utilising workforce systems and data.
- Transformation of roles by developing new roles including band 4, with defined band 2/3 pipelines.
- Staff health and wellbeing subgroup with a focus on mental health and wellbeing.
- Targeted reduction in use and expenditure on supplementary staffing.

3.6 Improving the mental health-built environment and patient safety.

Fife Mental Health services have an established financial plan for the next 3 years to deliver significant improvements to the inpatient environment. The priority elements of the plan have been informed by multi-disciplinary analysis and application of risk assessment tools.

A refurbishment programme is underway which will deliver refurbished and fit for purpose admission wards for general adult and older adult psychiatric care. In addition, the assessment tool "Mental Health Built Environment" will be applied to the full inpatient estate to identify the next phase of priorities.

The planned refurbishment will address environmental ligature risks identified within the mental health wards. It will also enable the service to address the aesthetics, providing comfortable and well-appointed accommodation, including full consideration and delivery of dementia friendly environments where appropriate.

In 2024/25, 2 wards in the Queen Margaret Hospital site will be refurbished with the remaining 2 admission wards in Queen Margaret Hospital and Stratheden Hospital planned for refurbishment in 2025/26, subject to availability and prioritisation of capital funding.

4 Planned Care

Recovering and improving delivery of planned care

Recovery Driver	Indicator	National Standard	Latest		By Mar-25
Planned Care 	Treatment Time Guarantee	100% of patients to wait no longer than 12 weeks from the patient agreeing treatment with the hospital to treatment	Jan-24	46%	44%
		Patients to wait no longer than 52 weeks from the patient agreeing treatment with the hospital to treatment	Jan-24	600	1900
	New Outpatients	95% of patients to wait no longer than 12 weeks from referral (all sources) to a first outpatient appointment, to work towards 100%	Jan-24	37%	35%
		Patients to wait no longer than 52 weeks from referral (all sources) to a first outpatient appointment	Jan-24	3321	11698
	Diagnostics	100% of patients to wait no longer than 6 weeks from referral (all sources) to a diagnostic appointment	Jan-24	46%	30%
		Patients to wait no longer than 26 weeks from referral (all sources) to a diagnostic appointment	Jan-24	111	1936

4.1 Delivering year on year reductions in waiting times and tackling backlogs focusing on key specialities including cancer, orthopaedics, ophthalmology, and diagnostics.

It is not possible to deliver year on year reductions in waiting times and tackle backlogs within the funding available. Our priorities will be:

- Focus on Urgent Suspicion of Cancer (USC) and the longest waiting patients
- Manage waiting lists effectively
- Arthroplasty waits predicted to rise when capacity for NHS Lothian patients maximised
- Foot & Ankle long waits – recruitment to trauma post to enhance offering for this group. Waiting times will rise in wait times until new Consultant commences early September 2024. Patients referred to Golden Jubilee National Hospital for this sub speciality will cease as at end of March 2024.
- Within existing resources explore opportunities to optimise care for Orthopaedic patients on elective waiting lists and enhance preparation for surgery or other interventions.

- Pre-assessment: ensure service model allows for increased number of patients ready for surgery and short notice scheduling
- Introduction of Specialist Nurse Pathway for diagnosis of prostate cancer. Pathway being introduced concurrent with research funded by Cancer Research UK and ratified by Stirling University.
- Continued work ensuring efficient use of Endoscopy diagnostics aiding rapid diagnosis in USC.
- Within existing resources, introduction of pre-assessment pathway for Endoscopy.
- Consider use of Golden Jubilee National Hospital for Ophthalmology (Cataracts) subject to waiting times funding.

4.2 Enabling a “hospital within a hospital” approach in order to protect the delivery of planned care.

- Protected service delivery is offered at Queen Margaret Hospital for Day Cases and 23-hour stays in the National Treatment Centre (NTC) for planned Orthopaedic Surgery. The development of a multi-professional Orthopaedic Board will support implementation of the Orthopaedic Strategic plan.
- There is a Diagnostic Treatment Centre (DTC) for Urology at both Victoria and Queen Margaret hospital sites. These provide outpatient one stop clinic for patients with Queen Margaret housing the specialist Prostate Centre which provides treatment under local anaesthetic for benign prostate conditions.
- Children requiring inpatient planned care, including surgical interventions, are cared for within the Paediatric Department, thus removing the need for them to be accommodated within the general/adult Planned Care footprint. Capacity for planned procedures is largely protected, although there is some risk that bed capacity for planned care paediatric patients may be impacted at times of high acute and unscheduled activity.

4.3 Maximising capacity to meet local demand trajectories.

NHS Fife will endeavour to maximise capacity through existing funding available by

- Implementing endoscopy pre-assessment using of existing resource to ensure minimal downtime due to cancellation and patients unsuitable for scope on day of procedure.
- Moving appropriate benign prostate procedures to Queen Margaret Hospital Urology DTC. Procedure can be performed under local anaesthetic therefore freeing theatre space.
- Reviewing Day Case activity through NTC theatres and scheduling activity to ensure maximisation of NTC and Queen Margaret Hospital capacity
- Reviewing Hand Service theatre activity at Queen Margaret Hospital and scheduling appropriate activity to procedure room.
- Fully embedding Active Clinical Referral Triage (ACRT) and Patient Initiated Review (PIR) in all specialties.

4.4 Match outstanding demand with available capacity across Scotland through regional and national working including through the National Treatment Centres (NTCs).

NHS Fife will work with Scottish Government to maximise offering to neighbouring NHS boards to maximise capacity in line with the NTC targets for joint replacement as well as investigating repatriation opportunities focussing on waiting times and cost benefit outcome.

NHS Fife will also engage with NECU (National Elective Coordination Unit) programme to manage long waiting times for selected patients.

4.5 Extending the scope of day surgery and 23-hour surgery to increase activity and maximise single procedure lists.

NHS Fife has a well-established Day Surgery programme at Queen Margaret Hospital. In view of funding restrictions, it is unlikely that this will extend but capacity will be optimised in line with available funding.

There is an appetite from staff at Queen Margaret Hospital to cover a 6/7 day working service, but this would require additional funding (for Anaesthetics, Day Surgery Unit (DSU), pre assessment and theatre staff) and review of medical cover across 7 days therefore it is unlikely to proceed.

A new Procedure Room, opened in late 2023, within Queen Margaret Hospital has led to minimal local anaesthetic lists now taking place within the main suite due to a clash with other specialities. Other specialties including ENT, General Surgery and Vascular all looking to expand their local anaesthetic activity with a potential result of releasing theatre time.

There are currently plans to explore moving some IVT (Intravesical Therapy) lists to Procedure Room within Victoria Hospital to increase throughput. This will be delivered within existing resource.

4.6 Implement outcomes of Specialist Delivery Groups including reducing variation.

4.6.1 High Volume

NHS Fife is exploring ways to improve utilisation on high volume lists for cataract surgery and hernia surgery by changing practice for setting up trays in between cases.

4.6.2 Transfer of lists

NHS Fife is actively identifying Day Case procedures which are suitable for transfer to outpatient setting.

4.7 Undertake regular waiting list validation.

Waiting times in NHS Fife are monitored through a structured review process involving monthly meetings of the Scheduled Care Group and weekly Waiting Times Group. Progress against trajectories and data quality are the focus of weekly meetings with review of all waiting lists, focussing on USC cases and long waits.

The Digital Patient Hub allows communication with long waited patients for both outpatient and hospital admission, in which NHS Fife have agreed 3 validation options and responses. The Hub allows patients to report worsening symptoms that will be triaged by clinical teams.

4.8 Wait Well

NHS Fife will seek to optimise the potential of points of communication and contact to support people to Wait Well. This will include working with clinical teams to enhance awareness and optimise communication opportunities: prior to referral; at point of referral and while people are waiting for an appointment/treatment to enable access to holistic support available through Fife HSCP Wells to aid people to 'wait well'.

4.9 Delivery of CfSD / NECU waiting times initiatives and productive opportunities.

4.9.1 ACRT/PIR

ACRT and PIR are being implemented across the 9 national and 1 local prioritised specialty. Each service specific condition is considered for these tools once the methodology is learned locally. An additional 4 out of scope specialties have already been included in the programme plan and work will be undertaken to assess whether the scope of this can be increased further.

Specialty	ACRT	PIR
General Surgery	✓	✓
Urology	✓	✓
ENT	✓ 10 conditions	✓
Orthopaedics	✓ 12 conditions	✓
OMFS	✓ 5 conditions	✓
Breast	✓	✓
Gynaecology	✓	✓
Cardiology	✓	
Dermatology	✓	✓
Gastroenterology	✓	✓
Neurology	✓	✓
Rheumatology	✓	✓
Respiratory	✓	✓

4.9.2 Enhanced Recovery after Surgery

ERAS (Enhanced Recovery after Surgery) is well embedded within NHS Fife with Day Surgery opportunities being reviewed speciality by speciality. Other productive opportunities to be considered are:

- Vascular pathways
- One Stop Clinics (Urology, Breast, Vascular)
- Ophthalmology increased throughput of Cataracts

4.10 Optimise theatre utilisation and implement digital solutions.


NHS Fife have convened four Short Life Working Groups (SLWG) to working towards improving theatre productivity. Regular progress is fed back at national level via the Peri Operative Delivery Group.

- *The Theatre User Group*
- *Pre-Assessment SLWG* - re-prioritisation of the anaesthetic resource to support high risk cohort of patients
- *Theatre Utilisation SLWG* - ensures that any short notice cancellation slot is filled and identifies any unpopulated lists
- *Sustainability SLWG* – reviewing consumables used per speciality, per procedure

Currently evaluating a preoperative (pre op) digital app (Elsie) and whether the local D&I team could support an alternative digital solution that would meet the needs of all users.

5 Cancer Care

Delivering the National Cancer Action Plan (Spring 2023-2026)

Recovery Driver	Indicator	National Standard		Latest		By Mar-25
Cancer Care 	Cancer Waiting Times	95% of all patients diagnosed with cancer to begin treatment within 31 days of decision to treat		Jan-24	94.9%	94.5%
		95% of those referred urgently with a suspicion of cancer to begin treatment within 62 days of receipt of referral		Jan-24	64.2%	85.4%
	Cancer Screening	Increase the uptake of cancer screening	Breast	2019-22	72.5%	Increase uptake and reduce inequalities
			Bowel (Female)	2020-22	68.8%	
			Bowel (Male)	2020-22	64.8%	

5.1 Improving cancer waiting times standards through ongoing delivery of the Framework for Effective Cancer Management, specifically highlighting key actions aimed at improving breast, colorectal and urology pathways.

5.1.1 The Framework for Effective Cancer Management

The Framework for Effective Cancer Management is actively embedded in NHS Fife with actions agreed annually.

The NHS Fife wide policy for the management of patients referred with urgent suspected or diagnosed with cancer procedure has just been updated and widely circulated. NHS Fife will review PTL (Patient Tracking List) meetings to ensure consistent senior management participation and review requirements for management of regraded referrals.

5.1.2 Breast Pathways

Within Breast, capacity requirements will be assessed at the start of the pathway in order to manage the 30% increase in referrals. Repatriation of breast screened patients will also be explored, ensuring consideration of nursing support, administrative and MDT Coordinator requirements.

5.1.3 Colorectal Pathways

All USC patients for colorectal pathways are booked within 14 days of referral. Patients with a negative qFIT are managed through the Single Point of Contact Hub. Work is ongoing to determine if the Colorectal MDT Coordinator can support allocation of patients to consultants. There are continued efforts to skill mix roles when there is a vacancy to ensure streamlined pathways.

5.1.4 Urology Pathways

There is a focus to improve the urology pathway, particularly prostate. There will be continued efforts to improve waits from MRI to biopsy and reduce waits from MDT to treatment, particularly where treatment is not surgery.

The prostate pathway will continue to be reviewed to manage the 46% increase in referrals and increasing number of diagnoses (36% converting to cancer) alongside a number of actions planned.

There will be a workforce review of specialist nursing to support pathway improvement and consideration given to new Systemic Anti-Cancer Therapy (SACT) delivery models in Fife to ensure waiting times performance is maintained (taking into consideration workforce, medical, nursing and pharmacy).

5.2 Increasing diagnostic capacity including endoscopy and its new alternatives, alongside assurances of the Board's plan to establish a Rapid Cancer Diagnostic Service (RCDS)

5.2.1 Increasing Diagnostic Capacity

A range of actions are being implemented to maximise diagnostic capacity including skill mix, single point of contact, allocated appointments and appointment reminders.

Actions have been established to support USC (Urgent Suspicion of Cancer) pathways however this is currently supported by non-recurring funding from cancer waiting times funding.

Additional capacity is currently provided by supplementary staffing or current workforce working additional hours, this is not a sustainable or affordable model and will require a review of services provided.

The current Radiology Strategic Plan includes plans for additional CT/MRI and US equipment and workforce requirement to ensure sustainability and ability to meet growth in demand for diagnostic imaging and ability to prioritise USC. Currently there is no identified funding source for this.

5.2.2 Increasing Endoscopy Capacity

The East Region Endoscopy Unit is fully operational at Queen Margaret Hospital with appropriate capacity to meet current demand for USC and bowel screening by regular waiting list validation and management. Any additional capacity for USC will be at the expense of routine work unless additional funding is available.

In terms of new alternatives, Colon Capsule and Cytosponge services are fully embedded within NHS Fife.

5.2.3 Rapid Cancer Diagnostic Service

Funding has been secured from Scottish Government until September 2024 with additional funding to be sourced until March 2025 in order to continue with Test of Change for those with vague symptoms and Upper GI.

Same/next day CT reporting diagnostic pathway has been optimised to 7 days, however, without funding this improvement will be lost and waiting times for acquisition and report will increase.

Colorectal RCDS will cease in March 2024 as no funding is available. Single Point of Contact Hub will continue to support the qFIT negative pathway to provide a single point of contact for patients referred urgent suspected cancer.

The University of Strathclyde has been commissioned to produce an Evaluation Report that will determine the future of RCDS but will have to be considered within the funding available.

5.3 Embedding optimal cancer diagnostic pathways and clinical management pathways

NHS Fife will continue to explore improvements in the optimal lung cancer pathway including feasibility of continuing with same day chest X-ray, additional CT capacity and 24-hour turnaround beyond March 2024. The head and neck optimal pathway will also be reviewed in 2024/25. Any improvements to be considered will be cost neutral.

5.4 Delivering single point of contact services for cancer patients

SPOCH (Single Point of Contact Hub) will continue to be delivered in 2024/25 with further actions identified including exploring whether it can be expanded to support other cancer services and ways to promote SPOCH in the 40% most deprived areas based on SIMD.

There will be further evaluation of the service to ensure efficiency of resources with continued staff training to ensure alignment with the Macmillan Competency Framework.

Other actions identified include improved communication with Primary Care, raising awareness of the service, and working with clinical teams to agree timely results for patients no longer suspected of cancer.

5.5 Configuring services in line with national guidance and frameworks on effective cancer management; Rehabilitation; and psychological therapies and support

5.5.1 Prehabilitation

The universal prehabilitation service in Maggie's Fife, to support all patients diagnosed with cancer, has been successfully implemented. The next step will be to undertake a scoping exercise to understand where the components of prehabilitation (nutrition, physical fitness, psychological support and/or alcohol/tobacco) are offered in NHS Fife.

Work is also ongoing to determine if the NHS Lothian lung prehabilitation model would be suitable in NHS Fife.

NHS Fife has representation on the Regional Prehabilitation Steering Group and will work with the Project Manager to support and facilitate individual projects in each of the Boards to deliver the objectives.

5.5.2 Psychological Therapies


NHS Fife will provide input into the Scotland-wide scoping project with Macmillan to help support individual boards to implement and embed the Psychological Therapies Support Framework (PTSF) into cancer services. An information event about the Framework is to be held.

5.6 Supporting the oncology transformation programme, including through sharing data and advice, and developing services and clinical practice in line with its nationally recommendations.

Locally, Scottish Government funding as part of the Acute Oncology/SACT allocation will be prioritised to ensure continued delivery of services. NHS Fife will participate in the progressing of the priorities for 2024/25 including workforce development, optimal service Model demand management, strategic service review and recruitment.

6 Health Inequalities and Population Health

Enhance planning and delivery of the approach to health inequalities and improved population health

Recovery Driver	Indicator	National Standard	Latest		By Mar-25	
Health Inequalities 	Drugs and Alcohol	90% of clients will wait no longer than 3 weeks from referral received to appropriate drug or alcohol treatment that supports their recovery	QE Sep-23	82.9%	90.0%	
	Vaccinations	Delivery of the Winter Vaccination Programme	Covid (75+)	As of 3 Mar-24	84.8%	80.0%
			Flu (65+)		80.1%	75.0%
		Increase vaccination uptake for all groups year on year for RSV		Programme to be implemented		
		Increase vaccination uptake for all groups year on year for shingles		YE Aug-23	8.9%	40% (YE Aug-24)
		Ensure 90% of girls are fully vaccinated with HPV by the age of 15		School Year 2022/23	89.4%	90.0%
		Ensure 95% of children have completed all of the recommended vaccination programmes by 12 months		QE Sep-23	94.2%	95.0%
		Ensure 95% of children have completed all of the recommended vaccination programmes by 24 months	6-in-1	QE Sep-23	95.1%	95.0%
			MMR1, PCVB, MenB		92.5%	93.5%
	Ensure 95% of children have completed all of the recommended vaccination programmes by 5 years		QE Sep-23	88.8%	92.0%	
Smoking	Increase successful quits year on year, including during pregnancy, across Fife	Total	FY to Oct-23	188	500	
		40% Most Deprived		111	324	
Weight	Increased referrals for Tier 2 and Tier 3 weight management services year on year	Adults	YE Aug-23	1957	2300	
		C&YP	YE Feb-24	134	156	

6.1 Tackling local health inequalities (including racialised health inequalities) and reflecting population needs and local joint Strategic Needs Assessment

A Joint Strategic Needs Assessment (SNA) was prepared in 2022 and reviewed population trends, localisation of issues, demographics and identified likely future need to provide key information on health inequalities, including racialised health inequalities.

The refreshed Performance Framework for Fife HSCP identifies the need to further develop performance information to consider place and population demographics. This will require a greater emphasis on using collected demographic information, location of services and users, and population context information such as the Scottish Index of Multiple Deprivation (SIMD), the Population Census and other national datasets.

Focus will initially be placed on identifying the key local indicators of service delivery and demand, before developing the analytics capability to gain further insight into place and population. Projection of demand will become increasingly key to understanding the sustainability and location of services, especially in conjunction with a better understanding of the workforce and financial projections.

In 2024 the HSPC will bring forward a prevention and early intervention strategy which will consider the way forward in addressing inequalities across our localities linked to the Population Health and Wellbeing Strategy in NHS Fife.

6.2 Working with partners to support the National Mission on Drugs to reduce death and improve lives, including the implementation of MAT (Medication Assisted Treatment) Standards, delivery of the treatment target and increasing access to residential rehabilitation.

6.2.1 Implementation of MAT standards

Fife Alcohol and Drugs Partnership (A&DP), during its current strategic and commissioning cycle (2020 – 2023), has used the outcomes as strategic themes in the development of the new Fife A&DP strategy for 2024 – 2027.

6.2.2 Outcome 1 – Fewer people develop problem drug use.

In partnership with Education and third sector, the A&DP will continue with the test of change pilot whereby education on drug and alcohol use delivered in schools is reflective of the community issues and the needs of the children and young people within each school. This individualised programme is developed from Education's Health and Wellbeing survey findings and analysis which provided data on a locality basis about young people's own use, their educational needs and concern about others' use.

The new service delivery model incorporates sustainability for drug and alcohol education into the national curriculum and throughout all ages and stages of school life by provided training and education for school-based staff. If the pilot evaluates well, it is planned this model will be mainstreamed across all schools in Fife over the next three years.

The A&DP will develop targeted adaptations to tackle barriers to access services for individuals and families affected by substance use thus enhancing inclusiveness of this care group. Within the next year, working in partnership with Children Services' Plan, there will be commissioning of a high intensity and early intervention service to support families to prevent crises, escalation of support and transition into community universal support.

6.2.3 Outcome 2 - Risk is reduced for people who take harmful drugs.

The A&DP will refresh and build on the capacity of its harm reduction service in community pharmacy. This will increase the coverage of injecting equipment provision and take-home naloxone (THN) to meet the local target but also increase the percentage of it being held by people at risk. This will be targeting an increase of THN in pharmacies where footfall is highest for opiate replacement therapy and where the most harm occurs.

A needs assessment commissioned by NHS Fife Public Health and Scottish Drugs Forum indicated several improvement recommendations, one of which is review of the reach of the Alcohol Brief Interventions (ABI) Programme and workforce developments needed within A&DP and non-A&DP services to prevent harm and protect people using alcohol.

During the next year, Fife A&DP will redevelop ABI delivery in the area considering priority areas and reaching more people at risk of harm. During the commissioning cycle, a whole system substance use alert and early warning programme will be implemented for both the public and services. This will aim to prevent harm and protect people from risks associated with substance use and will be part of the A&DP's overall communication strategy currently in development with the communication and media team.

6.2.4 Outcomes 3 & 4 – People at most risk have access to treatment and recovery & people receive high quality treatment and recovery services.

A robust performance monitoring framework and surveillance of monthly data from services and from people with lived and living experience will continue and inform improvement work and measure improvements. One-stop-shops will be considered for extension into other localities and provide a bespoke service for women affected by substance use who have indicated through lived and living experience evaluations to require focused discreet support.

In 2024/25, the A&DP and its partners will implement recommendations from the joint Healthcare Improvement Scotland and A&DP audit and assessment of residential rehabilitation access service model. This will focus on increasing opportunities for the number of people accessing services and building pathways to ensure there is equity of access for priority groups identified by the Scottish Government. This will also incorporate improving recovery communities and aftercare for those returning to Fife from rehabilitation units.

6.2.5 Outcome 5 – Quality of life is improved to address multiple disadvantages.

The A&DP Fife Needs Assessment Synthesis 2023 indicates that overlapping needs require an integration of care and support, clearer and robust referral pathways and better coordination between services.

The A&DP will be focusing on these issues through the mechanism of its already established structure and subgroups including its workforce development programme within MAT 6 & 10 (psychological interventions and trauma informed approached) and integration of substance use services with mental health services (MAT 9) and primary care services (MAT 7).

Over 2024/25, the A&DP intends to build on the success of its third sector services commissioned in custody and prison to enhance individuals' early and successful access to health and social care and continuity of care following release from prison and custody. This will be a multi-agency approach focused on improving the sharing of information and partnership-working between relevant partners at the pre-release stage.

6.2.6 Outcome 6 – Children, families and communities affected by substance use are supported.

Over 2024/25, in partnership with Education and Childrens Services, the A&DP intends to recommission its youth friendly services to outreach to young people offering support for those - affected by substance use - either their own use or within their family. This incorporates an 18-month transitional support programme provided to children and families affected by substance use as they move from primary into secondary school-based education. The A&DP is also closely monitoring all data including risk of overdose, substance use related death and other high-risk situations for young people and plans to establish a process for coordinating, improving, and integrating the quality of support and information provided to families, parents, children, and young people.

Through continued investment in its adult support and carer's service for people affected by a family members' use, the A&DP will develop a training programme for family inclusive practice across the A&DP services ensuring the voice of family members is integrated into the system of care. Furthermore, the A&DP will lead on collaboration, shared pathways and communication between this service and general services providing carers' support.

6.3 Supporting improved population health, with particular reference to smoking cessation and weight management.

6.3.1 Develop and maintain Smoking Cessation Services

The Fife Smoking Cessation Service are working to the overarching themes of People, Place and Product with the principles of Transparency, Sustainability and Accountability in planning activities, pathways and increasing opportunities to raise awareness of the service available to anyone living or working in Fife.

Our key target groups are those living in the most deprived areas, smoking in pregnancy, people experiencing mental ill health and inpatients due to a smoking-related illness.

The service has a Development and Communication Plan that includes specialist clinic provision, timetable of Very Brief Advice (VBA) information stands, use of the service mobile unit and maintaining positive connections with Fife Maternity Services.

6.3.2 Weight Management

The Fife Weight Management Service is led by the Dietetic Department with strategic leadership being provided by Health Promotion. Work undertaken includes the development of a 3-day Food Champion training course to increase participants' confidence, knowledge and understanding of how to plan, deliver and evaluate practical food orientated initiatives and cooking workshops, HENRY core training was delivered to build the skills, confidence and knowledge of the early years' workforce to support families to lead healthy lifestyles by providing practical support on healthy eating, physical activity and parenting strategies around food and behaviour and core training, as part of a training for trainers (T4T) model, took place across Fife and was offered to the early years workforce including Third Sector agencies.

To date, there are 173 members of the early years workforce trained in this approach and have six accredited HENRY trainers. Core training will continue to be delivered to the early years' workforce through the Health Promotion training programme with an additional 2 trainers being trained in 2024 to ensure resilience and sustainability of the training.

6.3.3 Cancer Screening

NHS Fife will work with the three national cancer screening programmes for breast, cervical and bowel cancers to promote cancer screening across Fife. There are inequalities in participation across Fife with those living in areas most affected by deprivation being much less likely to participate in screening.

A Screening Inequalities Action Plan has been developed in line with the Scottish Equity in Screening Strategy and will be implemented to address inequalities in the uptake of cancer screening programmes as resource and capacity allows. The action plan sets out our approach to reduce inequalities in screening participation.

NHS Fife will work with groups within Fife to increase awareness of cancer screening, thereby improving uptake whilst maintaining the principle of informed decision making.

6.3.4 Vaccinations

A refreshed 3-year Fife Immunisation Strategic Framework is to be developed; this will include implementation of the new RSV programme. Realistic local delivery aims, based on previous performance as well as taking account of Scotland and UK wide immunisation trends, and will be focused on the most vulnerable groups. Local delivery aims will be set based on deprivation, where data available, and focus on reducing inequalities across all programmes.

As part of our strategic framework refresh, we will review our 2021-2024 strategic framework priority to *‘support and empower a sustainable skilled workforce to deliver safe and effective immunisation services’* and the associated action plan in the context of current workforce structures and wider strategic workforce planning within Primary and Preventative Care.

6.4 How they will redirect wealth back into their local community to help address the wider determinants of health inequalities, through actions set out in their “Anchors Strategic Plan”.

6.4.1 Anchor Ambitions

NHS Fife will progress with the Anchor ambitions for employability to offer fair meaningful jobs for all by paying the living wage, strengthening links with Opportunities Fife Partnership, influencing refreshed strategic priorities to help identify, understand and meet the needs of those with multiple barriers to employment. Different avenues will be explored to promote employment opportunities through engagement with third sector partners.

Procurement will be used to strengthen organisational and community partnerships through buying and spending locally; supporting other local businesses to do the same; investing locally and encouraging others to do the same. NHS land and assets will be used for the common good of the local community.

Employability

NHS Fife is looking to mitigate the risks of an ageing workforce and staffing / skills shortages by supporting planned Employability, Youth Employment and Apprenticeship activities aimed at achieving a sustainable and capable young workforce which can meet current and future service demands.

From 2024 onwards, the intention is to expand the apprenticeship offering for recruitment, staff development and progression into high-demand roles whilst also working with external partners to identify and create pathways for developing and employing local young people. This will be focussed on those considering careers in healthcare through strengthened links with the Developing the Young Workforce Fife Regional Board, the Fife Schools Co-ordinators and other underrepresented groups.

This will also be focussed on those with barriers to employment such as paid work experience programmes to progress participants into employment, which includes participation in the Fife Council-led recruitment initiative 'Progressive Life Chances'. As part of the Young Person's Guarantee, NHS Fife will seek to create and maximise opportunities for young people, for example, the EMERGE one-year programme with Fife College and Levenmouth Academy designed to offer school leavers a comprehensive experience in the healthcare sector.

NHS Fife will also continue to engage in local events to raise awareness of the range of careers and pathways to help promote the Board as an employer of choice and aligned to the Anchor Institution ambitions. Enhanced links with local educational providers to promote careers will also continue, for example, offering internship placements for Dundee University students across NHS Fife and Fife HSCP and consideration of Graduate Apprenticeship opportunities with Heriot Watt University.

6.5 Commitment and contributions (leadership, funds, staffing and other resources) to Community Planning Partnerships (CPPs) to improve local outcomes agreed in Local Outcome Improvement Plans and Locality Plans

NHS Fife is committed to Community Planning and contributes a significant role to Fife Partnership Board. NHS Fife is represented on all the Fife Partnership Board delivery partnerships.

The Partnership have agreed to present an Annual Locality Report to the seven Fife Council Area Committees (Community Planning) providing an overview of locality priorities/actions and highlighting any joint areas of interest.

The Partnership's Locality Action Plans inform the development of the annual delivery plans for the Strategic Plan 2023 to 2026 and the delivery plans for the transformational and supporting strategies. This ensures a consistent and sustainable approach which is based on local priorities, informed by local population needs, and is financially viable, both now and in future years.

6.6 Improving custody healthcare through participation in the Executive Leads network and ensuring that the deaths in custody toolkit is implemented.

Healthcare Custody in Fife is delivered as part of the South East Region, which is a single service covering Lothian, Borders, Fife and Forth Valley.

The region has a single service, Southeast Scotland Police Custody Healthcare and Forensic Examination. Healthcare is provided by four nurses who cover all custody centres in the Borders, Lothian, Forth Valley and Fife area, and on call Forensic Physicians.

The South East region is made up of three clusters with the Fife cluster consisting of primary custody centres in Dunfermline and Kirkcaldy. It also has an ancillary centre at Levenmouth. Detainees at Levenmouth who require healthcare are sent to either Dunfermline or Kirkcaldy.

6.7 Establishment of a Medicines Safety Programme

A comprehensive medicines safety programme will be further developed, building on existing work in relation to high risk pain medicines. This will enhance safety of care across a range of settings.

6.7.1 High Risk Pain Medicines

The first priority within this, delivery of significant improvement in use of High Risk Pain Medicines, is already an established programme of change and strategic objective for the Board. The programme aims to understand why and ensure that when using them, it is part of a shared decision-making process with the patient and monitored regularly. The medicines safety programme will also deliver a focus and improvement on four further priority areas:

Anticoagulant medicines are effective at preventing and treating clots but can also be harmful if prescribed or administered incorrectly. Reducing errors associated with anticoagulants is important, because some have been reported in prescribing, supply and administrator error incidents that have caused death and serious harm. A detailed programme of improvement will be developed. Importantly, this will span clinical professions and care settings across Fife.

Lithium is an effective medicine, particularly in the maintenance treatment for bipolar disorder, recurrent depression, and with growing evidence of suicide-protective effects. Ultimately, the Board will be assured that patient care is at the appropriate standard for this vulnerable group.

Insulin - a Diabetes Safety Programme commenced in 2023 working with the Diabetes MCN, this work has already extended to considering oral medication in addition to Insulin. Work will be undertaken to quantify the problem, prevent issues where possible, and develop high quality guidance and education for use by staff.

Sodium Valproate is an effective antiepileptic medicine, which carries risks of developmental disorder in babies if the drug was taken by a parent. The existing audit programme will be enhanced alongside processes for regular clinical review, assurance on ongoing understanding from those treated, and pregnancy prevention as appropriate. An MDT group has been established to drive this work at pace.

7 Women and Children's Health

Take forward the actions in the Women's Health Plan and support good child and maternal health, so that all children in Scotland can have the best possible start in life.

7.1 Maternity and neonatal services, and in particular continuing delivery of 'Best Start' policy, with ongoing focus on delivery of continuity of carer and the new model of neonatal care, and that that all eligible families are offered child health reviews at 13-15 months, 27-30 months and 4-5 years.

7.1.1 Best Start

In relation to Best Start, there are two outstanding recommendations within NHS Fife. Recommendation 2 – every woman has a clear birth plan is on track for completion by June 2024 whilst recommendation 14 – Continuity of Carer (CoC) remains a challenge for the Board and has been highlighted to Scottish Government.

The service is undertaking a staffing review to develop a test of change to trial CoC models that would be cost neutral to the service. Although outcomes for Fife patients, in terms of safety outcomes give assurance regarding the robustness of the current models of care that are in place, there are opportunities to improve further the safety outcomes and patients' experience in continuity of carer episodes.

7.1.2 New Model of Neonatal Care

NHS Fife was a pathway finder for Neonatal Care and have been involved with Scottish Government in identifying recommendations to assist other units.

Work is underway to implement the next phase of the model to become fully compliant. This is possible within the current resource and space with some reconfiguration.

Further development of the model for Transitional Care will require some reconfiguration within the footprint of the Neonatal Unit and will be dependent on capital funding availability.

Sustainability within continuity of carer model requires review.

7.1.3 Child Health Reviews

The Fife HSCP Health Visiting Service will continue to deliver all the agreed pathway visits and will prioritise those families who as most vulnerable ensure that the those how need additional support are offered that as part of their ongoing care. To support this, the Service will ensure there is a robust and sustainable staffing model that meets the needs of families.

In partnership with Public Health, improvement plans will be developed and will focus on early intervention and anticipatory care needs of families to ensure that children have the best start. This will involve close working with services who can support young people including Statutory and

3rd Sector, overseen by the multi-agency child health management team, where all services who work with children's and young people are able to scrutinise the data and share in the improvement plans.

The multi-agency Children's services plan also has a range of wellbeing indicators which will be scrutinised by the children in Fife group to look at multiagency response to the challenges children are facing.

7.2 Taking forward the relevant actions set out in the Women's Health Plan

NHS Fife is committed to delivering the principles and aims of the national Woman's Health Plan (WHP). In support of this NHS Fife has agreed the Executive lead for the WHP is the Director of Acute Services, who will lead the work on:

- Utilising local access and outcome data to inform improvement activity
- Continuing to build capacity across services to support timely access to menopause support
- Expanding awareness amongst healthcare professionals of sex-related differences in presentation and management, initially with a focus on heart health

7.2.1 Access to TOP Service

The plan is to provide improved geographical location of the termination of pregnancy (TOP) within the planned new Gynaecology Specialist Outpatient Centre improving privacy and dignity for the woman, taking the service out of a maternity area. Capacity to deliver counselling locally rather than nationally requires investment.

This is dependent on availability of capital funding.

7.2.2 Access to contraception

A business case with option appraisal is required to support post-partum intrauterine contraception. There are risks associated with further pregnancy within 1 year of delivery that can be avoided with good contraceptive options and choice.

This is unlikely to be funded due to current financial forecast.

7.2.3 Access to support speedy diagnosis and best treatment for endometriosis

A review of the gynaecology specialist nurse service is underway to identify possible capacity to support women undergoing surgery and surgically induced menopause.

It is planned to improve the links with Endo Fife, a local third sector support group, to provide resources and support for those still in their diagnostic journey and to ensure readiness to accept pain management advice and support. This would have to be cost neutral.

Sustainability will be managed within the current theatre capacity and skill mix of the surgical team with a risk that there will longer waiting times for endometriosis patients.

7.2.4 Access to specialist menopause services for advice and support on the diagnosis and management of menopause

Plans are in place for 2024/25 to raise awareness of the impact on health of medically and surgically induced menopause, collaboration with Community Pharmacy support to menopause as a whole, develop a Testosterone protocol and GP training and support will increase resilience and sustainability of menopause referrals and collaboration with community pharmacy for prescribing.

7.2.5 Early pregnancy loss, recurrent miscarriage, late foetal loss

There are plans to increase access to early pregnancy scanning out of hours and collaboration with Primary Care to develop a prescribing pathway for progesterone to be delivered within existing resource.

A review of gynaecology nursing workforce will take place utilising workforce tool to identify the workforce required to support increased access to early pregnancy scanning out of hours. Whilst this increase in workforce is unlikely to be funded given the financial constraints, an enhanced counselling service will be provided within existing resource.

7.3 Setting out how they will work with their local authorities to take forward the actions in their Local Child Poverty Action Report

NHS Fife is a key partner for delivery of Best Start Bright Futures, and co-chairs both the Fife Tackling Poverty and Preventing Crisis group and Child Poverty Subgroup. Actions include contributing to publication of the annual Local Child Poverty Action Plan in accordance with the Child Poverty (Scotland) Act 2017. The subgroup reports to both the Children's Service Partnership and Tackling Poverty partnership.

NHS priorities are reviewing and developing income maximisation availability and monitoring within NHS services for children, training for staff and linking Anchor Institution work to child poverty, including priority groups. Actions for 2024/25 include workforce development, exploring and identifying sources of funding to continue the dedicated CARF service beyond 2024-25 and to expand the current referral pathway to a wider range of key healthcare frontline staff. The Public Health Deputy Director and the Health Promotion Service manager are actively involved in this work.

Key actions for 2024/25 include workforce development, exploring and identifying sources of funding to continue the dedicated Citizens Advice and Rights Fife (CARF) service beyond 2024-25 and to expand the current referral pathway to a wider range of key healthcare frontline staff.

7.4 Delivering high quality paediatric audiology services, taking into account the emerging actions arising from the Independent Review of Audiology and associated DG-HSC letter of 23 February 2023.

NHS Fife Audiology will contribute to Newborn Hearing Screening IT procurement process to ensure high quality services and move to the new system as recommended, with oversight from the NHS Fife Pregnancy and Newborn Screening Committee. Work with local services including D&I, and relevant Finance colleagues regarding any funding implications will take place as needed.

7.4.1 Staff Performance against standards

There will continue to be a review of staff performance to ensure sustained adherence to best practice protocols, identified by British Academy of Audiology (BAA) & British Society of Audiology (BSA). The service has established competency review, appraisal and regular training updates.

Training budget allocation has been altered and external accredited training attended over last 12 months. Opportunities for local and national training will continue to be explored to ensure maintenance of skills and staff development.

7.4.2 Engagement with National Implementation Group

The team will engage with the newly appointed National Audiology Programme Manager and National Implementation Group when established and have been active participants in scoping and practice audit during independent review process. The team will continue to be key contributors to help develop policy and implement all recommendations from review.

7.4.3 Embedding of Audiology Quality Standards


Any defined national audit and peer review processes will be embedded when mandated by National Implementation Group. The service will be supported in local audit cycle review by Clinical Effectiveness colleagues in preparation for National Quality Standards Review/Audit.

An external peer review of diagnostic testing of newborns will be piloted by NHS Fife along with colleagues in NHS Tayside and NHS Lothian. If deemed suitable, this model may be adopted by all NHS Scotland services.

A Short Life Working Group (SLWG) around accommodation has been established to identify areas for improvement in reference to likely Audiology Quality Standards (Adults & Paediatrics) review. These will subject to availability of funding.

8 Workforce

Implementation of the Workforce Strategy

Recovery Driver	Indicator	National Standard	Latest		By Mar-25
Workforce 	Sickness Absence	NHS Boards to achieve a reduction in sickness absence	Jan-24	8.3%	6.5%

8.1 Achieve further reductions in agency staffing use and to optimise staff bank arrangements.

A Bank & Agency Programme Board was created in May 2023 with membership from Acute Services, Health & Social Care Partnership and Corporate Directorates as well as Staff Side Colleagues and this work will continue through 2024/25 as part of RTP. The RTP Workforce workstream will develop and deliver enhanced workforce planning across NHS Fife to support workforce redesign, optimal skills mix and reduced supplementary staffing dependency.

Action was taken from the national Task and Finish Group to ensure the cessation of new block bookings for HCSW (Healthcare Support Worker) roles from 1 January 2024 across the Board. From 1 April 2024 there will be no usage of agency HCSW, only in exceptional circumstances will be this be approved by the appropriate Executive Director.

Under the RTP Workforce workstream, the consolidation of all of NHS Fife's individual staff banks into one single staff bank is ongoing. The aim of this workstream is to consolidate and manage all resources under one team to eliminate administrative and service discrepancies, streamline operating procedures and to pool resources into one distinct area for NHS Fife, to optimise bank arrangements and support agency to bank conversion.

Risks have been identified including financial, capacity and engagement risks and are reviewed quarterly regarding the actions being taken to optimise staff bank arrangements.

8.2 Achieve reductions in medical locum spend

Acute Services has established a Strategic Medical Workforce Group that will review locum usage building on the existing scrutiny of every locum monthly in 2024/25. A review of the sustainability of the medical workforce in the Acute Services will be undertaken, as early benchmarking data

obtained from CfSD (Centre for Sustainable Delivery) indicates that the numbers of medical staff in comparison to other Boards in Scotland requires attention.

There is ongoing recruitment within the Planned Care Directorate for medical staffing vacancies therefore it is not anticipated that there will be any further medical locum spend in this area.

The Women, Children's and Clinical Services Directorate are considering a structure redesign in Paediatric and Neonates around a sustainable solution to reduce locum usage, involving substantive Advanced Neonatal and Paediatric Nurse Practitioners, which is intended to significantly reduce the medical locum spend.

Fife HSCP continue to have a high usage of supplementary staffing across complex and critical care areas. A Medical Workforce group is being established with a focus on complex and critical care services to further drive forward the long-term actions needed to further address medical locum usage. There are a total of 21 consultant locums across the 3 portfolios and 19 speciality or junior doctors. Locum doctors are also used in 6 2 c practices and in the GP out of hours service.

In those specialities, where there is a national shortage of qualified medical staff trained in that speciality, it is necessary to use locum staff in order to continue to provide a safe service and to minimise clinical risk. Actions to sustain the Learning Disabilities and Mental Health Workforce and to consider alternative models of service delivery are being led via the Mental Health Workforce Sustainability Group, which has a number of work streams including Medical Workforce, Recruitment, Supplementary Staffing, Transforming Roles and Wellbeing.

8.2.1 Direct Engagement Model

A workstream has been created to implement a Direct Engagement model and will oversee the implementation of this model for financial sustainability purposes. Work on Direct Engagement falls in line with Commitment 5: Sustainable Care of the Value Based Health and Care principles to manage efficient use of financial resources.

The aim is to implement a Direct Engagement model during 2024/25 with a target for a minimum of 80% compliance (£1.1m projected saving) during the lifecycle of this project, with any outliers to be targeted directly with services involved, alongside risk assessment strategies.

8.3 Deliver a clear reduction in sickness absence by end of 24/25

8.3.1 Managing Absence

The Attendance Management Group will stand back up from March 2024 to oversee a multi factorial review on absence issues, to take forward lessons learned, identify priority actions, and seek assurance on actions being implemented. The group will develop an action plan for 2024/25 to support improvement activities across the key themes identified, including best practice, professional development, and training.

The Workforce Directorate is developing absence data analytics, to consider bespoke initiatives and plans to support identified areas who are classified as 'high priority' based on aggregated absence rates in last three months, with a deeper dive of all root causes for absence and what would make a difference in terms of support for staff and managers in those areas.

This work will include targeted in reach support / interventions to areas identified as outliers, working with the relevant Executive leads and their leadership teams in a collaborative manner, along with our staff side colleagues, to agree the right measures to aid improvement in particular areas.

Alongside developing the workforce indicators matrix, in order to support improvement in absence rates generally, a number of managing absence initiatives will continue to be progressed including promotion of Attendance Management training programmes/TURAS Learn module, use of Promoting Attendance Panels and additional promoting attendance test of change initiatives. The OH Team will focus on musculoskeletal (MSK) absence and the support pathway to reduce MSK absence.

Fife HSPC will take forward lessons and learning identified and will develop an action plan to support improvement activities across the key themes identified, including best practice, professional development, and training.

Other support includes implementation of a Neurodiversity passport to support managers and neuro diverse staff in the workplace. To support staff to achieve a healthy work life balance, there will also be promotion and delivery of information sessions to managers and staff on Once for Scotland Supporting Work life balance policies.

8.3.2 Staff Health & Wellbeing

NHS Fife will consolidate staff health and wellbeing actions including promotion and signposting staff to the in-house core support services such as counselling, occupational health, the staff listening service, peer support and psychology staff support service.

In addition, resources such as the Live Positive Tool Kit, the HSE (Health and Safety Executive) Stress Talking Toolkit and resources, Financial Health Support Guidance, Staff Wellbeing Handbook, the Access Therapies Fife, Mood Cafe, Mind to Mind websites and to the Workforce Specialist Services Scotland and PROMiS national hub will be promoted and shared to help support staff resilience and in line with the RTP Workforce workstream. Managers and staff can benefit from the Compassionate, Connected and Effective Teams Workshops, from existing Mindfulness video clips and TURAS Learn online resources on Compassionate Leadership, Resilience and Self Care.

NHS Fife will continue to review the offer of wellbeing support to ensure it can be maximised to make best use of the resources, accessed by and of benefit to the majority of staff, for example the launch in March 2024 of the new Cycle to Work Scheme, to support active travel and low carbon commuting, menopause staff support sessions and scoping how opportunities for staff to access Menopause support can be expanded out with Victoria and Queen Margaret Hospitals

8.4 An implementation plan for eRostering in 2024/25 with a view to implementing across all services and professions by 31st March 2026.

8.4.1 eRostering

eRostering has been implemented in NHS Fife since September 2022. However, the rate of delivery will be significantly impacted as a Business-as-Usual team is unable to be funded due to current financial pressures. By 2024/25, the team will have successfully delivered the system to 4 cohorts with over 2,000 staff onboarded.

There is an additional pressure in that the Digital Delivery team are only funded until November 2024, after which there is no agreed resource to move this programme forward. Alternative governance and escalations arrangements are being made to ensure compliance with the legislation.

8.4.2 Health and Care (Staffing) (Scotland) Act 2019, (HCSA),

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. NHS Fife will need to demonstrate how the specific duties of the Act have been met. Preparations are underway to support Act implementation.

8.5 Local Workforce Planning

While the current national workforce planning landscape is lacking clarity, a new three-year Integrated Fife Workforce Plan will be developed and published by April 2025. In the meantime, updates to the Board's 2022 to 2025 Workforce Plan are being provided via the Annual Delivery Planning process.

Work is on-going to generate collective data that includes the third and independent sectors to understand the workforce challenges across the whole integrated system and develop actions that benefit the whole partnership. All of the workforce actions are set through the lens of the 'Five Pillars' of workforce to ensure alignment to the national approach and collaboration on the local priorities in Fife.

9 Digital Services Innovation Adoption

Optimise use of digital & data technologies in the design and delivery of health and care services for improved patient access and fast track the national adoption of proven innovations which could have a transformative impact on efficiency and patient outcomes.

9.1 Adoption and implementation of the national digital programmes

In 2024/25, Digital and Information (D&I) continues to look towards national and regional programmes in which economies of scale can be realised. There is commitment to deliver the following programmes over the medium term: -

- **e-Rostering**
NHS Fife continues its rollout of the National rostering system which supports staff to deliver services. A key reliance, for the delivery of benefits, is linked to the national delivery of appropriate interfacing. There is a funding risk to this programme after November 2024.
- **Hospital Electronic Prescribing and Medicines Administration (HEPMA)**
NHS Fife will see significant progress being made with the HEPMA programme that will also include the implementation of a new Immediate Discharge Letter system.
- **GP IT**
NHS Fife will progress the migration to the new GP IT system and seek to enhance the benefits derived by Primary Care and their multi-disciplinary teams through the local programme.
- **Child Health**
This programme continues to develop the replacement for Child Health Systems and Phase 1 is due to be concluded in the delivery period. NHS Fife continues to finance and resource the team supporting the local implementation of this national programme.
- **Microsoft 365**
Maximising benefits and evolving federation are key requirements for the delivery period. The platform continues to be underutilised and delays in resourcing national delivery teams is a risk to local plans.
- **Laboratory Information Management System (LIMS)**
As one of the accelerated Boards within the programme, D&I will require to continue to support this programme through the delivery period as the national LIMS systems is adopted by other Boards in the consortium.

While these remain the committed programmes, other programmes are seen as key national programmes in support of future financial planning. NHS Fife continues to commit finance to running and operating local systems that provide capability for Digital Front Door and Unified Health and Social Care records, while waiting for the national delivery of this capability.

9.2 Improving cyber resilience and compliance with the Refreshed Public Sector Cyber Resilience Framework

The approach within NHS Fife to improve the cyber resilience and compliance level is linked to one of risk management and mitigation planning. NHS Fife undergoes an annual audit under the NIS (Network & Information Systems) Directive, with the most recent report being made available in August 2023. This is the fourth annual audit report NHS Fife has received.

The assurance and monitoring of progress relating to the Scottish Public Sector Cyber Resilience Framework remains with the Information Governance and Security Steering Group, with many of the operational elements and initiatives reported via the Digital and Information Board. The NIS Audit report becomes the key route to considering the next set of action plans that are then incorporated into the NHS Fife Information Governance Accountability and Assurance Framework.

Progress on the Cyber Resilience Framework action plan is by providing regular updates to the Information Governance and Security Steering Group through reporting progress specific risk mitigation activity relating to manage, protect, detect, respond and deliver and legacy technologies.

9.3 Executive support and commitment to optimising use of digital & data technologies in the delivery of health services, and ongoing commitment to developing and maintaining digital skills across the whole workforce.

9.3.1 Executive Support and Commitment

The governance of digital activities and programmes is aligned to two key leadership groups, chaired by Executives.

The *Digital & Information Board* provides the assurance that D&I mechanisms and controls are in place and effective throughout the whole of Fife NHS Board's responsibilities. The Board is accountable to the Clinical Governance Committee but also provide assurance reporting or escalation to relevant committees or groups as appropriate.

A revised Digital & Information Strategy will be developed in 2024-25 that aligns to the Population Health and Wellbeing Strategy and other local strategies and seeks to leverage opportunities within Scottish Government's refreshed [Digital Health and Care Strategy](#).

The *Information Governance & Security Steering Group* (IG&S) provides whole system leadership, oversight and assurance to the organisation and ensure that all IG&S risks have effective and appropriate mitigations. The Steering Group is accountable to the Clinical Governance Committee but also provide assurance reporting or escalation to relevant committees or groups as appropriate.

9.4 Digital Skills

The plan for delivery includes both service users and those who utilise digital. There will also be focussed internally to continue to upskill in order to meet the demands of the workforce and ensure that leaders across health and care are equipped with the necessary skills. There is commitment to undertake training locally and also highlighting to leaders across the board when digital programmes are offered.

9.5 Working collaboratively with other organisations to scale and adopt innovation, with particular reference to the adoption of Innovation Design Authority (IDA) approved innovations as part of the Accelerated National Innovation Adoption (ANIA) pathway.

9.5.1 Working Collaboratively

NHS Fife is well connected to other organisations throughout the Scottish Innovation landscape. The recently established Innovation Project Review Group (IPRG) will provide a 'landing zone' for projects coming from Scotland Innovates and the Accelerated National Innovation Adoption (ANIA) Pathway, as well as reviewing, advising, and where applicable, approving locally led projects, Health Innovation South-East Scotland (HISES) Innovation projects and Scottish Government led innovations. The IPRG will report into the Research, Innovation and Knowledge (RIK) Oversight Group for final project endorsement and monitoring.

9.5.2 ANIA Innovations

To facilitate fast tracking high impact innovations and to develop a sustainable and data driven approach to implementation locally the NHS Fife Innovation team will act as point of contact for the ANIA pipeline.

It is anticipated that the NHS Fife IPRG and local service and clinical leads will make recommendations on the ANIA innovations including if the innovation should be implemented locally, and by which service/directorate. Implementation of ANIA projects will be the responsibility of the identified service and/or directorate with regular updates on ANIA innovations provided to the IPRG.

It is anticipated that this will allow for a clear pathway for any innovations coming to NHS Fife for implementation and ensures that these innovations (a) align to identified local strategic priorities, (b) align to identified regional priorities (HISES) and c) align to NHS Fife 3-year financial plan. The funding of delivery models for Innovation projects will be reviewed by the IPRG to ensure there is adequate funding for implementation of Innovations. If there are insufficient funding options available, this may result in Innovations not being supported locally for adoption and implementation.

NHS Fife Innovation will develop a pathway for locally led innovation projects to be endorsed to be elevated to the ANIA Pathway. Locally led Innovation projects will have been reviewed by the IPRG and endorsed by the RIK Oversight Group. It is anticipated that projects to be elevated to ANIA will have elevation approved by IPRG and RIK oversight, with final approval coming from the Executive Directors Group (EDG).

9.6 Local D&I programmes

9.6.1 *Electronic Health Record project*

The Electronic Health Record project remains a local priority for NHS Fife at the present time. The programme will focus on maximum utilisation of the key cornerstone systems, providing value to the NHS whilst also reducing the need for paper in delivery of clinical care. This focus will also be directly related to those system suppliers who have proven their ability to keep pace with the requirement for well design and rapid pace developments. This will support the clinical teams to deliver care, with information which is up to date at point of care, therefore improving clinical decision making, patient experience and outcomes.

This programme will also focus on interaction with patients to improve their experience through the continued use and introduction of digital technology.

9.6.2 *Upgrades and Lifecycle Plans*

The requirement for all digital technologies to undergo lifecycle evaluation remains a key priority for the 2024/25 period. A range of technologies are considered legacy and are likely to require upgrading, replacement or decommissioning.

Improved functionality and benefits can also be derived from a series of upgrades to new versions of products. Many of these enhancements include the ability for additional automation of processing and generally better alignment to security and technical compliance. Upgrades to TrakCare, WinVoiceWeb, Morse, Docman 10 and Patientrack will provide this enhanced functionality for users.

Continued efficiency will be identified in 2024/25 through automating the availability of data items through MicroStrategy and Alteryx, and by processes being moved to digital systems. Some testing will be conducted on M365 platform in support of automation.

10 Climate

Climate Emergency & Environment

Recovery Driver	Indicator	National Standard	Latest		Target
Climate 	Greenhouse emissions	Year on year reduction in total greenhouse emissions (including medicines) for those emissions sources which form part of the NHS Scotland 2040 net-zero target	2022/23	29237.7	year-on-year reduction to achieve net-zero by 2040

10.1 Greenhouse gas emissions reductions in line with national targets with particular focus on building energy use, inhaler propellant, transport and travel and nitrous oxide

10.1.1 Building energy

This year, NHS Fife will create a Building Energy Transition Strategy that aligns with the Property and Asset Maintenance Strategy. This will help target the most inefficient buildings and ensure no investment in buildings that will not be part of the NHS Fife portfolio in the long term.

To become a net-zero health service by 2040, the completed road maps will be used to identify the measures to be undertaken that will allow delivery of a 75% reduction by 2030 compared to 1990.

An outline of the funding required to carry out these projects and curate a plan as to how they can be implemented as soon as possible. Funding applications for some of the projects that need to take place will be submitted with the aim to deliver those over the next 6 years between now and 2030. The implementation of these projects will be dependent on availability of funding.

10.1.2 Inhaler propellant

As a member of the East Region Formulary, all applications around respiratory medicines, are expected to include an environmental consideration. The formulary uses dry powder inhalers as first line, which require no propellant, and clinicians are clear on the environmental reasons for this position.

The Fife Respiratory MCN is established and well-placed to drive progress and maintains an active role in reduction of the environmental impact of high-quality care.

10.1.3 Transport and travel

NHS Fife have developed a plan for the decarbonisation of the fleet by 2025 for small vehicles and 2030 for larger industrial vehicles. Furthermore, progress is being made on the active and sustainable travel agenda to reduce greenhouse gas emissions. These efforts include the plans and funding routes detailed in 10.4.

10.1.4 Nitrous oxide

As of October 2023, all nitrous oxide manifolds have been decommissioned in NHS Fife. In the coming year, NHS Fife will undertake a further review of cylinder use with the aim of reducing, where possible, whilst maintaining quality of care. Risk assessments surrounding exposure limits will be reviewed and revised, considering staff welfare across relevant clinical areas.

10.2 Adapting to the impacts of climate change, enhancing the resilience of the healthcare assets and services of NHS Boards

NHS Fife is working with Fife Council to identify shared climate risks and come up with adaptation measures and solutions as part of a place-based approach.

A corporate-level dashboard has been launched and is used to proactively monitor the daily risk profile position of operational business continuity planning. There are further plans to develop the dashboard to allow proactive monitoring of business continuity incidents where thematic trends analysis may provide an indicator to sustainability improvements in recovery measures.

Over the next year, the aim is to make progress with the climate change risk assessment (CCRA) by creating a risk dashboard for climate risk that will align with the work being carried out within the resilience team.

10.3 The achievement of national waste targets, and local targets for clinical waste, and engagement with local procurement to progress Circular Economy programme within NHS Boards

An Action Plan is being produced collaboratively with members of the Waste Management Steering Group to aid innovation and raise awareness of waste reductions.

Target		Progress
Targets already met	Reduce domestic waste by a minimum of 15% compared to 2012/13	NHS Fife had a target of 307 tonnes and achieved 720 tonnes reduction.
	Ensure that no more than 5% and less of all domestic waste is sent to landfill by 2025	Target of no more than 66 tonnes – working in partnership with current contract all domestic waste is sent to energy for waste. The ash from which is being piloted for use in the production of cement.
	Reduce food waste by 33%	NHS Fife introduced dewaterers to all sites and recently renewed all equipment and had a target of 80 tonnes for the 33% reduction but achieved a 181-ton reduction.
Target realised	Ensure that 70% of all domestic waste is recycled or composted	In 2022/23 NHS Fife had only achieved a 40% reduction (mainly as an aftermath to COVID). Already 2023/24 figures have showed an improvement with continual drives to improve recycling and increase awareness. Improvements hoped to be made in glass segregation will reduce contamination of this stream and allow full recycling.

Following clinical waste audits and guidelines, there has been a reduction in volume of bagged waste with a target of 10% set for 2023/24 and 2024/25.

Currently plans are in place to communicate with staff at roadshows, a focus waste quarter, and dedicated waste Porter for the Victoria Acute site and this will continue into 2024/25. This will be rolled out to all of NHS Fife premises where practical.

The general waste and recycled tender are to be renewed in April 2024 and NHS Fife is hopeful of reducing haulage charges by introducing more cardboard recycling and compactors across sites. Projects ongoing and yet-to-inform guidelines include the recycling of PPE and paper hand towels. A further installation of a suction system in theatres with a reduction in clinical waste, introducing more sustainable containers and expanding this in conjunction with contractors is planned.

10.4 The decarbonisation of the NHS fleet in line with targets (2025 for cars / light commercial vehicles & 2032 for heavy vehicles at latest) and the implementation of the sustainable travel approach for business travel, commuting and patient and visitor travel, linking to other strategy areas such as greenspace and adaptation

10.4.1 Decarbonisation of the NHS Fleet

All NHS small and light commercial vehicles will be powered by renewable alternatives by 2025 and no longer buy or lease large fossil-fuelled vehicles by 2030. However, there is a reliance on larger vehicles, especially tail lift vehicles, becoming more financially viable. To support the transformation of the fleet, installation of electric vehicle charging points throughout the NHS estate will continue as well as collaboration across the public sector on charging infrastructure. All progress is based on funding from Transport Scotland.

As part of the fleet decarbonisation plan, by the end of 2024, there is a plan to replace 12 ICE (Internal Combustion Engine) vehicles to electric. A further 6 ICE vehicles will be reviewed for utilisation with the potential that they will also be removed from the fleet with no replacement. A further 4 ICE vehicles are being reviewed for duty purposes.

Additionally, there has been a submission for a 2024/25 critical infrastructure bid for the 'Switched-on Fleet' grant for £221,500 which will be crucial to making progress with fleet decarbonisation. If successful, this will allow us to increase the number of chargers in Fife by 33 across 4 sites. As this bid was based purely on critical infrastructure, there may be an opportunity to be offered additional funding to increase charging infrastructure however this is not guaranteed.

10.5 Sustainable travel approach for business travel, commuting and patient and visitor travel

In 2024/25, the NHS Fife Active and Sustainable Travel Strategy for 2024 – 2030 is to be published, which has been produced in collaboration with travelknowhow Scotland. The Strategy provides the basis to implement the necessary behaviour change elements (Information, Engagement, Facilities and Policies) associated with supporting and encouraging active and sustainable travel choices which will ultimately lead to reduced emissions. Work will continue with MobilityWays to reduce commuter emissions and promote the NHS Fife LiftShare scheme, though subject to funding, and personalised travel plans for staff.

Funding is being sought through Cycling Scotland through the Cycling Friendly Employer (CFE) grant, to upgrade facilities at some of the main sites to encourage more active travel. In 2024, there are plans to implement a new cycle-to-work scheme which will be open year-round for staff.

10.6 Greenspace and adaptation

This year, there are plans to carry out a landscaping project at Phase 1 of Queen Margaret Hospital. This project will involve creating a wildflower meadow area, a new gravel path, implementing new signage, trees and hedging, perch seating and solar stud lighting. Through this project, the aim is to increase biodiversity and enhance the greenspace whilst linking into adaptation measures such as tree planting. This project will also create active travel corridors which will link into the hospital site.

10.7 Environmental management, including increasing biodiversity and improving greenspace across the NHS Scotland estate.

10.7.1 Environmental Management System

In 2024/25, NHS Fife will continue to make progress in developing an environmental management system which will involve following the stages outlined within the implementation roadmap. A full environmental policy will be developed during 2024/25 that will define the boards environmental commitments and start the process of carrying out an aspects and impact assessment as well as a legal review for all sites. This progress will be facilitated by a full-time EMS lead within estates.

10.7.2 Greenspace and Biodiversity

To improve greenspace and biodiversity across the NHS Fife estate, there is a plan to carry out biodiversity audits for all main sites. For each site, these audits will highlight the total land area, greenspace area, and predominant greenspace types. Following these audits, a Biodiversity Action Plan for NHS Fife will be created.

NHS Fife will continue to implement the 2030 Greenspace Strategy and aim to carry out a range of multi-beneficial greenspace projects across 2024/25. NHS Fife will be hosting a greenspace stakeholder engagement event this year to engage with individuals who have expertise on ways to use the land which directly links to the themes of the 2030 Greenspace Strategy.

NHS Fife with the local Fife community will be hosting an event through Fife Community Climate Action Network (FCCAN). This event will allow community groups to understand how they can carry out their own greenspace projects on NHS Fife estate. These projects will be led by community groups and supported by NHS Fife and all proposed projects must fit into at least one of the themes outlined in the 2030 Greenspace Strategy.

10.8 Reducing the environmental impact of healthcare through adopting the National Green Theatre Programme actions, supporting the implementation of the Quality Prescribing Guides and the adoption of the sustainability in quality improvement approach.

10.8.1 National Green Theatre Programme

In 2024/25, the National Green Theatre Programme will continue to be progressed by actioning the bundles supplied by the Centre for Sustainable Delivery (CfSD). The aim is to continue to progress future bundles and carbon saving actions throughout 2024/25. A 'sustainability tracker' for green theatres has been developed and is being used to monitor progress across the areas outlined in the 'bundles'. A timeline and plans for achieving the remaining targets will also be developed.

It is hoped that the Neptune system will be implemented at the main site, Victoria Hospital in 2024. This relates to fluid removal in theatres which will also greatly reduce waste.

10.8.2 Quality Prescribing guides and sustainability in quality improvement approach

The National Quality Prescribing Guide for respiratory medicines is awaited by the Board, though based on discussion during the consultation period, the understanding is that it will recommend a significant reduction in use of Salbutamol inhalers. NHS Fife is well placed to meet this due to the quality of available data with an experienced and established team in place to support patients and make any technical adjustments.





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Scottish Government
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28 May 2024

Dear Carol

NHS FIFE DELIVERY PLAN 2024/25

Many thanks for submitting your NHS Board Delivery Plan 2024/25. May I take this opportunity to thank you and your team for all the hard work that has gone into the preparation of this plan over recent months.

Whilst great progress has been made, our NHS continues to face significant challenges as we recover from the ongoing impacts of the Covid pandemic, coupled with a related period of ongoing financial challenge. We welcome the approach being taken by your Board to develop your service delivery and financial planning in an integrated way and to ensure that patient safety and front line services are appropriately prioritised whilst working within agreed budgets.

We fully recognise the significant and ongoing challenge this represents and acknowledge that planning is currently set within a landscape of uncertainty and risk. Most recently, the letter from the Scottish Government to all Chief Executives on 8 May regarding *NHS Boards Financial Position and Service Delivery* emphasised that the target for 3% recurring savings against baseline funding must be achieved, and the requirement to reach financial balance through further choices and actions.

In support of this, Boards have been asked to complete, by 31 May, a schedule of further Board level choices and decisions you have assessed to reduce financial deficit, but which require further discussion and clearance to move forward with due to the impact on performance or service delivery. This return will also help us understand the impact on your Delivery Plan.

Within this context, we are satisfied that your current Delivery Plan broadly meets our requirements and provides appropriate assurance under the current circumstances, and we are therefore content for you to proceed to seek final approval from your Board. However, even more so than in previous years, whilst these Delivery Plans provide an agreed way forward, they must also remain dynamic and responsive to the fluid situation in which we find ourselves.



To help support this continuous improvement, we have included a range of feedback arising from our review of your plan, which can be found in **Annex A**. This covers a small number of 'Priority Areas' where, as part of our ongoing engagement with your Board, we will be seeking assurance that actions are being undertaken to address. Alongside these, there are a wider range of "Development and Improvement Areas" which you and your colleagues will wish to reflect on in order to drive improvements in your future planning and delivery.

Our approval of the plan as a whole is contingent upon the understanding that your Board will continue to work closely with the Scottish Government around its delivery and implementation over the coming year. In particular, reducing planned care waiting lists remains a key Government priority, and we will continue to work with you to refine and deliver your Planned Care Plans, supported by the additional funding announced last month, to ensure that we can maximise performance within the available resource envelope.

Where elements of your plan may involve reforming the way in which services are delivered, we will wish to work closely with you to understand the nature of any changes and ensure it fits with the priorities of NHS Scotland as a whole.

Once again, many thanks to you and all your colleagues, and we look forward to continuing to work with you as we plan and deliver the highest possible quality of care for patients, improve the experience of our staff and ensure the best possible value for citizens. If you have any questions about this letter, please do not hesitate to get in touch.

Yours sincerely



PAULA SPEIRS
NHS Scotland Deputy Chief Operating Officer

Annex A – Scottish Government Feedback

Recovery Driver	Improved access to primary and community care to enable earlier intervention and more care to be delivered in the community
Priority Areas	
<ul style="list-style-type: none"> • None 	
Development and Improvement Feedback	
<p>It is welcome that the Board’s plan shows their focus on the continuing development of multidisciplinary teams and dual nursing posts to ensure a sustainable OOHs service. This is encouraging and it will be helpful to hear details on the actions to develop these.</p> <p>The plan states that the Mental Health and Wellbeing in Primary Care and Community Settings project started in late 2022 and is expected to run for 5 years. It states that core elements supporting coproduction are currently funded from Scottish Government. The plan states that due to the absence of funding the immediate focus will be on “quick wins” and the objective of MDT primary care teams is not sustainable due to funding. Scottish Government Primary Care and Mental Health colleagues have had recent conversations with NHS Fife regarding the pause of Mental Health and Wellbeing in Primary Care Services (MHWPCS) funding, but it would be helpful to ensure that the above is being delivered within existing resources and to confirm again that MHWPCS funding has been paused.</p> <p>It would be helpful to see more content relating to General Ophthalmic Services, which is the core NHS service provided by optometrists.</p> <p>The plan briefly references the Board’s own locally funded and managed ‘Glaucoma Shared Care Scheme’ and then references “the national service” - which is the Community Glaucoma Service (CGS) - and the positive aspects this will deliver, including the use of the OpenEyes system to deliver the service. Scottish Government policy officials have been informed about the position that NHS Fife’s eHealth team have adopted regarding the OpenEyes system, which is to decline to engage with any discussions about its deployment due to a demand for additional funding.</p> <p>As Scottish Government policy officials have already advised the Health Board, this is an unacceptable position to adopt given both the current size of the hospital ophthalmology waiting lists and the legal position – Scottish Ministers have directed all Health Boards in Scotland to establish and operate the CGS in their areas, as per Paragraph 3 of The Optometry Enhanced Services (Glaucoma) (Scotland) Directions 2023. These issues will be picked up as the ongoing engagement between the Board and the relevant policy officials.</p> <p>It would be helpful for the document to set out plan for rolling out the CGS in NHS Fife in 2024/25, including a timescale and an outline of how many patients it envisages being registered under the CGS (and therefore discharged off hospital ophthalmology waiting lists).</p>	

Recovery Driver	Urgent & Unscheduled Care - Provide the Right Care, in the Right Place, at the right time through early consultation, advice and access to alternative pathways, protecting inpatient capacity for those in greatest need
Priority Areas	
<ul style="list-style-type: none"> None specific to the plan itself; however the Board should continue to work closely with the Scottish Government <i>Unscheduled Care Policy and Performance Team</i> to drive improved performance. 	
Development and Improvement Feedback	
<p>The Board have outlined a clear set of trajectories which appear to be achievable. The plan provides a good level of detail on planned and current service development across the 5 portfolios of the Collaborative Program which will support performance improvement. The plan is also clear on the current financial position and highlights where service development may be affected by these challenges.</p> <p>The Board describes the plans to deliver a 24-hour approach to Urgent Care, including further enhancements to the capacity and accessibility to HSCP-led Minor Injury Units (MIU) and Urgent Care Centers. It will be good to hear what these enhancements will be, and timescales for these plans, in relation to OOHs, recognising that the Board will be engaging with the relevant Scottish Government teams during 24/25.</p>	

Recovery Driver	Improve the delivery of mental health support and services
Priority Areas	
<ul style="list-style-type: none"> None immediately specific to the Delivery Plan; however the Board should work with the Scottish Government <i>Mental Health Team</i> to drive improved performance. 	
Development and Improvement Feedback	
<p>The plan doesn't raise any new concerns and is reflective to the ongoing engagement between the Scottish Government and NHS Fife on mental health services. Each priority has been clearly outlined within the plan, and links directly to key priorities published in the National Mental Health and Wellbeing Strategy.</p> <p>The following areas in particular will be the focus on ongoing engagement:</p> <p>CAMHS - The demands on the CAMHS service remain high and additionally, national recruitment challenges present local challenges, thus impacting on progress in meeting the RTT target.</p> <p>There is risk to future service delivery due to insufficient workforce capacity if the funding provided through national sources (Recovery and Renewal Fund & Community Framework fund) is no longer available or reduced in any way.</p> <p>There is risk of not meeting RTT target if the service is unable to recruit or retain appropriately qualified clinicians to deliver complex care and treatment. A risk exists to staff wellbeing and morale if workforce numbers are reduced resulting in higher workloads and increased pressures.</p> <p>Psychological Therapies - Demand for psychological therapy remains high, analysis confirms that the service is not currently in balance, meaning that referrals currently exceed the number of treatments started that can be offered, limiting progress toward the RTT standard. The sustainability of service delivery is highly dependent on a resilient and effectively resourced workforce and any changes to the current national funding arrangements will impact on service delivery, and the ability to achieve targets and improvement plans.</p> <p>Recruitment difficulties and service pressures affecting other parts of the system may reduce capacity for psychological interventions to be delivered by others.</p> <p>Primary Care - The Mental Health and Wellbeing in Primary Care and Community Settings (MHWPCS) project has a key objective, to deliver multi-disciplinary primary care teams and this is not sustainable in the absence of the planned funding. The immediate focus of the project will need to shift to 'quick wins' achievable within existing resources.</p>	

Recovery Driver	Recovering and improving the delivery of planned care
Priority Areas	
<ul style="list-style-type: none"> None immediately specific to the Delivery Plan; however the Board should work with the Scottish Government <i>Planned Care Policy and Performance Team</i> on actions needed on their associated Planned Care Plan. 	
Development and Improvement Feedback	
<p>Due to the significant financial pressure that all Boards are facing, there may be a consequent impact on waiting times performance. The Scottish Government will work with Boards to maximise options that bring most return for minimal cost.</p>	

Recovery Driver	Delivering the National Cancer Action Plan (Spring 2023-2026)
Priority Areas	
	<ul style="list-style-type: none"> None immediately specific to the Delivery Plan; however the Board should work with the Scottish Government <i>Cancer Access Team</i> to drive improved performance.
Development and Improvement Feedback	
	<p>It is welcome that the plan clearly sets out the plans to improve Cancer Waiting Times for each challenged tumour group. Plan references Optimal Cancer Diagnostic Pathways for Lung and Head & Neck which will be reviewed in 24/25 with any improvements being cost neutral.</p> <p>A Rapid Cancer Diagnostic Service pilot has been operational since June 2021 but is only funded until September 2024. The service has been running successfully, but NHS Fife will require additional funding to allow this service to continue after September 2024. The plan states that the service is at risk if no additional funding is secured.</p> <p>The radiology strategic plan is unfunded so a risk it will not deliver the additional imaging capacity required to support cancer pathways.</p> <p>SPoC, prehabilitation, the psychological therapies and support framework, and the oncology transformation programme are all referenced and assurances provided regarding involvement. This is welcomed, however additional references to CMPs would also be helpful.</p>

Recovery Driver	Enhance planning and delivery of the approach to health inequalities and improved population health
Priority Areas	
	<ul style="list-style-type: none"> • None
Development and Improvement Feedback	
	<p>On Drugs and Alcohol Services, the plan makes reference to multiple services that should be delivered by delivery partners out with the Board. Whilst the references to the general ADP Strategic Plan and actions are extensive, they appear to be a straight lift from that plan, rather than an account of the specific actions the Board will pursue under that plan. It would be helpful to have more focus on the specific areas that the Board leads on.</p>

Recovery Driver	Take forward the actions in the Women's Health Plan and support good child and maternal health , so that all children in Scotland can have the best possible start in life.
Priority Areas	
<ul style="list-style-type: none"> • None 	
Development and Improvement Feedback	
<p>Plan expresses some concerns around delivery of continuity of carer, and it would be helpful to include more detail on this.</p> <p>High level assurance is provided in relation to the delivery of child health reviews.</p> <p>It is welcome to see plans to increase access to early pregnancy scanning out of hours and collaboration with Primary Care to develop a prescribing pathway for progesterone to be delivered within existing resource.</p> <p>On the Women's Health Plan, the Board have identified a lead and a series of local priorities, though there are some concerns about whether these will be delivered upon due to financial challenges. It would be if the Women's Health Plan threaded through other areas of this plan such as the cardiovascular health section or health inequalities.</p>	

Recovery Driver	Implementation of the Workforce Strategy
Priority Areas	
<ul style="list-style-type: none"> • None immediately specific to the Delivery Plan; however the Board should continue to work with the Scottish Government to drive closer alignment between workforce and delivery planning. 	
Development and Improvement Feedback	
<p>Plan and actions laid out by NHS Fife appear achievable and realistic and the Board has appropriate governance and plans in place.</p> <p>NHS Fife's Delivery Plan provides sufficient high level assurance of activity in relation to the implementation of the Workforce Strategy.</p>	

Recovery Driver	Optimise use of digital & data technologies in the design and delivery of health and care services for improved patient access and fast track the national adoption of proven innovations which could have a transformative impact on efficiency and patient outcomes
Priority Areas	
<ul style="list-style-type: none"> • None 	
Development and Improvement Feedback	
<p>Cyber resilience is a key area where the Board have updated against the cyber resilience framework as expected and remains of upmost importance. There is an on-going need to replace legacy systems across NHS Scotland and it is welcome to see that this is something highlighted as a key priority to ensure security and technical compliance.</p> <p>It is welcome that the Board has set out clear activity to ensure the workforce and Executive team are skilled and informed regarding digital developments. Aligning a revised Digital and Information Strategy to the existing population health and wellbeing strategy will be a positive step.</p> <p>It is helpful to see the key updates set out against national programmes including e-Rostering, HEPMA, GP IT, Child Health, Microsoft 365 and LIMS. The plan highlights a funding risk for e-rostering after November 2024. All other programmes appear to be on track and considerations underway for how they prepare for developments including Digital Front Door, which is welcome.</p> <p>Future iterations of plan should set out how the Board will implement the NHS Scotland Scan for Safety Programme by March 2026 as mandated in the Scottish Government’s Directors Letter (2024) 3</p>	



Recovery Driver	Climate Emergency and Environment
Priority Areas	
<ul style="list-style-type: none"> • None 	
Development and Improvement Feedback	
<p>Overall, the plan is effective at meeting the climate emergency and environment planning priorities.</p> <p>Comprehensive response in relation to waste and resource management, showing a clear understanding of current performance and actions required. However, no Circular Economy detail is provided and it would be useful to include information on this.</p> <p>The Board provide and evidence how they are meeting the targets currently, have had gone beyond some of the initial targets set out, which is welcome. There is a system in place via WMSG at local level to be able to progress this work and have put resource into managing waste appropriately on site.</p> <p>The Board is undertaking a landscaping project at their Queen Margaret Hospital site, which includes both biodiversity and adaptive interventions. The Board has also outlined their intention to undertake biodiversity audits for all main sites which will include; total land area, greenspace area and indicate greenspace types. The finding of this audit will inform the development of a Biodiversity Action Plan. They will continue to undertake works identified in their 2030 Greenspace Strategy. These actions are in alignment with the national agenda for this workstream.</p> <p>The Board is taking a place-based approach to adaptation by collaborating with Fife Council to identify shared climate risks and adaptation measures. They also will be seeking to progress their CCRA through the creation of a risk dashboard that will align with their corporate level dashboard which has already been launched. They have also mentioned adaptive planting measures.</p> <p>The Board is adopting a sensible approach to both fleet decarbonisation and sustainable and active travel, the latter having a dedicated strategy to be published in due course. The Board's fleet decarbonisation and replacement plans are well advanced, though as with all boards, it relies on central funding being made available.</p> <p>NHS Fife will create a Building Energy Transition Strategy that aligns with PAMS to strategy review and invest in buildings that will be in the Board's longer term portfolio. Using the Jacobs Net Zero Routemaps, the Board will review decarbonisation measures outlined and create delivery plan and submit relevant funding applications while there are capital funding constraints.</p> <p>The Board will need to ensure that they have a plan for Entonox mitigation. . A clear program needs to be articulated including project lead, occupational exposure monitoring for midwifery teams in conjunction with health and Safety and medical Physics. Improvement planned preventative maintenance by estates teams and stock management between pharmacy and soft facilities.</p>	



Supporting Theme	Finance & sustainability
Priority Areas	
<ul style="list-style-type: none"> None immediately specific to the Delivery Plan; however, the Board should continue to work with the Scottish Government <i>Health Finance Team</i> on their Financial Plan and ensure that this is fully aligned with updates to the Delivery Plan. 	
Development and Improvement Feedback	
None.	

Supporting Theme Value Based Health & Care
Priority Areas
<ul style="list-style-type: none"> • None
Development and Improvement Feedback
<p>While the Delivery Plan mentions Realistic Medicine, there is no mention of how the Board intends to support delivery of the Value Based Health and Care Action Plan. Practising Realistic Medicine to deliver value based health and care should be viewed by Boards as a key enabler of the ten drivers of recovery and fundamental to achieving a more sustainable healthcare system.</p>

Meeting:	Public Health & Wellbeing Committee
Meeting date:	1 July 2024
Title:	Annual Delivery Plan Quarter 4 2023/24 Report
Responsible Executive:	Margo McGurk, Director of Finance
Report Author:	Susan Fraser, Associate Director of Planning and Performance

1 Purpose

This is presented for:

- Assurance

This report relates to:

- Annual Delivery Plan
- NHS Board Strategic Priorities:
 - To Improve Health & Wellbeing
 - To Improve Quality of Health & Care Services
 - To Improve Staff Experience & Wellbeing
 - To Deliver Value & Sustainability

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

- Safe
- Effective
- Person Centred

2 Report Summary

2.1 Situation

The Annual Delivery Plan (ADP) 2023/24 was submitted in draft to the Scottish Government (SG) on 8 June 2023 and resubmitted on 26 June.

Formal sign off of the ADP from Scottish Government was received on 11 August 2023.

This paper is to update the committee on the progress against deliverables within the ADP as of March 2024. This update was submitted to the Scottish Government on 14 June 2024.

2.2 Background

The guidance for Annual Delivery Plan (ADP) 2023/24 and Medium-Term Plan (MTP) 2023/26 was received on 28 February 2023. This guidance was intended to support a more integrated and coherent approach to planning and delivery of health and care services, setting out prioritised high-level deliverables and intended outcomes to guide detailed local, regional and national planning, and inform improvement work.

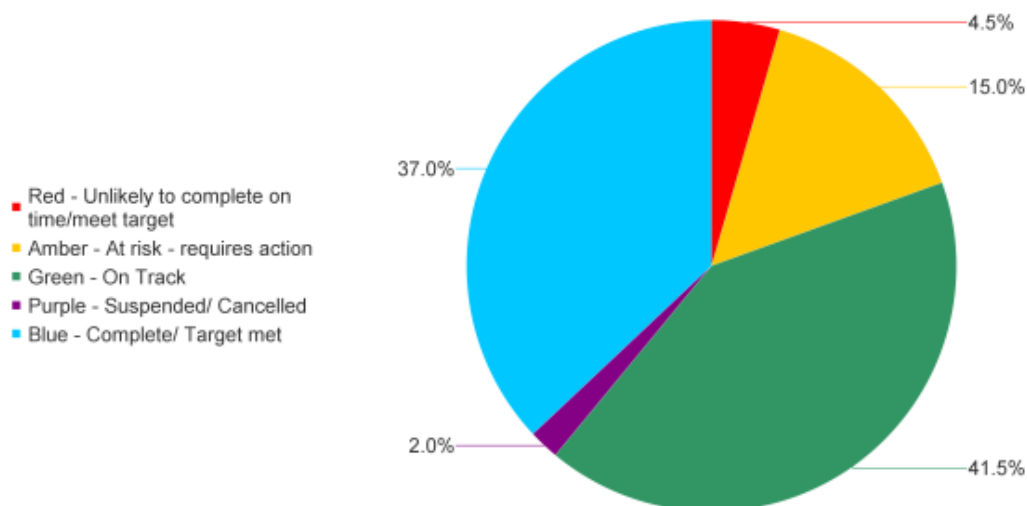
2.3 Assessment

Services have been providing updates to the ADP on a monthly basis with position as of Dec-23 (Q3) and Mar-24 (Q4) submitted to Scottish Government on 14 June. Detailed reports for each Directorate/Division up to Mar-24 (Q4) have also been circulated to Executive Directors.

The status of deliverables is based on progress against milestones as well as achievement of stated outcomes. This status is categorised as below:

- Purple** Suspended/Cancelled
- Blue** Complete/Target met
- Green** On Track
- Amber** At risk, requires action
- Red** Unlikely to complete on time/meet target

The ADP for Fife contains 200 deliverables with 37.0% (74) 'complete/target met' and 41.5% (83) 'on track' as of Mar-24 (Q4).



All deliverables ongoing will continue to be monitored as part of ADP for 2024/25.

Deliverables **suspended/cancelled (4)** at end of Mar-24 (Q4). Latter two are Digital deliverables, seen as duplication as also deliverables for Pharmacy:

- Translation and implementation of agreed Business case Options for Co-badged Clinical Trials Unit/Clinical Research Facility with University of St Andrews
- Kincardine and Lochgelly Health Centres
- Hospital Electronic Prescribing and Medicines Administration (HEPMA)
- Medicines Automation - Multi Phases

Deliverables that are **unlikely to complete on time (9)**:

- Improve flow within the VHK site, reducing length of stay and number of patients boarding. Accurate PDD to inform planning for discharge, coordinated with the Discharge Hub.
- Improve quality of cancer staging data
- To ensure routine adherence to Scottish Cancer Network Clinical Management Pathways
- Post successful implementation of the SE Payroll Consortium arrangement, work with the senior leadership of the consortium to ensure effective continuity of a payroll service for NHS Fife
- Hospital Pharmacy Redesign; Introduction of automation in hospital Pharmacy stores, dispensaries and clinical areas. Centralisation of Pharmacy stores.
- Adherence to the NHS Scotland Model Complaints Handling Procedures (DH 2017) and compliance with National targets
- Deliver Patient Experience focused work across NHS Fife, gathering patient feedback and lived experiences
- Implement IPC Workforce Strategy 2022-24
- Committed to controlling, reducing and preventing Healthcare Associated Infections (HAI) and Antimicrobial Resistance (AMR) in order to maintain individual safety within our healthcare settings.

Deliverables currently **at risk (30)** of being delivered on time and requiring action:

- Develop and scope ambulatory models of care supporting early supported discharge and admission prevention
- Maximise models of care and pathways to prevent presentations and support more timely discharges from ED using a targeted MDT approach
- Improve Same Day Emergency Care and rapid assessment pathways
- Improved Fife-wide ADHD pathways for children & Young people
- Roll out of Digital Pathology
- Best Start
- To meet the recommendations of the Women's Health Plan by end Dec 2024
- Delivery of New Laboratory Information system (LIMS) as part of accelerated implementation followed by implementation of national roll out.
- National - Child Health Replacement
- National - eRostering
- Enhanced data availability and sharing
- IPQR Digitisation
- Develop and Implement the Corporate Communication Strategy
- Develop and Implement the Public Participation and Community Engagement Strategy
- Digital medicines management programme
- Deliver the child aspects of Fife Annual Poverty Plan with Fife Council and other partners
- Deliver a more effective BCG and TB programme
- Deliver a VAM Covid response in alignment with SG guidance and in collaboration with East of Scotland workforce with full investigatory and outbreak management and community testing functions.
- Work to address poverty, fuel poverty and inequality through ensuring the prioritisation of income, housing, education, and employment programmes as part of the Plan 4 Fife
- Ensure the delivery of an effective resilience function for NHS Fife
- Attracting & Recruiting Staff to deliver Population Health & Wellbeing Strategy; Bank Governance – Enhanced Management & Staff Bank Consolidation
- PPD Succession Planning
- Community Mental Health Teams for Adult and Older Adult services that are responsive to need and reduce admission by offering alternative pathways
- Fife Psychology Service will increase capacity to improve access to PTs, eliminate very long waits (over 52 weeks) and meet & maintain the 18 week referral to treatment waiting times standard
- Increase mental health services spend to 10% of NHS frontline spend by 2026 and plans to increase the spend on the mental health of children and young people to 1%
- Increase capacity for providing in-hours routine and urgent dental care
- Fife will eliminate Hepatitis C as a public health concern. (Pre COVID target by 2024. Extension of date under consideration by SG)
- Implement preventative podiatry service in care homes
- Work with Secondary care to develop shared care initiatives to continue to reduce the requirement for patients to attend ED
- Early intervention: enhancing workforce skillsets to support new models of care ensuring early discharge and prevention of admission and local frameworks for frailty

Summary status as of Mar-24 (Q4) is detailed by Recovery Driver in table below.

Annual Delivery Plan 2023/24 Progress - Summary

Q4 Status	Red - Unlikely to complete on time/ meet target	Amber - At risk - requires action	Green - On Track	Purple - Suspended/ Cancelled	Blue - Complete/ Target met	TOTAL
1. Primary and Community Care	1	6	18	1	4	30
2. Urgent and Unscheduled Care	1	3	5		5	14
3. Mental Health		3	8		2	13
4. Planned Care		1	3		6	10
5. Cancer Care	2	1	6		6	15
6. Health Inequalities		1	9	1	5	16
7. Innovation Adoption					4	4
8. Workforce		1	10		7	18
9. Digital	1	5	6	2	7	21
10. Climate			2		7	9
Other	4	9	16		21	50
TOTAL	9	30	83	4	74	200

This report provides the following Level of Assurance:

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

There is moderate assurance for the delivery due to 80% of deliverables being complete or on track at the end of Q4.

2.3.1 Quality, Patient and Value-Based Health & Care

Preparation and delivery of the ADP are key to ensuring high quality patient care.

2.3.2 Workforce

Workforce planning is key to the ADP process.

2.3.3 Financial

Financial planning is key to the ADP process.

2.3.4 Risk Assessment/Management

Risk assessment is part of ADP process.

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

Equality and Diversity is integral to any redesign based on the ADP process.

2.3.6 Climate Emergency & Sustainability Impact

N/A.

2.3.7 Communication, involvement, engagement and consultation

Appropriate communication, involvement, engagement and consultation within the organisation throughout the ADP process.

2.3.8 Route to the Meeting

ADP Q4 update reports were distributed to Executive Directors on 28 May and subsequently approved for submission by the Chief Executive.

2.4 Recommendation

This paper is provided to members for:

- **Assurance** – the ADP Q4 update provides the status of ADP actions for the year 2023/24 and provides a “limited” Level of Assurance.

List of appendices

Appendix No. 1, Annual Delivery Plan 202324 Q4 Update

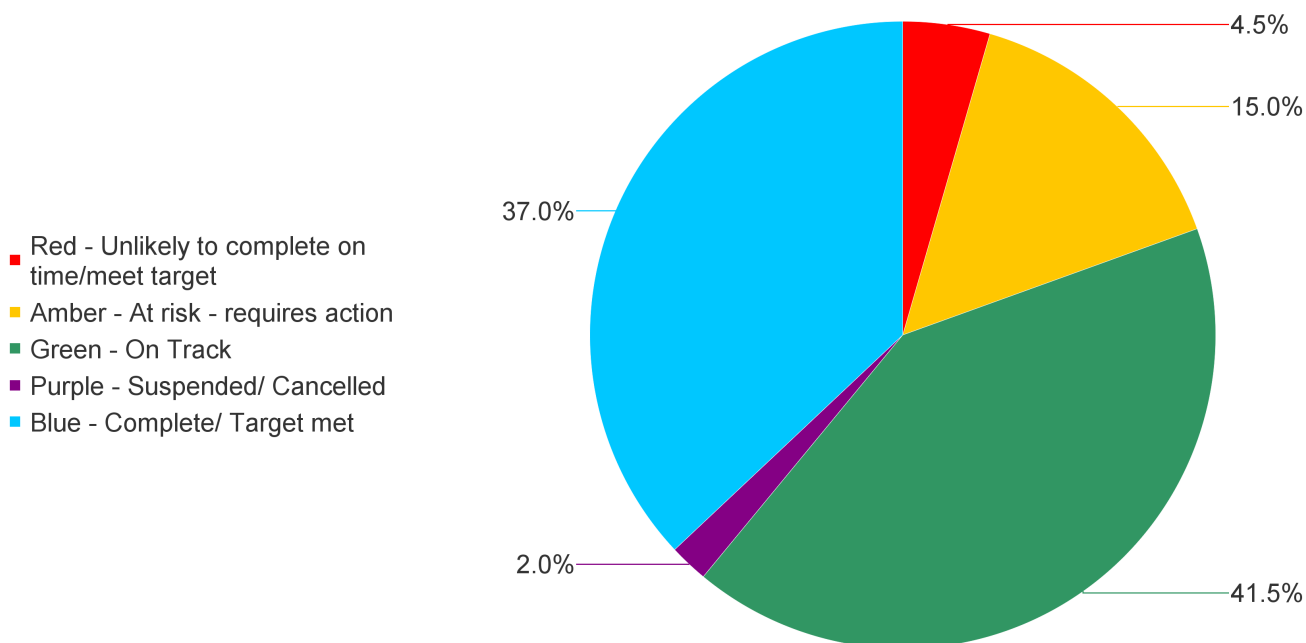
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Annual Delivery Plan 2023/24 Progress - Summary

Q4 Status	Red - Unlikely to complete on time/meet target	Amber - At risk - requires action	Green - On Track	Purple - Suspended/ Cancelled	Blue - Complete/ Target met	TOTAL
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10. Climate			2		7	9
Other	4	9	16		21	50
TOTAL	9	30	83	4	74	200



Annual Delivery Plan 2023/24 Progress - Deliverable Summary - RAG

Red - Unlikely to complete on time/meet target

Deliverable - Q4 Update	NHS Strategic Priority	Recovery Driver	Dir/Div
<p>Implement IPC Workforce Strategy 2022-24</p> <p>Update: Due to the national deliverables not as yet been delivered, this has impacted local implementation. Resulting in milestones extended by 6 months.</p>	To Improve the Quality of Health and Care Services	1. Primary and Community Care	Nursing Directorate
<p>Improve flow within the VHK site, reducing length of stay and number of patients boarding. Accurate PDD to inform planning for discharge, coordinated with the Discharge Hub.</p> <p>Update: Significant work undertaken around reducing Length of Stay and improving flow, looking at MDT approach and rolling out EBR. SLWG established linking to RTP - Surge reduced by 10 beds.</p>	To Deliver Value & Sustainability	2. Urgent and Unscheduled Care	Emergency Care
<p>Improve quality of cancer staging data</p> <p>Update: Improvement seen in staging data in prostate and bladder.</p> <p>Improvement required in Renal and this will be measured through the QPI process.</p>	To Improve the Quality of Health and Care Services	5. Cancer Care	Quality & Care Governance
<p>To ensure routine adherence to Scottish Cancer Network Clinical Management Pathways</p> <p>Update: CMGs are still being implemented nationally. NHS Fife (and SCAN) continue to use the regional CMPs.</p>	To Improve the Quality of Health and Care Services	5. Cancer Care	Quality & Care Governance
<p>Hospital Pharmacy Redesign Introduction of automation in hospital Pharmacy stores, dispensaries and clinical areas. Centralisation of Pharmacy stores. * note, this is a joint project with capital planning and D&I</p> <p>Update: Due to challenges with capital funding, this work is currently on hold. Consideration and planning around development of the physical space requirements for hospital pharmacy continue.</p>	To Deliver Value & Sustainability	9. Digital	Pharmacy & Medicines
<p>Post successful implementation of the SE Payroll Consortium arrangement, work with the senior leadership of the consortium to ensure effective continuity of a payroll service for NHS Fife</p> <p>Update: Work has continued throughout the quarter, however due to the continued pressure across the payroll teams, the workstreams have not been able to conclude by the year end and will therefore continue into 2024/25 until such times as the milestones are all achieved.</p>	To Deliver Value & Sustainability		Finance
<p>Adherence to the NHS Scotland Model Complaints Handling Procedures (DH 2017) and compliance with National targets</p> <p>Update: SBAR paper taken to QMag meeting March 2024 regarding HSCP monthly meetings to discuss CHP and improvements. QMAG in agreement. Meetings need to be arranged. Complaint Complexity Categorisation Tool shared with Directorates for comment. Tool updated. Needs to be shared with Clinical Governance for final approval. Further work has taken place with Escalation tool and will be shared with PET colleagues for input and review before sharing with Services for comment. Further discussion regarding MDT approach needs to happen with Services and how this process will look. This will be discussed at monthly complaint meetings with Acute and H&SCP.</p>	To Improve the Quality of Health and Care Services		Nursing Directorate
<p>Committed to controlling, reducing and preventing Healthcare Associated Infections (HAI) and Antimicrobial Resistance (AMR) in order to maintain individual safety within our healthcare settings.</p> <p>Update: Dependency on D&I to progress eCatheter insertion & maintenance bundles, has resulted in an extension to the planned milestones</p>	To Improve the Quality of Health and Care Services		Nursing Directorate

<p>Deliver Patient Experience focused work across NHS Fife, gathering patient feedback and lived experiences</p> <p>Update: Have now received complaint data from other Scottish Health Boards to assist with workforce review.</p>	<p>To Improve the Quality of Health and Care Services</p>		<p>Nursing Directorate</p>
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Amber - At risk - requires action

Deliverable - Q4 Update	NHS Strategic Priority	Recovery Driver	Dir/Div
<p>Early intervention: enhancing workforce skillsets to support new models of care ensuring early discharge and prevention of admission and local frameworks for frailty</p> <p>Update: Pharmacy colleagues are determining antibiotic compatibility and drug costs for 24-hour IV antibiotic pumps. This and the established criteria for the pumps may negate the benefit but this is being fully scoped.</p> <p>Respiratory team still building expertise and capacity</p> <p>An SBAR for SLT is being prepared with a slightly different proposal to previous.</p>	To Improve the Quality of Health and Care Services	1. Primary and Community Care	Community Care
<p>Fife will eliminate Hepatitis C as a public health concern. (Pre COVID target by 2024. Extension of date under consideration by SG)</p> <p>Update: Initial target of elimination for Hep C by 2024 set by Scottish Government pre-covid. As local and national BBV services were redeployed to pandemic response, targets for 2022 and 2023 were paused.</p> <p>The national Rest and Rebuild document (2021) set out priorities for regaining momentum towards this target. The current SH & BBV framework was published in November 2023.</p> <p>Locally testing activity has continued. Performance for 2023/24 is below the SG target of 124 set. Financial constraints - HCV drug budget was set on basis of treating 70 patients. Primarily as team of 4 BBV nurses responding to significant rise in HIV pts transferring to Fife and challenges in HCV case finding.</p> <p>Service capacity to develop HCV plans reduced - limited back fill to BBV MCN managers and lead Nurse roles - postholders are seconded/acting up to other roles.</p> <p>Lookback project - re-engage patients who had positive test but no recorded treatment. If successfully implemented - yield over 200 treatment initiations over two years - meet criteria for HCV Elimination by 2025 subject to drug budget set at level to accommodate in 24/25 and 25/26. This would be in line with the timeline in most other board areas of a similar size to NHS Fife.</p>	To Improve Health and Wellbeing	1. Primary and Community Care	Primary & Preventative Care
<p>Implement preventative podiatry service in care homes</p> <p>Update: We had significant recruitment challenges which will impact on the implementation of the model. It is currently very challenging to recruit band 7 and band 6 podiatrists nationally.</p>	To Improve the Quality of Health and Care Services	1. Primary and Community Care	Primary & Preventative Care
<p>Increase capacity for providing in-hours routine and urgent dental care</p> <p>Update: The PDS has continued to be the safety net for un/de registered patients throughout Fife, this has proved extremely challenging to ensure we are meeting the needs of our core service as well as providing emergency and targeted care.</p>	To Improve Health and Wellbeing	1. Primary and Community Care	Primary & Preventative Care
<p>Work with Secondary care to develop shared care initiatives to continue to reduce the requirement for patients to attend ED</p> <p>Update: The FICOS scheme is running well with an audit and review currently underway aiming for completion at the end of Summer 2024. Glaucoma shared care scheme is not progressing as funding issues for required EPR (openeyes system). E-health have said no further progress can be made until the funding issue is resolved.</p>	To Improve the Quality of Health and Care Services	1. Primary and Community Care	Primary & Preventative Care

<p>Improved Fife-wide ADHD pathways for children & Young people Improve patient experience and reduce waiting times in Community Paediatrics service. Release capacity through rationalisation of Community Paediatric service and re-modelling service provision relating to children/young people with suspected/diagnosed ADHD</p> <p>Update: Fife-wide review of ADHD services ongoing. Slow progress but some achieved, although no changes to pathways as yet and no impact on reduction of waiting times within Community Paediatrics. Implementation of NHS Fife Neuro-developmental pathway now planned for summer 2024 and this will support improvement in ADHD services.</p>	To Improve Health and Wellbeing	1. Primary and Community Care	Women, Children & Clinical Services
<p>Develop and scope ambulatory models of care supporting early supported discharge and admission prevention</p> <p>Update: Visits to other Boards to review SDEC/front door models, to inform review of our ambulatory services.</p>	To Improve the Quality of Health and Care Services	2. Urgent and Unscheduled Care	Emergency Care
<p>Improve Same Day Emergency Care and rapid assessment pathways</p> <p>Update: Working towards SDEC model central to discussions. Recognition that significant review and redesign required. Workshop 25th April to progress SDEC and agree key metrics.</p>	To Deliver Value & Sustainability	2. Urgent and Unscheduled Care	Emergency Care
<p>Maximise models of care and pathways to prevent presentations and support more timely discharges from ED using a targeted MDT approach</p> <p>Update: Continuing to promote Right Care Right Place, engaging with key stakeholders. Progress being made, demonstrated by the slight increase in redirection from ED. SLWG established to review triage.</p>	To Deliver Value & Sustainability	2. Urgent and Unscheduled Care	Emergency Care
<p>Community Mental Health Teams for Adult and Older Adult services that are responsive to need and reduce admission by offering alternative pathways</p> <p>Update: Delay due to service pressures in roll out of Test of Change regards documentation/standards. Requirement due to financial pressures to pause longer term development to look at immediate service redesign.</p>	To Improve the Quality of Health and Care Services	3. Mental Health	Complex & Critical Care
<p>Fife Psychology Service will increase capacity to improve access to PTs, eliminate very long waits (over 52 weeks) and meet & maintain the 18 week referral to treatment waiting times standard</p> <p>Update: 11a - Progress made in recruiting to new and replacement posts, however not yet reached the number of staff required to meet the PT target and due to the financial situation it will not be possible to recruit the number originally identified as required by trajectory modelling. Recruitment to date has contributed to progress in reducing the number of long and very long waits. 11b - Service development and redesign implemented on schedule; further redesign will be required in next reporting year due to financial pressures. 11c - Training and CPD activities to increase capacity completed. 11d - Demand-capacity monitoring in place across all services.</p>	To Improve the Quality of Health and Care Services	3. Mental Health	Complex & Critical Care
<p>Increase mental health services spend to 10% of NHS frontline spend by 2026 and plans to increase the spend on the mental health of children and young people to 1%</p> <p>Update: Current provision across all Mental Health services is under review as part of the Fife HSCP financial planning process which requires Mental Health service to achieve £6million reduction in spend.</p>	To Deliver Value & Sustainability	3. Mental Health	Complex & Critical Care
<p>Best Start</p> <ol style="list-style-type: none"> 1. Full implementation of Continuity of Carer by 2026 2. Minimising separation of late preterm and term babies from birth 3. Recommencement of full Antenatal Education 4. Expand Service User Feedback 5. Expand and embed Psychological services <p>Update: Ongoing work re: continuity of carer with report to be submitted to SG by AL. Community continuity of carer completed and in place.</p>	To Improve the Quality of Health and Care Services	4. Planned Care	Women, Children & Clinical Services

<p>Roll out of Digital Pathology</p> <p>Update: On hold in Q4 due to implementation of new lab information system.</p>	To Deliver Value & Sustainability	5. Cancer Care	Women, Children & Clinical Services
<p>To meet the recommendations of the WHP by end Dec 2024</p> <ul style="list-style-type: none"> -Endometriosis nurse specialist to support women through their journey and improve the care and advice they receive -Increased menopause capacity to meet demand, including training delivered to GPs <p>Foetal loss expansion in EPC to provide additional scanning appointments</p> <ul style="list-style-type: none"> -To increase the access to a bereavement nurse -Provision of post natal contraception post TOP, including post partum intrauterine contraceptive for vaginal deliveries. <p>Update:</p> <p>EPC discussions with team ongoing re: scanning slots.</p> <p>Post TOP contraception is in place with Nexplanon, injection or oral contraception. Midwifery training is ongoing.</p> <p>Sonographer role is not within band 6 remit, therefore further review of options to be considered over time.</p>	To Improve the Quality of Health and Care Services	6. Health Inequalities	Women, Children & Clinical Services
<p>Attracting & Recruiting Staff to deliver Population Health & Wellbeing Strategy; Bank Governance – Enhanced Management & Staff Bank Consolidation</p> <p>Update: Financial challenges have continued to place the bank consolidation project at risk, Due to the current financial constraints there is no funding to support the model for a full bank consolidation at this time. We have undertaken an option appraisal that will be considered by EDG on 21st March for a part consolidation within existing budget / resources in the interim which is approved will commence in May 2024.</p>	To Deliver Value & Sustainability	8. Workforce	Workforce
<p>Enhanced data availability and sharing</p> <p>Update: Delays with enabling GP IT ongoing. Performance of integration the main area of concern</p>	To Improve the Quality of Health and Care Services	9. Digital	Digital & Information
<p>National - Child Health Replacement</p> <p>Update: The national Child Health System Programme is reported as Amber due to delays in delivery being experienced.</p>	To Improve Health and Wellbeing	9. Digital	Digital & Information
<p>National - eRostering</p> <p>Update: No national interfacing delivered between Health Roster and other workforce and finance systems.</p> <p>No establishment of a system ownership model within NHS Fife</p>	To Improve Staff Experience and Wellbeing	9. Digital	Digital & Information
<p>Digital medicines management programme</p> <p>Implementation of Hospital Electronic prescribing system (HEPMA) to all inpatient and outpatient services alongside review and upgrade of stock control system and electronic discharge/ meds rec solution</p> <p>Update: Awaiting schedule of works for both stock control and HEPMA. Collaborative working with NHS Lothian will support drug file for stock control allowing for the build to commence.</p> <p>Orion user acceptance testing raised a number of issues - there is ongoing engagement with the supplier.</p>	To Deliver Value & Sustainability	9. Digital	Pharmacy & Medicines
<p>Delivery of New Laboratory Information system (LIMS) as part of accelerated implementation followed by implementation of national roll out.</p> <p>Update: Accelerated product live in Feb 24, work continues to resolve issues post go live. Plans for implementation of national product being developed in conjunction with national team.</p>	To Deliver Value & Sustainability	9. Digital	Women, Children & Clinical Services
<p>Develop and Implement the Corporate Communication Strategy</p> <p>Update: Going to EDG in May for approval following revisions to reflect RTP communications</p>			Comms

<p>Develop and Implement the Public Participation and Community Engagement Strategy</p> <p>Update: Going to NHS Fife Board on 26th May 2024 n- resources and funding still to be establish to allow the new strategy to be implemented</p>			Comms
<p>PPD Succession Planning</p> <p>Update: During the last quarter, significant work has been undertaken to redesign the resuscitation training programme resulting in a 56% increase in training capacity with no additional staffing. The addition of a 1.0WTE secondee from ASD has increased capacity further. Further work to secure a B6 WTE within service budget is unlikely due to RTP constraints so alternatives are being considered during the next quarter.</p>	To Improve Staff Experience and Wellbeing		Nursing Directorate
<p>IPQR Digitisation</p> <p>Update: Review of metrics will be ongoing but initial feedback on refreshed presentation has been well received so far. Discussions to take place with Board Chair and Committee Chairs.</p> <p>Advised that local BI tool is not option for dashboard, required to explore PowerBI. Lack of local knowledge might be an issue.</p>	To Deliver Value & Sustainability		Planning & Performance
<p>Deliver a more effective BCG and TB programme Public Health Priority 1 and 2</p> <p>Update: Transition to ERHPT has required an operational focus. Out of scope work has been at risk during this time. Workplan discussions underway to incorporate out of scope work.</p> <p>Some delays in risk assessing patients with TB due to current workload and capacity. This will be included in the above workplan.</p>	To Improve Health and Wellbeing		Public Health
<p>Deliver a VAM Covid response in alignment with SG guidance and in collaboration with East of Scotland workforce with full investigatory and outbreak management and community testing functions.</p> <p>Update: Future VAM expectations uncertain, and limited capacity to support form existing resources</p>	To Improve the Quality of Health and Care Services		Public Health
<p>Deliver the child aspects of Fife Annual Poverty Plan with Fife Council and other partners</p> <p>Update: A multi-agency meeting was held in January to discuss expansion. Due to no additional capacity of the CARF Money Advisor posts, the programme cannot be expanded beyond MW, HV, FNP, this is funding options to be explored. In the meantime, rollout of the poverty awareness training and Fife Benefit Checkers Toolkit.</p>	To Improve Health and Wellbeing		Public Health
<p>Ensure the delivery of an effective resilience function for NHS Fife</p> <p>Update: FH-PH-16 a: Incident framework documents for NHS Fife are in their final stages of approvals. FIF-PH-16b: Business continuity management systems SOP was ratified 18/1/24 & risk profile in Datix with visual dashboard overview. FIF-PH-16c - Emergency Planning risk profiling has commenced with an initial presentation & consultation at risk and opportunities group 2/4/24 for way forward to emergency planning risks being coordinated across NHS fife with the risk owners - a SLWG is being enabled to further progress where milestone date is changed to March 2025</p>	To Improve the Quality of Health and Care Services		Public Health
<p>Work to address poverty, fuel poverty and inequality through ensuring the prioritisation of income, housing, education, and employment programmes as part of the Plan 4 Fife</p> <p>Update: Housing - declaration of housing emergency in Fife, publication of SG New Housing Bill. There is a need to review and consider a local action plan. A workshop is planned at end of April with Fife Housing Partnership.</p>	To Improve Health and Wellbeing		Public Health

Deliverable - Q4 Update	NHS Strategic Priority	Recovery Driver	Dir/Div
<p>Mental Health and Wellbeing in Primary Care and Community Settings - development and delivery of service provision in line with Scottish Government reports and planning guidance relating to the remobilisation and redesign of MH services in the context of the COVID-19 pandemic.</p> <p>Update: FIF-CCCS-13d - A project manager has now been assigned to this project and project planning is underway.</p> <p>FIF-CCCS-13e - Coproduction is in 4 phases. Phases 1 and 2 are complete. Planning for phases 3 and 4 is underway.</p>	To Improve the Quality of Health and Care Services	1. Primary and Community Care	Complex & Critical Care
<p>Carry out focused work to make sure we proactively improve access and uptake of vaccinations across our whole population</p> <p>Update: 7a - Immunisation inclusion steering group met 26/03/24. Outreach model now incorporated into delivery plan template for each immunisation programme as it is developed and reviewed by the immunisation operational group. Review of progress against equality objectives and action plan within the Fife 2021-2024 Immunisation Strategic Framework is in progress. Reaching a final version of the EQIA action plan has been delayed but will also feed into strategy development for 2024 - 2027 which is planned for May & June 2024.</p> <p>7b - This is now part of daily business.</p>	To Improve Health and Wellbeing	1. Primary and Community Care	Primary & Preventative Care
<p>Child and Adult weight management programmes: Develop a sustainable workforce within the resources available via regional funding award</p> <p>Update: An SBAR has been taken to EDG. A member of SEStran will be carrying out a mapping exercise which will involve reviewing the data.</p> <p>A delivery model was developed and agreed by partnership, we are moving towards the implementation stage</p>	To Improve Health and Wellbeing	1. Primary and Community Care	Primary & Preventative Care
<p>Children's speech, language and communication development Plan</p> <p>Update: Meeting with colleagues in Public Health, Health Promotion and Children's Services to establish representation on CIF Groups to raise awareness. Meeting held with RESLL Link. Raising awareness of whole systems approach required.</p>	To Improve Health and Wellbeing	1. Primary and Community Care	Primary & Preventative Care
<p>Develop and Enhance Children's Services</p> <p>Update: 6a - Guidance implemented, milestone achieved</p> <p>6b - Ongoing, with no challenges forecast</p> <p>6c - ongoing, full incorporation of law by 16th July, working group established with action plan in place.</p> <p>6d - Ongoing work, working group created to drive forward principles of The Promise.</p>	To Improve Health and Wellbeing	1. Primary and Community Care	Primary & Preventative Care
<p>Develop an immunisation workforce model in conjunction with wider Primary Care Nursing structure which is sustainable and flexible to respond an ever evolving immunisation need</p> <p>Update: Workforce forecasting across Immunisation Service and CTAC has taken place, with recruitment ongoing and staffing plans in place for 12 months of the year.</p>	To Improve Staff Experience and Wellbeing	1. Primary and Community Care	Primary & Preventative Care

<p>Developing a system wide Prevention and Early intervention strategy which will underpin delivery of the HSCP strategic plan and the NHS Fife Population Health and Wellbeing Strategy</p> <p>Update: Further consultation on draft strategy to be completed by 24th March. Strategy has been discussed at ELT and SPG in March, feedback will be considered and reflected in next iteration. Draft delivery plan has been discussed at the Strategy Development Group with further discussions and amendments to be made during March and April. Draft Strategy will now be presented to IJB in July.</p>	<p>To Deliver Value & Sustainability</p>	<p>1. Primary and Community Care</p>	<p>Primary & Preventative Care</p>
<p>Develop plans to make sure CIS delivers on key operational priorities</p> <p>Update: 10a - Maternity continues to deliver all pregnancy vaccinations. National maternity working group has commenced to focus on the delivery of RSV to either pregnant mothers or neonates- Likely to be August 2024.</p> <p>10b - National Timescales have moved with no confirmed change date agreed.</p> <p>10c - Not for implementation until 2026.</p> <p>10d - Immunisation Strategy being refreshed this will be considered as part of this focus.</p>	<p>To Deliver Value & Sustainability</p>	<p>1. Primary and Community Care</p>	<p>Primary & Preventative Care</p>
<p>Expand on current system wide Urgent Care Infrastructure to develop more integrated, 24/7 urgent care models</p> <p>Update: The scope of the Urgent Care Oversight Group will be in line with an SBAR and options appraisal regarding in-hours urgent care hubs, which would incorporate or affect those under PCIP in line with National and Strategic PCIP direction for: *Vaccination Transformation Programme (VTP); *Pharmacotherapy; *Community Treatment and Care Services (CTAC); *Urgent Care; *Musculoskeletal Physiotherapists; *Community Mental Health</p> <p>The aim will be to establish one or more in-hours Urgent Care Hubs in collaboration with well established out of hours urgent care centres to provide the Fife Public with access to 24 hours Urgent Care.</p> <p>PA - Fixed Term contract with Urgent Care until 11.09.24.</p> <p>24 hour MDT role development is in combination with the development of in-hours Urgent Care Hubs. The 24 hour nursing roles would then be incorporated into the delivery of Urgent Care 24 hours a day.</p> <p>Urgent Care North East Fife Minor Injury Unit Development Group has been established to develop urgent access for minor injury care in the north east of Fife. This includes; current nursing role review to incorporate minor injury and illness examination, extension to radiology access and increased operating hours for Minor Injury Unit access in the NE</p> <p>Urgent Care Strategic Oversight Group will review the workforce model across all Urgent care Centres within Fife to ensure there is appropriate access to Urgent care in the out-of-hours period. There has been significant improvement on the floor senior clinical decision making and visible leadership within the MDT since the development and employment of the Senior ANP role.</p>	<p>To Improve the Quality of Health and Care Services</p>	<p>1. Primary and Community Care</p>	<p>Primary & Preventative Care</p>
<p>Implement new referral management and electronic patient records system (TrakCare/morse) within P&PC Physiotherapy service.</p> <p>Update: Continuing to work with digital services to achieve solutions to current problems which will allow migration across to Trak/MORSE systems by summer 2024.</p>	<p>To Improve the Quality of Health and Care Services</p>	<p>1. Primary and Community Care</p>	<p>Primary & Preventative Care</p>

<p>Improve sustainability of Primary Care</p> <p>Update: The scope of the Urgent Care Oversight Group to be in line with an SBAR and options appraisal regarding in-hours urgent care hubs, which would incorporate or affect those under PCIP in line with National and Strategic PCIP direction for: *Vaccination Transformation Programme (VTP); *Pharmacotherapy; *Community Treatment and Care Services (CTAC); *Urgent Care; *Musculoskeletal Physiotherapists; *Community Mental Health The aim will be to establish one or more in-hours Urgent Care Hubs in collaboration with well established out of hours urgent care centres to provide the Fife Public with access to 24 hours Urgent Care.</p> <p>ANP in-hours Urgent Care workforce continues to be developed with 18 WTE ANPs in post across Primary Care under PCIP. Out-of-hours Urgent Care continues to develop a Salaried GP model aiming for 70% salaried GP cover per annum - currently 55% with permanent salaried GPs employed.</p> <p>Current 2c practice being transferred to 17J - anticipated transfer date of 1st July 2024.</p> <p>Work is progressing but further action is required around the interpretation of the sustainability questionnaire responses.</p>	<p>To Deliver Value & Sustainability</p>	<p>1. Primary and Community Care</p>	<p>Primary & Preventative Care</p>
<p>Local Enhanced Services Review</p> <p>Update: We have established the membership of the review Group, with a Terms of Reference being progressed. Next steps will be to progress with defining the scope of the Enhanced Service review and agree actions to be taken forward. We are in the processes of recruiting a Project Manager to the team for a 12-month period to support the review from the outset to conclusion.</p>	<p>To Improve the Quality of Health and Care Services</p>	<p>1. Primary and Community Care</p>	<p>Primary & Preventative Care</p>
<p>Refresh of the Primary Care Improvement Plan</p> <p>Update: There is a detailed communications plan in place to provide general practice updates on delivery of PCIP, including regular discussions with individual practices and Clusters by service leads.</p>	<p>To Deliver Value & Sustainability</p>	<p>1. Primary and Community Care</p>	<p>Primary & Preventative Care</p>
<p>Remobilise Smoking Cessation services with a view to achieving 473 quits in FY 2023-24</p> <p>Update: The service has increased from 18 clinics (April 2023) to 39 clinics (March 2024) across Fife weekly. To maximise the reach of the service, these are a mix of GP and community venues.</p> <p>Working in collaboration with Fife Maternity Services, we have developed effective pathways including an on site drop in for all pregnant women at first point of contact.</p> <p>Promotion of the service remains as a cyclical roster into the most deprived areas of Fife. These areas present engagement challenges and require ongoing visibility and accessibility. We endeavour to continue using the mobile unit to provide outreach.</p> <p>Development of the text messaging reminder service has produced a DNA rate of 12.8%.</p> <p>The specialist advisors for the maternity Quit Your Way Service now includes as standard a referral pathway into appropriate income maximisation support services. The advisors have all received training to carry out brief interventions prior to referral on. This will continue as best practice for the client group.</p>	<p>To Improve Health and Wellbeing</p>	<p>1. Primary and Community Care</p>	<p>Primary & Preventative Care</p>
<p>Review existing arrangements which support children with neurodevelopmental differences.</p> <p>Update: New Model developed and in the process of being implemented. Focus groups/questionnaire completed. Using data to support training required.</p>	<p>To Deliver Value & Sustainability</p>	<p>1. Primary and Community Care</p>	<p>Primary & Preventative Care</p>

<p>Rheumatology workforce model redesign</p> <p>Update: The redesign plan is progressing and workforce plans have been approved and are in post or in the recruitment process. I think we need to extend the milestones for next steps due to ongoing discussions re future of service.</p>	To Improve the Quality of Health and Care Services	1. Primary and Community Care	Primary & Preventative Care
<p>Targeted actions to improve the quality of our Immunisation services</p> <p>Update: Restructuring of the CIS Programme Board and the CIS Operational group will set the direction of travel for the QI work in relation to Childrens Immunisations.</p>	To Improve the Quality of Health and Care Services	1. Primary and Community Care	Primary & Preventative Care
<p>Transfer our referral system and EPR from Tiara to Morse and TrakCare within the Podiatry service</p> <p>Update: Involvement of staff in the development of tool was key, we were able to balance service planning demands and clinical demands.</p>	To Deliver Value & Sustainability	1. Primary and Community Care	Primary & Preventative Care
<p>Delivery of Care at Home /Commissioning: Maximise capacity and commission and deliver care at home to meet locality needs</p> <p>Update: Singled Handed Care working group continues.</p> <p>New processes in place for new financial year to monitor going forward</p>	To Improve the Quality of Health and Care Services	2. Urgent and Unscheduled Care	Community Care
<p>Digital / Scheduling: create a centre of excellence for scheduling across community services</p> <p>Update: Scheduling oversight group progressing digital solution.</p> <p>New processes in place for new financial year to monitor going forward.</p>	To Improve the Quality of Health and Care Services	2. Urgent and Unscheduled Care	Community Care
<p>Digital / Scheduling: Digital systems will be enhanced to realise full potential of integration across health and social care</p> <p>Update: ToC Review concluded Jan 2024 and SBAR submitted to CCS QMAG set new direction of travel. Learning gained from Midlothian LA has enabled a refocus from the group.</p>	To Improve the Quality of Health and Care Services	2. Urgent and Unscheduled Care	Community Care
<p>Discharge without Delay: PPD goals in community hospitals; transforming roles / skill mix</p> <p>Update: Planned Day of Discharge Roadshows are in progress and on target for completion in April. Criteria-led discharge commenced as TOC in Community as part of Transformation workstream.</p>	To Improve the Quality of Health and Care Services	2. Urgent and Unscheduled Care	Community Care
<p>Home First: people of Fife will live long healthier lives at home or in a homely setting</p> <p>Update: Dashboard in progress for Home First reporting.</p>	To Improve the Quality of Health and Care Services	2. Urgent and Unscheduled Care	Community Care
<p>CAMHS will achieve full compliance with CAMHS and Psychological Therapies National data set and enhance systems to achieve compliance.</p> <p>Update: This work is continuing.</p>	To Improve the Quality of Health and Care Services	3. Mental Health	Complex & Critical Care
<p>CAMHS will build capacity in order to deliver improved services underpinned by these agreed standards and specifications for service delivery.</p> <p>Update: Currently the advertisement of vacancies is taking longer and therefore we are unable to reach full capacity.</p>	To Improve Health and Wellbeing	3. Mental Health	Complex & Critical Care
<p>CAMHS will build capacity to eliminate very long waits (over 52 weeks) and implement actions to meet and maintain the 18- week referral to treatment waiting times standard.</p> <p>Update: Caseload Management has been implemented in full. The Early Intervention Service continues to work to ensure children and young people achieve timely access to the right support. Currently advertisement of vacancies is taking longer therefore we are unable to reach full capacity.</p>	To Improve Health and Wellbeing	3. Mental Health	Complex & Critical Care

<p>Improve compliance with CAPTND dataset</p> <p>Update: 12a - Implementation date adjusted due to supplier being unable to deliver new system to meet original target date. Working closely with supplier to monitor progress towards revised date. 12b - EPR implemented.</p>	To Improve the Quality of Health and Care Services	3. Mental Health	Complex & Critical Care
<p>Mental Health Services will have a robust data gathering and analysis system to allow for service planning and development</p> <p>Update: Digital & Improvement project is ongoing. MicroStrategy dashboard established for Inpatient bed usage to demonstrate real time demand and capacity. KPI's being developed across each service area. Work ongoing to identify the source data for the MHQIs, future work on MHQIs will reflect outcomes of national review of these measures. MH Core standards will be incorporated into the D&I programme.</p>	To Deliver Value & Sustainability	3. Mental Health	Complex & Critical Care
<p>Partners within Fife HSCP will continue to build capacity across services in order to achieve the standards set within the National Neurodevelopmental Specification for children and young people</p> <p>Update: This work is ongoing although taking time to embed learning from test of change and further changes throughout the service.</p>	To Improve Health and Wellbeing	3. Mental Health	Complex & Critical Care
<p>Refreshed Mental Health Strategy for Fife for 2023 - 2027</p> <p>Update: The Mental Health Strategic Implementation Group (MHSIG) concluded the Participation and Engagement Phase of the strategy development plan with the production of the Mental Health Strategy Participation and Engagement Report. This follows an extensive engagement period in which over 1000 people took time to give their views to help us to shape the strategy. The Participation and Engagement Team used a range of methods to remove barriers to engagement and reach as many people as possible, including people from marginalised and often under-represented groups. Analysis has shown strong support for the strategic direction proposed. Minor changes will be made to the vision, mission and value statements to improve readability. The priorities received extremely high levels of support with between 92% and 96% of respondents agreeing with each of the four priorities. Thematic analysis of this feedback has enabled us to understand local challenges and opportunities, and paved the way for further discussion at the MHSIG around the actions we should take to meet local needs. This is now being taken forward by creating a delivery plan to support the strategy.</p>	To Improve Health and Wellbeing	3. Mental Health	Complex & Critical Care
<p>Reprovision of unscheduled care/crisis care provision for patients presenting out of hours with a mental health crisis</p> <p>Update: Benchmarking family engagement in progress; service partner evaluation exercise now launched; patient evaluation tool being formatted for issue to last 100 patients using the service; second phase of KPI development now commencing; service redesign workshops planned.</p>	To Improve the Quality of Health and Care Services	3. Mental Health	Complex & Critical Care
<p>Develop, Enhance and re-invigorate Regional Networks</p> <p>Update: OMFS Weekend cover across network arrangement in place with rota between NHS Tayside and NHS Fife.</p> <p>CANCER Service demands in NHS Lothian have required removing specialty doctor from Fife oncology. This puts our service at risk and discussions continue as to how service can be supported. Likely to be resolved on recruitment in summer.</p> <p>VASCULAR Full regional working in place with NHS Fife consultants supporting Tayside on call rota. Locum post in NHS Fife - in talks with Tayside to support a job plan for advertising substantive post. In place since January 2024 with no adverse events recorded.</p> <p>BREAST Waiting times continuing to fund regional work to minimise waits for patients - Funding confirmed for 2024/25</p>	To Improve the Quality of Health and Care Services	4. Planned Care	Planned Care

<p>Enhance Theatre efficiency</p> <p>Update: ERAS programme continues to be successful within selected specialties, including elective orthopaedics and GI. Cataract waiting times being managed with high volume dedicated lists. Ongoing monitoring of theatre utilisation and flexible use of any early finishes to support CEPOD demand.</p>	To Improve the Quality of Health and Care Services	4. Planned Care	Planned Care
<p>Maximising Scheduled Care capacity</p> <p>Update: SURGICAL BACKLOG Being monitored through waiting times and Scheduled Care meetings. Paper to SG highlighting deteriorating list number in 24/25</p> <p>BADS Increasing utilisation of QMH with successful relocation of some ENT work</p>	To Improve the Quality of Health and Care Services	4. Planned Care	Planned Care
<p>Expanding Endoscopy capacity and workforce</p> <p>Update: RCDS Implementing test of change for colorectal</p>	To Improve the Quality of Health and Care Services	5. Cancer Care	Planned Care
<p>Adoption of the Framework for Effective Cancer management to improve delivery of Cancer Waiting Times</p> <p>Update: Review of cancer pathways continues as ongoing BAU.</p> <p>GP audit of referrals carried out on prostate patients.</p> <p>ACRT and PIR continues to be rolled out across NHS Fife where USC referrals are not a suspected cancer.</p> <p>MDT TORs, where appropriate have been updated.</p> <p>Funding requires to be sought for a replacement digital tracking solution.</p>	To Improve the Quality of Health and Care Services	5. Cancer Care	Quality & Care Governance
<p>Cancer patients will be signposted to third sector cancer services and embedded in cancer pathways</p> <p>Update: Cancer patients are signposted to Maggie's and Macmillan ICJ.</p> <p>Meetings ongoing with eHNA team. 75% of all referrals into ICJ come from our CNSs and RCDS. This will continue into 2024-25.</p>	To Improve the Quality of Health and Care Services	5. Cancer Care	Quality & Care Governance
<p>Implementation of cancer priorities and development of the delivery plan as outlined in the Cancer Framework to support delivery of Recovery and Redesign: An Action Plan for Cancer Services.</p> <p>Update: Progress Report done for 2023-24. To circulate around governance groups. Now reviewing actions for 2024-25 which will be reflected in updated ADP for 2024-25.</p>	To Improve the Quality of Health and Care Services	5. Cancer Care	Quality & Care Governance
<p>Scope the Psychological Therapies Support Framework into cancer services</p> <p>Update: The SCAN regional group has been established. A psychological self assessment form is now open - for distribution. Work on this will continue into 2024-25.</p>	To Improve the Quality of Health and Care Services	5. Cancer Care	Quality & Care Governance
<p>To achieve additional capacity to meet 6 week target for access to 3 key Radiology diagnostic tests (MR,CT&US)</p> <p>Update: Key achievements include: Delivery of additional CT activity to maintain 2 week urgent/USOC waiting time target and to reduce the number of patients waiting longer than 6 weeks for CT imaging. Collaborative work resulting in optimisation of cancer pathways. Focussed work on longest waits for Ultrasound. Focussed work on DNA to avoid waste.</p> <p>Challenges: Increasing demand for in-patient and ED CT imaging resulting in limited additional OP CT activity. Increase in demand for complex CT imaging and CT guided biopsy requiring longer appointment times. National approach to CT and MRI equipment development/procurement, await outcomes from national procurement to guide NHS Fife plan.</p>	To Deliver Value & Sustainability	5. Cancer Care	Women, Children & Clinical Services

<p>Carers will have access to information where and when they want, that helps them to manage their caring role.</p> <p>Update: A dedicated worker has been funded to enhance the awareness raising programme this is currently being advertised.</p> <p>A dedicated carers page has been created within the new H&SCP website and also funding has been allocated to FVA to support a wider dedicated site.</p> <p>The carers experience survey was created and went live in March 2024 and will close for submissions at the end of April 2024. Initial reporting will be made in June 2024.</p>		6. Health Inequalities	Business Enabling
<p>Carers will have support to coordinate their caring role, including help to navigate the health and social care systems as they start their caring role.</p> <p>Update: All elements are either completed or on-track. Several are not due until 2026.</p>		6. Health Inequalities	Business Enabling
<p>Developing the skills of practitioners and professionals to identify and support carers at the earliest possible point in time</p> <p>Update: FIF-BUSE-07a and FIF-BUSE-07g are being reviewed as part of prioritisation across the Partnership and therefore there is a risk that these milestones will be delayed.</p> <p>The skills gaps (FIF-BUSE-07c) have been identified and options to mitigate these have been put in place. Social Work Assistants will be undertaking Good Conversation training during the spring of 2024 and subsequently Adult Carer Support Planning training. Once these skills development opportunities have been completed we expect the team will take a proactive approach to identifying unpaid carers.</p> <p>The review of the eligibility criteria (FIF-BUSE-07h) for carers will be undertake as part of the wider review by the Principal Social Worker.</p>		6. Health Inequalities	Business Enabling
<p>Ensuring young carers in Fife feel they have the right support at the right time in the right place to balance their life as a child/teenager alongside their caring role</p> <p>Update: Outcome FIF-BUSE-08e has been delayed until later in the plan and subject to additional resources being available.</p>		6. Health Inequalities	Business Enabling
<p>We will help carers to take a break from caring when, where and how they want to, so they are rested and able to continue in their caring role</p> <p>Update: The Short Breaks Service Statement will be published later in 2024 and only following engagement of unpaid carers and commissioned carer services providers.</p>		6. Health Inequalities	Business Enabling
<p>Fife Mental Health Service will work alongside partners in acute services, primary care services and third sector agencies to ensure robust and equitable pathways of care are in place for those in police custody and for those transferring into the community from prison.</p> <p>Update: 14c Reviewed - Systems not compatible for integration.</p> <p>14d Meeting date in planning stage led by Sheriff.</p> <p>14e Sessions commenced - last session delivery planned for 2 May 2024</p>	To Improve the Quality of Health and Care Services	6. Health Inequalities	Complex & Critical Care
<p>Medicines Efficiency. Design and support delivery of medicines efficiency work to ensure optimal use of medicines budgets</p> <p>Update: Planning for 24/25 delivery in both the board and HSCP is a crucial component of the Reform, Perform, Transform agenda delivering financial balance in the board. Planning is on track and will be closely monitored with significant support and oversight across the organisation</p>	To Deliver Value & Sustainability	6. Health Inequalities	Pharmacy & Medicines

<p>Improve access for patients and carers through improved communication regarding transport options</p> <p>Update:</p> <p>An SBAR has been taken to EDG. A member of SEStran will be carrying out a mapping exercise which will involve reviewing the data.</p>	<p>To Improve Health and Wellbeing</p>	<p>6. Health Inequalities</p>	<p>Primary & Preventative Care</p>
<p>Work with the Chief Executive of NHS Fife to establish NHS Fife as an Anchor Institution in order to use our influence, spend, employment practices to address inequalities.</p> <p>Update:</p> <p>Anchor Institution Strategic Framework was submitted to SG early November in draft form to allow for internal assurance processes. It was approved by NHS Fife Board Jan 2024.</p> <p>Anchor work continues to align with relevant corporate objectives and with NHS Fife Population Health and Wellbeing Strategy.</p> <p>Anchor work has aligned with MTP and recovery drivers, updates have been provided.</p> <p>Baseline Anchor metrics have been requested and submitted to SG 29/03/2024. Anchor Institution Programme Board reviewed the metrics prior to submission. Internal assurance processes will follow.</p> <p>Anchor links continue to be developed and strengthened with partners and third sector agencies.</p>	<p>To Improve Health and Wellbeing</p>	<p>6. Health Inequalities</p>	<p>Public Health</p>
<p>Develop a Nursing and Midwifery Strategic Framework 2023 - 25; establishment of shared governance model Framework based on CNO and NHS Fife priorities, Recover to Rebuild, Courage of Compassion, Three Horizon Model</p> <p>Update:</p> <p>Shared Governance model developed; First meeting of Professional Leadership Council (PLC) on 29/04/24. Paper will be taken to EDG and SLTs after this meeting when PLC will have agreed implementation plan. 4 Councils will feed into PLC: Quality; Patient and Staff Experience; Newly Qualified Practitioner and Advanced and Specialist Practice Councils.</p> <p>Draft of framework being updated to reference Re-Form, Transform, Perform Programme and demand modelling.</p>	<p>To Improve the Quality of Health and Care Services</p>	<p>8. Workforce</p>	<p>Nursing Directorate</p>
<p>7 Day Pharmacy Provision. This will focus on provision of clinical and supply services across hospital care settings, reviewing the current position and additional need</p> <p>Update:</p> <p>Implementation date revised to June 2024. Engagement with staff continues with adjustments made to model reflecting change in working week from Apr 24 and the views expressed by staff during consultation</p>	<p>To Improve the Quality of Health and Care Services</p>	<p>8. Workforce</p>	<p>Pharmacy & Medicines</p>

<p>Education reform for Pharmacy</p> <p>Facilitate local implementation and delivery of revised NES programmes, and more broadly support the development of Pharmacy staff to deliver a modern, patient focussed pharmacy service, across NHS Fife.</p> <p>Pharmacists - this includes foundation training programmes and embedding the advanced practice framework</p> <p>Developing Pharmacy and Support workers through accredited courses and modules.</p> <p>Collaborative working across the East Region to support simulation training for post graduate foundation trainees</p> <p>Support for undergraduate experiential learning is also being developed to enhance the quality of education at that level</p> <p>Work is also ongoing to develop clinical skills and leadership across all roles and increase research capability across the professions</p> <p>Update: E&T team have a draft delivery plan, and awaiting confirmation of links with revised directorate strategic plan before commencing engagement.</p> <p>Board now has sufficient work based assessors to meet educational requirements.</p> <p>Survey of those who have engaged with the core advanced framework - seven known to be collating evidence currently with one to submit. Directors of Pharmacy have released a statement clarifying endorsement of the curriculum - local work will focus on supporting pharmacists to develop in line with the four pillars of practice.</p> <p>DPPs identified for those starting IPs at this time. Plan to grow group will be developed - currently seven in the system</p>	<p>To Improve Staff Experience and Wellbeing</p>	<p>8. Workforce</p>	<p>Pharmacy & Medicines</p>
<p>Pre Registration Trainee Pharmacy Technicians (PTPT)</p> <p>The development of a pipeline of Pharmacy Technicians is crucial to the sustainability of Pharmacy services and in providing optimal care. Scottish Government funding for this pipeline was withdrawn in Autumn 2022, meaning a local solution is required to cover intakes from April 2023 onwards</p> <p>Update: Recruitment plan was agreed, with an exercise undertaken in March 2024. Plans have been amended in light of financial position to ensure pipeline posts are available.</p>	<p>To Improve Staff Experience and Wellbeing</p>	<p>8. Workforce</p>	<p>Pharmacy & Medicines</p>
<p>Delivering Anchor Institution workforce aims - Promoting employability priorities</p> <p>Update: EDG paper in respect of Work-03e has been prepared, probably later in April before finalised and submitted.</p>	<p>To Improve Staff Experience and Wellbeing</p>	<p>8. Workforce</p>	<p>Workforce</p>
<p>Delivery of Staff Health & Wellbeing Framework aims for 2023 to 2025</p> <p>Update: Some metrics and evaluation measures in place and sickness absence trajectory for 2024/2025 to achieve 6.5% by 31/03/2025 has been agreed.</p>	<p>To Improve Staff Experience and Wellbeing</p>	<p>8. Workforce</p>	<p>Workforce</p>
<p>Delivery of the eRostering Implementation Programme in conjunction with Digital & Information.</p> <p>Update: Given current status of programme I think this being green is generous.</p>	<p>To Improve Staff Experience and Wellbeing</p>	<p>8. Workforce</p>	<p>Workforce</p>
<p>Development and implementation of the NHS Fife Workforce Plan for 2022-2025</p> <p>Update: No national update on Workforce Projections for 2024/2025 as yet.</p>	<p>To Improve Staff Experience and Wellbeing</p>	<p>8. Workforce</p>	<p>Workforce</p>
<p>Further developing agile working and use of digital solutions in Directorate through investment in Workforce Analytics provision to support series of org. priorities, including Safe Staffing and eRostering Programmes</p> <p>Update: Linked to service transformation activity. Modelling and support being provided for RTP Programme.</p>	<p>To Deliver Value & Sustainability</p>	<p>8. Workforce</p>	<p>Workforce</p>

<p>Growth of OH services and establishment of resources to assure function sustainability meets the changing needs of the organisation and supports the delivery of care goals through a variety of services including mental health / wellbeing / fatigue management support</p> <p>Update: OH transformation activity will commence after initial Workforce Directorate redesign has been progressed further.</p>	To Improve Health and Wellbeing	8. Workforce	Workforce
<p>Complete NHS Fife's Phase 2 M365 Programme</p> <p>Update: Local Phase 2 now complete. National work continues in securing the tenancy and thus being able to adopt wider M365 products.</p>	To Deliver Value & Sustainability	9. Digital	Digital & Information
<p>Continued development of digital front door for patients</p> <p>Update: Many items complete. NHS Fife has ceased the use of the Pre-Op tool and alternatives being progressed. Limited movement on the Digital Front Door National Programme</p>	To Improve the Quality of Health and Care Services	9. Digital	Digital & Information
<p>Delivery of ICO and NISD Audit Improvement Plans Architecture and Resilience Developments</p> <p>Update: Work continues with the implementation of ICO and NISD audits</p>	To Deliver Value & Sustainability	9. Digital	Digital & Information
<p>Local - Implement Paperlite / Electronic Patient Record</p> <p>Update: E.H.R. being reprofiled as part of RTP consideration.</p>	To Improve the Quality of Health and Care Services	9. Digital	Digital & Information
<p>Local - Records Management Plan Implementation</p> <p>Update: Establishment of plan and approach complete. Implementation will continue through 2024-25</p>	To Deliver Value & Sustainability	9. Digital	Digital & Information
<p>National - GP IT Reprovisioning - GP Sustainability</p> <p>Update: Completion of the RFP Process is complete. The National Programme is reporting as Red, due to delays in ability to migrate data to new system</p>	To Deliver Value & Sustainability	9. Digital	Digital & Information
<p>Set out approach to implement the Scottish Quality Respiratory Prescribing guide across primary care and respiratory specialities to improve patient outcomes and reduce emissions from inhaler propellant</p> <p>Update: Preparatory work is in place including formulary review. Board awaiting publication of Scot Gov guideline</p>	To Improve the Quality of Health and Care Services	10. Climate	Pharmacy & Medicines
<p>Work with partners to increase efforts to reduce the impact of climate change on our population</p> <p>Update: Discussions on place and wellbeing indicators and evidence review to monitor and evaluate LDP progress.</p> <p>To take plans forward a review has been initiated.</p>	To Improve Health and Wellbeing	10. Climate	Public Health
<p>Bed Base: reduce the dependency on inpatient rehabilitation and deliver it at home or in a homely setting</p> <p>Update: Approval has been obtained from IJB to progress with bed base remodel . Project go live commenced .</p>	To Improve the Quality of Health and Care Services		Community Care
<p>Continue to develop focus on Business Partner Model to improve business performance and decision making support</p> <p>Update: Recruitment is currently active and there are plans to recruit to a number of posts in coming months. Financial Reporting continues to develop and evolve particularly in the current financial climate with the need for new and detailed data emerging. This improvement work is ongoing and will respond to the needs of the organisation. Learning and development continues to be encouraged with regular team briefings, opportunities are being provided to staff to become involved in varying pieces of work and take on new responsibilities where appropriate.</p>	To Deliver Value & Sustainability		Finance

<p>Review Opportunities to contribute to the success of the SPRA process and FIS board to secure value and sustainability</p> <p>Update: Medium Term financial plan for 2024/25 complete in Quarter 1. Forecasting techniques continue to be developed although there continues to be work to be taken forward. The RPT framework has superseded a number of the deliverables in this category with finance staff being involved with numerous pieces of work to support the programme.</p>	To Deliver Value & Sustainability		Finance
<p>Delivery of year one of the QI Network</p> <p>Update: Impact report presented to Clinical Governance and Oversight Group. Training review will commence Spring 2024.Plans for QI event may be linked to development of the Organisational Learning Network.</p>	To Improve the Quality of Health and Care Services		Planning & Performance
<p>Supporting implementation of the Population Health & Wellbeing Strategy</p> <p>Update: The annual report is being developed. It is likely that this will be presented to the July Board for sign off (rather than the May Board).</p>	ALL		Planning & Performance
<p>Ensuring the most effective and appropriate use of Medical Devices</p> <p>Update: A lead manager has been identified for medical devices and discussions ongoing with NHS FV about professional support and advice. Milestone extended to reflect programme of work required to deliver equipment maintenance improvements.</p>	To Deliver Value & Sustainability		Property & Asset Management
<p>Contribute to NHS Fife's High Risk Pain Medicines Patient Safety Programme to support appropriate prescribing and use of High-Risk Pain Medicines and ensuring interventions take into consideration the needs of patients who are at risk of using or diverting High Risk Pain Medicines</p> <p>Update: Continue to support HRPM Patient Safety Programme from PH and evaluation perspective. Programme scope has changed due to organisational financial challenges - awaiting feedback on potential implications for involvement in Programme going forward.</p>	To Improve Health and Wellbeing		Public Health
<p>Deliver an effective health protection function, including in and out of hours duty cover to prevent and respond to communicable disease prevention.</p> <p>Update: Regional HPT service established and working</p>	To Improve the Quality of Health and Care Services		Public Health
<p>Ensure effective coordination and governance for adult screening programmes in Fife</p> <p>Update: 1. Leadership of screening programmes is on track through: chairing of committee and governance meetings where the delivery of screening programmes are reviewed and key performance indicators scrutinised. 2. Work is ongoing on this milestone. 3. All Adult Screening Programmes have recovered from the Covid-19 backlog. 4. This would be integrated into the screening inequalities action plan. 5. NHS Fife Screening Inequalities Action Plan was approved in December 2023 and will be delivered in phases over the next five years. 6. The Public Health Screening Team continues to investigate screening incidents, sometimes alongside the National Screening Team. The National Cervical Exclusion Audit in Fife commenced in April 2023. Almost all general practices have commenced the evidence retrieval and upload. The Board Audit Team is in place and the clinical review of records has commenced.</p>	To Improve Health and Wellbeing		Public Health
<p>Pandemic Preparedness: Critical to major incident levels</p> <p>Update: NHS Fife's Incident Management Frameworks (IMF) planning includes Public Health Incident escalation/incident levels and action cards for incident management (including biohazard) - IMF this was ratified in June 2023. However pandemic planning SLWG in NHS Fife is awaiting revised national pandemic guidance from SG to aid review of existing plans. SLWG & TOR agreed - this is ongoing so will change milestone to March 25.</p>	To Improve the Quality of Health and Care Services		Public Health

<p>Support the implementation of the Food 4 Fife Strategy and associated action plan as part of ambition to make Fife a sustainable food place</p> <p>Update: Food 4 Fife Strategy should be approved by Fife Council in April 2024. Action Plans to be agreed in May 2024. PHP6 event held in September 2023, since then working group to develop action plans for PHP6 meeting regularly.</p>	To Improve Health and Wellbeing		Public Health
<p>Delivery of Clinical Governance Strategic Framework - Risk Management Framework</p> <p>Update: The key achievement between Oct 2023 and end of Mar 2024, has been the implementation of our updated Risk Management Framework, supporting the continuing development of our risk management approach to enable us to deliver on our strategic priorities, and further strengthening our organisational risk maturity.</p> <p>A Board Development Session took place on the 8th April 2024 to review the Risk Appetite.</p>	To Improve the Quality of Health and Care Services		Quality & Care Governance
<p>Development of a delivery plan to embed and deliver the Realistic Medicine Programme in NHS Fife</p> <p>Update: The communications plan has been developed and shared which details activities that include the shared decision-making model on Turas. There is also a Sway version available. Continuing to work closely with the Communications Team to refresh the Communications plan and looking at a desktop campaign to signpost to the intranet site and provide the link to Turas.</p> <p>Also working on a survey for patients to find out what they understand about Realistic Medicine, what more information do they require. This will feed into a focus group discussion with patients.</p> <p>Working with the Health and Social Care Partnership (HSCP) and taking to the SLT, Senior Leadership Team, for their support to roll out Realistic Medicine within the HSCP. Workshops are being planned with the Extended Leadership Team (ELT) of around sixty people. Work being done to embed QR code with BRAN Questions (Questions that matter) to patient letters. Supporting local teams at the Planned Care Programme Board to embed Realistic Medicine in pathways. A Governance workshop was organised with representation from Scottish Government, Health and Social Care Partnership and Senior Leadership at NHS Fife in which benefits of Atlas of Variation was highlighted and discussed.</p>	To Deliver Value & Sustainability		Quality & Care Governance
<p>Development of Medical Education Strategic Framework</p> <p>Update: Key achievement between October 2023 - March 2024 is that the estate work is underway on the Cameron site. This will be an education hub for the current University of St Andrews students on the BSc course and will see the students from the upcoming ScotCOM programme attend. The project should be complete for academic year 2024-2025.</p>	To Improve the Quality of Health and Care Services		Quality & Care Governance
<p>Development of the strategic plan to deliver teaching Health Board Status in partnership with the University of St Andrews</p> <p>Update: This continues to progress with input from NHS Fife's Board Secretary and the School of Medicine Manager.</p>	To Improve Staff Experience and Wellbeing		Quality & Care Governance
<p>Medical Workforce Recruitment and Retention Strategic Framework</p> <p>Update: Scoping work underway.</p>	To Improve Staff Experience and Wellbeing		Quality & Care Governance

Purple - Suspended/ Cancelled

Deliverable - Q4 Update	NHS Strategic Priority	Recovery Driver	Dir/Div
<p>Kincardine and Lochgelly Health Centres</p> <p>Update: Capital spend suspended .</p>	<p>To Improve the Quality of Health and Care Services</p>	<p>1. Primary and Community Care</p>	<p>Public Health</p>
<p>Translation and implementation of agreed Business case Options for Co-badged Clinical Trials Unit/Clinical Research Facility with University of St Andrews</p> <p>Update: FIF-RIK-03 was still suspended in Q4 although there is movement now. The landscape changed for this deliverable and was dependent on receiving information from other sources, which were rate-limiting.</p>	<p>To Improve the Quality of Health and Care Services</p>	<p>6. Health Inequalities</p>	<p>Research Innovation & Knowledge</p>
<p>Local - Medicines Automation - Multi Phases (Query if contained in Pharmacy SPRA?)</p> <p>Update: Pharmacy Milestone</p>	<p>To Deliver Value & Sustainability</p>	<p>9. Digital</p>	<p>Digital & Information</p>
<p>National & Local Priority - Hospital Electronic Prescribing and Medicines Administration (HEPMA)</p> <p>Update: Pharmacy Milestone</p>	<p>To Improve the Quality of Health and Care Services</p>	<p>9. Digital</p>	<p>Digital & Information</p>

Deliverable - Q4 Update	NHS Strategic Priority	Recovery Driver	Dir/Div
<p>Implementation of the Pharmacotherapy Service, a component of the GMS Contract and a core part of Pharmacy Service development.</p> <p>Update: Recruitment plans are in place, following close partnership working with colleagues in the HSCP and finance. The team continue to deliver the service to all practices and developmental plans are in place through established BAU structures.</p>	To Improve the Quality of Health and Care Services	1. Primary and Community Care	Pharmacy & Medicines
<p>Serial Prescribing Increasing the level of serial prescribing, as a component of the Medicines Care and Review service</p> <p>Update: The board has made significant progress on serial prescribing uptake and is in a strong position. BAU structures are in place.</p>	To Improve the Quality of Health and Care Services	1. Primary and Community Care	Pharmacy & Medicines
<p>Development of staff working within the orthopaedics NTC</p> <p>Update: Funding to support training and development is key.</p>	To Deliver Value & Sustainability	1. Primary and Community Care	Primary & Preventative Care
<p>Develop Strategic vision across all of Primary Care</p> <p>Update: The Primary Care Strategy has been fully completed and all the work has been signed off by IJB.</p>	To Deliver Value & Sustainability	1. Primary and Community Care	Primary & Preventative Care
<p>Enhance integration and collaboration with Hospital at Home and Community Nursing Services</p> <p>Update: Pathways of referral between H@H, Community Nursing and specialist services have been reviewed to improve timely referrals and remove the requirement for GP referral. This has allowed direct referrals to be made amongst services which has demonstrated improved care for patients in the community and prevented admissions. In addition, weekly huddles involving representation from H@H, Community Nursing, and Specialist Services take place to discuss patients of concern to ensure the relevant services can review quickly and prevent unnecessary or delayed care. Training for Community Nursing has started to be rolled out across all seven Fife localities, utilising a train-the-trainer approach following a successful Test of Change in the South West Locality. This has resulted in Community Nursing staff now taking referrals for IV Abx from H@H to help prevent H@H reaching capacity. This will continue to grow as more staff are trained across Fife.</p>	To Improve the Quality of Health and Care Services	2. Urgent and Unscheduled Care	Community Care
<p>Develop a workforce and delivery model that is financially sustainable</p> <p>Update: Management of service transitioned to Acute Services Division in January. Following successful transition the team have embedded within the service. Future plans of service improvement to be scoped.</p>	To Improve the Quality of Health and Care Services	2. Urgent and Unscheduled Care	Urgent & Unscheduled Care
<p>Develop data metrics and KPIs that assure and promote confidence in the effectiveness of the FNC</p> <p>Update: Management of service transitioned to Acute Services Division in January. Following successful transition the team have embedded within the service. Future plans of service improvement to be scoped.</p>	To Improve the Quality of Health and Care Services	2. Urgent and Unscheduled Care	Urgent & Unscheduled Care
<p>Improve existing pathways and develop new pathways that ensure patients receive the right care at the right time</p> <p>Update: Management of service transitioned to Acute Services Division in January. Following successful transition the team have embedded within the service. Future plans of service improvement to be scoped.</p>	To Improve the Quality of Health and Care Services	2. Urgent and Unscheduled Care	Urgent & Unscheduled Care
<p>Improve scheduling processes within FNC increasing the use of Near Me where appropriate and further utilise the Rapid Triage Unit (RTU) as a means of scheduling patients.</p> <p>Update: Management of service transitioned to Acute Services Division in January. Following successful transition the team have embedded within the service. Future plans of service improvement to be scoped.</p>	To Improve the Quality of Health and Care Services	2. Urgent and Unscheduled Care	Urgent & Unscheduled Care

<p>Development and Implementation of an Adult Neurodevelopmental Pathway with clear links to CYP NDD Pathway.</p> <p>Update: Review of service need / business case completed and escalated via QMAG March/April.</p>	To Improve the Quality of Health and Care Services	3. Mental Health	Complex & Critical Care
<p>Mental Health strategy (Medical Director)</p> <p>Update: Completed during Q3 with update</p>	To Improve Health and Wellbeing	3. Mental Health	Property & Asset Management
<p>Operationalise NTC</p> <p>Update: This has not been discussed and would require input from Radiology services Orthopaedic strategy for 2024-2026 will be reviewing all Orthopaedic pathways. Some aspects of the knee and hip pathways were identified at the recent Orthopaedic peer review</p>	To Improve the Quality of Health and Care Services	4. Planned Care	Planned Care
<p>Review and redesign Outpatient capacity to maximise capacity and timely access</p> <p>Update: ENT Access QI project delivered and team from NHS Fife presented to national group as part of the completion.</p>	To Improve the Quality of Health and Care Services	4. Planned Care	Planned Care
<p>Embedding potential alternatives for treatment</p> <p>Update: TOC spread paper to go to IPCB next meeting requesting that all specialities embed learning from Ortho. We will continue to monitor data and explore the potential of proactive outreach with HSCP colleagues in CLS however this is dependent on resource availability.</p>	To Improve the Quality of Health and Care Services	4. Planned Care	Scheduled Care
<p>Implement robust ACRT processes</p> <p>Update: FIF-SCHED-01C original 11 services mapped, 5 additional services now included in scope and process mapping also complete for these. FIF-SCHED-01d review of outcomes and communications undertaken and ACRT rolled out in 7 prioritised specialties with work in final stages for remaining 4. Review of other condition specific pathways being encouraged for all specialties. Engagement with one prioritised specialty still challenged although some consensus has been reached on which conditions to develop.</p>	To Improve the Quality of Health and Care Services	4. Planned Care	Scheduled Care
<p>Implement robust PIR processes</p> <p>Update: FIF-SCHED-02C initial 11 prioritised services mapped. 5 new services included with scoping near completion. FIF-SCHED-02d PIR implemented for condition specific pathways in dermatology, general surgery, rheumatology, ENT, urology and orthopaedics.</p>	To Improve the Quality of Health and Care Services	4. Planned Care	Scheduled Care
<p>Validation of waiting lists for patients waiting over 52 weeks including engagement with the National Elective Co-ordination Unit (NECU) to support validation</p> <p>Update: All Actions complete for this year</p>	To Improve the Quality of Health and Care Services	4. Planned Care	Scheduled Care
<p>Continued roll out of RCDSs</p> <p>Update: Adopted by NHS Fife as Business as Usual.</p>	To Improve the Quality of Health and Care Services	5. Cancer Care	Quality & Care Governance
<p>Embed referral, where clinically appropriate, to Maggie's rehabilitation service and use of national prehabilitation website in cancer pathways</p> <p>Update: Completed in Q1</p>	To Improve the Quality of Health and Care Services	5. Cancer Care	Quality & Care Governance
<p>Engagement and support in the National Oncology Transformation Programme</p> <p>Update: Associate Director of Risk and Professional Standards attends national meetings and takes forward any actions identified.</p>	To Improve the Quality of Health and Care Services	5. Cancer Care	Quality & Care Governance

<p>Implementation of a Single Point of Contact Service for cancer patients</p> <p>Update: SBAR and report taken to Cancer Governance and Strategy Group on 11/01/14.</p>	To Improve the Quality of Health and Care Services	5. Cancer Care	Quality & Care Governance
<p>Implementation of Cancer Framework in NHS Fife to support delivery of Recovery and Redesign: An Action Plan for Cancer Services.</p> <p>Update: Cancer Framework launched.</p>	To Improve the Quality of Health and Care Services	5. Cancer Care	Quality & Care Governance
<p>To ensure routine adherence to optimal diagnostic pathways</p> <p>Update: Baseline measures compared to assess improvement in the optimal lung cancer pathway.</p>	To Improve the Quality of Health and Care Services	5. Cancer Care	Quality & Care Governance
<p>A sustained lived/living experience panel (including family members) with coproduction approaches in place for the development of ADP strategy, policy and service development. Representation of those with alcohol and drug lived and living experience in other forums beyond alcohol and drug strategic groups and services</p> <p>Update: The Lived Experience Panel project has completed four of its milestones within the year. The panel continued to meet and has a sustained membership contributing to the MAT Standards Implementation plan and the review of residential rehabilitation. Members of the LEP have also been successful in its application for carers' chest funding. An initial review has been done and the formal review of progress of the panel's supported service SRC is due at the end of April in line with all the contracted and commissioned services.</p>		6. Health Inequalities	Business Enabling
<p>More 'one stop shop' drop-ins in the heart of communities where the prevalence/need is high and access to support and treatment is low</p> <p>A visible one stop shops/approach in Cowdenbeath and Kirkcaldy</p> <p>Update: The One Stop Shop (KY Clubs) have been established in Cowdenbeath and Kirkcaldy locality and have regular attendance from people in the community experiencing substance use. The SLWG responsible for the establishments of the groups have continued a support and oversight role and have met regularly to adapt the delivery and the model as required by lived/living experience and/or stakeholders. The one stop shops will be maintained but additional similar models will be explored within these localities and into other localities where there is a clear and supported need from the community and from the evidence.</p>		6. Health Inequalities	Business Enabling
<p>The Medication Assisted Treatment Standards fully implemented in the ADP system of care as measured by processes, numerical and experiential measures. National Treatment in Target Measure met and sustained</p> <p>Update: The MAT Standard Implementation Plan for 2023/24 is now completed with all milestones achieved on time within the year. Fife ADP has submitted all evidence needed by PHS to demonstrate their progress and RAGB scores and assessed progress will be forwarded on 1st May 2024. The MAT Standards Implementation Plan for 2024/25 is now in development using numerical and experiential evidence as its basis.</p>		6. Health Inequalities	Business Enabling
<p>High-Risk Pain Medicines Programme Establish a whole system approach to address the issue of High-Risk Medicines prescribing (as an element of Drug related deaths) across Fife</p> <p>Update: Outputs for year 2 have been completed. Planning for 24/25 approach has been revised and gone through governance groups. The programme will develop its governance into a medicines stewardship group, in a BAU function, reporting via medicines safety and policy routes, linking with work on prevention and early intervention in the HSCP</p>	To Improve Health and Wellbeing	6. Health Inequalities	Pharmacy & Medicines

<p>Public Health Priority 4: National Drugs Mission Priorities; MAT treatment standards; Fife NFO strategy; Fife ADP strategy</p> <p>Update: An action plan has been developed with ADP colleagues to implement changes associated with learning from multi-disciplinary drug death and drug related death report. A needs assessment was completed and shared with ADP colleagues. Information on alcohol related harm and availability was presented to Licensing Board and included in response to Licensing Consultation. The review of alcohol-specific deaths was completed, and findings disseminated. Throughout year public health have supported ADP with expert advice and have continued to advocate for prevention and early intervention.</p>	To Improve Health and Wellbeing	6. Health Inequalities	Public Health
<p>Palliative care redesign More people in Fife will have the choice of where to die and receive specialist care</p> <p>Update: The Director of Health and Social care issued a Direction to NHS Fife on 26th May 2023 to permanently implement the re-provision of Palliative Care in Fife.</p> <p>The enhanced outreach model has resulted in greatly improved service performance and corresponding improvement in patient and carer experience, particularly in the community. Fife's model is regularly held up as an exemplar of innovative practice across Scotland and beyond.</p>	To Improve the Quality of Health and Care Services	7. Innovation Adoption	Community Care
<p>Approach to work with Accelerated National Innovation Adoption (ANIA) partners (coordinated by Centre for Sustainable Delivery (CfSD)) to adopt and scale all approved innovations coming through the ANIA pipeline.</p> <p>Update: IDA meeting papers and information received from HISES Member, Professor Tim Walsh. Meetings with CfSD about pipeline work have been attended and noted.</p>	To Deliver Value & Sustainability	7. Innovation Adoption	Research Innovation & Knowledge
<p>Collaboration with a range of national organisations aiming to reduce the barriers to national innovation adoption.</p> <p>Update: CSO Innovation meetings have changed frequency to once every 2 months. HISES, CfSD and CSO Innovation meetings have all been attended by members of Fife Innovation.</p>	To Deliver Value & Sustainability	7. Innovation Adoption	Research Innovation & Knowledge
<p>Increase NHS Fife Innovation Test Bed activity</p> <p>Update: Projects for progression to Phase 2 have been evaluated by the Evaluation Panel. A moderation meeting has been held to discuss scoring and determine the best projects to take forward. Phase 2 projects due to commence after contracting in June 2024.</p>	To Improve the Quality of Health and Care Services	7. Innovation Adoption	Research Innovation & Knowledge
<p>Implement Safe Staffing legislation; Preparation of the board to meet requirements of Health Care Staff enactment by April 2024</p> <p>Update: Funding was secured to support workforce for next financial year which will enable a 0.2 WTE in PPD to undertake a reduced programme of joint EIC and Healthcare Staffing Development sessions.</p>	To Improve the Quality of Health and Care Services	8. Workforce	Nursing Directorate
<p>Infection Prevention and Control support for Care Homes Annual Winter Preparedness training sessions SICPS training</p> <p>Referrals for IPC support via the HPT and Care Home Hub. Support have been given specifically with highlighted areas of improvement from recent Care Inspectorate inspections, and where requested by the care home managers.</p> <p>Update: All Actions complete for this year</p>	To Improve the Quality of Health and Care Services	8. Workforce	Nursing Directorate
<p>Support for Doctoral Training Program (DTP) Fellows</p> <p>Update: Completed during Q3 with update</p>	To Improve the Quality of Health and Care Services	8. Workforce	Research Innovation & Knowledge

<p>Attracting & Recruiting Staff to deliver Population Health & Wellbeing Strategy; Recruitment Shared Services Implementation Consolidation & enhanced International Recruitment service</p> <p>Update: NHS Fife have recruited 94 nurses and 5 radiographers over the course of two financial years 22 / 23 and 23 / 24 with a further 5 to start on 26th March taking the total to 104 recruits, this has been an extremely successful campaign. There is no external or internal funded expected for any campaign in 2025 / 2026.</p>	To Deliver Value & Sustainability	8. Workforce	Workforce
<p>Create and Nurture a Culture of Person Centred Care</p> <p>Update: The very recent appointment of the Associate Director of Culture, Development & Wellbeing will bring a fresh perspective and the opportunity to review and revise the work to achieve the desired objectives.</p>	To Improve Staff Experience and Wellbeing	8. Workforce	Workforce
<p>Development of improved digital processes i.e. online pre-employment and management referrals programmes</p> <p>Update: This module is working well for all staff groups and gives clear visibility in terms of the candidate's journey on the OH clearance pathway. The exception is volunteers, given service concerns about IT use, so they are still using paper processes at the present.</p>	To Improve Health and Wellbeing	8. Workforce	Workforce
<p>Transformation of HR transactional activity enhancing the HR Operational delivery model through case management and manager support building on manager/employee self service</p> <p>Update: Engagement has taken place with staff side colleagues, key stakeholders and the teams directly affected and their feedback has informed the new structure. Delays have come into play due to the banding of two new posts critical for the new structure which are due to be banded and advertised in April 2024. The teams affected are transitioning into the new model from 1st April 2024 over the 2024 / 2025 financial year.</p>	To Deliver Value & Sustainability	8. Workforce	Workforce
<p>Core Infrastructure Replacements as per Capital Plans revised and submitted to FCIG</p> <p>Update: Completed in Q2</p>	To Deliver Value & Sustainability	9. Digital	Digital & Information
<p>Digital Enablement Workplan for patients and staff ITIL 4 Improvement</p> <p>Update: Items complete allowing ongoing implementation.</p>	To Deliver Value & Sustainability	9. Digital	Digital & Information
<p>Local - Accelerated support to capacity, flow and discharge planning activities</p> <p>Update: Initial Phase 1 actions complete</p>	To Improve Staff Experience and Wellbeing	9. Digital	Digital & Information
<p>National - CHI</p> <p>Update: All items completed, project complete</p>	To Deliver Value & Sustainability	9. Digital	Digital & Information
<p>National - LIMS Implementation</p> <p>Update: Phase 1 complete with remedial actions ongoing.</p>	To Deliver Value & Sustainability	9. Digital	Digital & Information
<p>To secure recurring baseline funding to cover the current additional Pay costs associated with operating the new capabilities and comply with increased levels of regulation and compliance</p> <p>Update: Completed in Q1</p>	To Deliver Value & Sustainability	9. Digital	Digital & Information
<p>To secure recurring baseline funding to cover the current operating Non Pay costs associated with NHS Fife's application support and maintenance funding.</p> <p>Update: Completed in Q2</p>	To Deliver Value & Sustainability	9. Digital	Digital & Information

<p>Set out a plan to reduce medical gas emissions through implementation of national guidance</p> <p>Update: Work to deliver a plan on Nitrous Oxide mitigation was completed in late 2024. This followed previous work to decommission manifolds and return remaining cylinders as part of a national initiative.</p>	To Improve the Quality of Health and Care Services	10. Climate	Pharmacy & Medicines
<p>Achievement of Waste Targets as set out in DL(2021) 38</p> <p>Update: Completed during Q3 with update</p>	To Deliver Value & Sustainability	10. Climate	Property & Asset Management
<p>Action plan for the National Green Theatres Programme</p> <p>Update: Completed during Q3 with update</p>	To Deliver Value & Sustainability	10. Climate	Property & Asset Management
<p>Decarbonisation of Fleet in line with Targets</p> <p>Update: Completed during Q3 with update</p>	To Deliver Value & Sustainability	10. Climate	Property & Asset Management
<p>Outline plans to implement an approved Environmental Management System.</p> <p>Update: Policy has been created following internal and external consultation. Policy group have had initial sight and review and sent back for amendments.</p>	To Deliver Value & Sustainability	10. Climate	Property & Asset Management
<p>Reduction of Medical Gas Emissions through implementation of national guidance</p> <p>Update: Good progress with Medical gasses with all Nitrous Oxide Minifolds decommissioned, Desflourane removed from regular use and the Board approved the Annual Climate Emergency Report in January 2024.</p>	To Deliver Value & Sustainability	10. Climate	Property & Asset Management
<p>Set out approach to develop and begin implementation of a building energy transition programme to deliver energy efficiency improvements, increase on-site generation of renewable electricity and decarbonise heat sources.</p> <p>Update: We have started to develop a series of quick wins and a programme of works. As part of the 2024/25 ADP, we will develop this further into a full programme which demonstrates alignment and commitment to 2030 emissions targets. We employed an energy manager who started in Feb 2024 and will be key in shaping this programme and emissions reduction targets.</p>	To Deliver Value & Sustainability	10. Climate	Property & Asset Management
<p>Develop and delivery annual Winter Comms Campaign</p> <p>Update: Winter communication campaign completed using a combination of national toolkits and material personalised for the population of Fife and to respond to localised ask or pressures. Campaign evaluation underway to help inform planning for winter 24/25.</p>			Comms
<p>Increase capacity within the team to deliver service improvement and meet growing service demand</p> <p>Update: The recruitment to a key vacancy was challenging but was ultimately successfully completed. In addition despite the recruitment concluding in Q3, workstreams were all progressed to support improvements within Financial Services processes.</p>	To Deliver Value & Sustainability		Finance
<p>Secure the appropriate capacity and capability across the team</p> <p>Update: The Procurement Department has achieved significant developments in the year, successfully filling all vacancies identified at the start of the year and developing a training programme to support the development across the team. This has then in turn improved the capabilities of the department to support the service needs to a higher level. Whilst effective reporting of the department has continued to be made through the Procurement Governance Board and to the Scottish Government.</p>	To Deliver Value & Sustainability		Finance
<p>Continue to deliver the Medical Certification of the Cause of Death (MCCD) service</p> <p>Update: Completed during Q2</p>	To Improve the Quality of Health and Care Services		Nursing Directorate

<p>Digital Solution for reporting Live Patient Experience (Complaint) data</p> <p>Update: Additional screens have been created for PET on the MicroStrategy page for complaints.</p> <p>Further education and training has been provided to Clinical and Nursing staff by HoPE and PET Leads. A training planner has been created to record and plan this training. Drop in sessions have also been planned over the next 3 months to deliver on the spot training to staff. All PET training material is being reviewed and updated. and initial discussion with PPDU have taken place regarding how best to plan and implement regular complaint training sessions.</p>	To Improve the Quality of Health and Care Services		Nursing Directorate
<p>Implement IPC Interim Strategy 2023-25</p> <p>Update: Completed during Q2</p>	To Improve the Quality of Health and Care Services		Nursing Directorate
<p>Implement national Excellence in Care (EIC) objectives within NHS Fife in line with 3 Year strategy, embed in Fife by 2025.</p> <p>Update: All Actions complete for this year</p>	To Improve the Quality of Health and Care Services		Nursing Directorate
<p>Legal Services Department (LSD) role within the Board is to manage all clinical negligence, employers and public liability claims intimated against NHS Fife; Fatal Accident Inquiries in which NHS Fife is an involved and interested party and all other legal intimations and challenges which involve the organisation</p> <p>Update: All Actions complete for this year</p>	To Improve the Quality of Health and Care Services		Nursing Directorate
<p>Continue to develop and improve the Corporate Programme Management Office (PMO) to support service change across NHS Fife</p> <p>Update: All activities for 23/24 are complete. However there will be ongoing review of templates / documentation particularly as the team transition to support RTP.</p>	To Deliver Value & Sustainability		Planning & Performance
<p>Support delivery of SPRA (Strategic Planning and Resource Allocation) process aligning with the different levels of the strategic planning landscape in Fife</p> <p>Update: ADP was submitted to SG in March. Initial meeting with SG on 25 March but formal sign off has not yet been received.</p> <p>SPRA24/25 did not take place.</p> <p>ADP2 no longer required by SG therefore digital solution no longer required.</p>	To Deliver Value & Sustainability		Planning & Performance
<p>Development of a Minor Works capability</p> <p>Update: A full time Estates Officer is now in place undertaking Minor Works which has been very successful in reducing costs. Resource has been identified to carry out design work internally to improve efficiency.</p>	To Deliver Value & Sustainability		Property & Asset Management
<p>Ensuring a robust Primary Care Premises Strategy is in place</p> <p>Update: Completed during Q2</p>	To Deliver Value & Sustainability		Property & Asset Management
<p>Ensuring the necessary Health & Safety Resources are in place together with robust arrangements for mandatory training</p> <p>Update: Completed during Q2</p>	To Improve Staff Experience and Wellbeing		Property & Asset Management
<p>Reviewing the use of taxi contracts across the organisation</p> <p>Update: Completed during Q2</p>	To Deliver Value & Sustainability		Property & Asset Management
<p>Review of Staffing Profiles and Banding to ensure improved Recruitment & Retention and the creation appropriate Work Placements</p> <p>Update: Successful banding changes for catering staff and craftsmen which are being implemented within existing resources.</p>	To Deliver Value & Sustainability		Property & Asset Management

<p>Deliver an effective public health intelligence function to provide multifaceted high-quality intelligence that supports the portfolios of work within Public Health and supports the strategic development, policymaking, planning, delivery, and evaluation of services within NHS Fife and its partners.</p> <p>Update: Work was completed was in line with the objectives within the PH department workplan. Work was undertaken across all PH Priorities in 23/24 and used to highlight key issues and to inform decisions within NHS Fife and across partnership organisations.</p>	To Deliver Value & Sustainability		Public Health
<p>Ensure effective direction and governance for the delivery of immunisation programmes in Fife and provide assurance that the Fife population is protected from vaccine preventable disease</p> <p>Update: Area Immunisation Steering Group (AISG) met in December 2023 with focus on annual uptake data for teenage vaccination programmes (MenACWY, DTP, HPV), and in February 2024 with focus on selective vaccination programmes as per AISG workplan. Public Health led strategic review of childhood immunisation delivery in Fife was completed and presented to the Community Immunisation Service programme board in October 23. Ongoing public health support for the Immunisation Quality Matters Assurance Group chaired by HSCP. Public health led lessons learned event held in February 24 regarding implementation of the Winter 23 Flu & COVID vaccination programme.</p>	To Improve Health and Wellbeing		Public Health
<p>Joint work with NHS Lothian, Forth Valley and Borders to implement an East Regional Health Protection service.</p> <p>Update: East Region Health Protection Team went live December 2023, with all leadership roles in place. This follows development of service models, and with ongoing tabletop exercises/CPD to ensure all aspects are working well. Systems are in place for ongoing service evaluation and development now the regional service is live.</p>	To Improve the Quality of Health and Care Services		Public Health
<p>Updating of Business Continuity plans since the COVID response, with staffing playing a key role and incorporating a scenario planning exercise.</p> <p>Update: FIF-PH-17a : BC plan testing is now agreed as a rolling programme across NHS Fife & quality improvement actions are recorded into datix with plan owners. Every plan will be tested as set out in BCMS SOP which was ratified 18/1/24 by EDG. Further work is being undertaken following internal audit b13/23 feedback to embed new BC assurance systems & proactive systems reports are being send to general /service managers monthly and plan owners to give advanced notice & time needed for BC plans to be updated.</p>	To Improve the Quality of Health and Care Services		Public Health
<p>Delivery of Clinical Governance Strategic Framework - Adverse Events</p> <p>Update: Review of action module will resume on completion of improvement work on aspects of review process.</p>	To Improve the Quality of Health and Care Services		Quality & Care Governance
<p>Delivery of Clinical Governance Strategic Framework</p> <p>Update: 2023/24 workplan complete.</p>	To Improve the Quality of Health and Care Services		Quality & Care Governance

E: dghsc@gov.scot

NHS Chief Executives
NHS Chairs
IJB Chief Officers

Date: 5 June 2024

Dear Colleagues

REFORMING SERVICES AND REFORMING THE WAY WE WORK

You are all very aware of the critical need for reform to support improved wellbeing of people across Scotland, improved access to treatment and care and to secure the sustainability of our services, in the short term, and into the future. You will also have heard the parliamentary debate yesterday where the Cabinet Secretary set out the Government's vision for reform of our NHS and social care system. This letter sets out some further information for you, particularly on how we will need to work together to deliver the Vision.

When it was established 76 years ago, NHS Scotland was visionary, bold, and radical. It transformed health services for millions of people and brought certainty and security, it made sure that services reached the same national standards for everyone, everywhere, according to need and not the ability to pay.

Scotland has changed significantly since then: we now live longer, medicine can do much more, technology is transforming the way we live, lifestyles and expectations have changed. We also know that renewed focus on improving the health of our population, addressing inequalities, prevention and early intervention is required to ensure that we can provide services that will be able to meet the forecasted demand.

These are significant challenges and there will be difficult decisions for us to collectively navigate. There are also non-negotiables for this Government. The founding principles of Scotland's NHS will not change and we remain committed to access to healthcare based on clinical need and free at the point of need. It is also critical that our reform delivers improvements in health outcomes, reduction of health inequalities that persist in our communities, and reduction in unwarranted variation across our services.

The programme of reform, as set out by the Cabinet Secretary during the parliamentary debate, seeks to deliver a health service that is fit for the 21st century. In setting out his proposals, the Cabinet Secretary restated our vision for health and social care in Scotland - *A Scotland where people live longer, healthier and fulfilling lives*. This builds on the strategic foundations developed over the past decade or so, including the 2010 Quality Strategy, the 2016 National Clinical Strategy, 2016 Realistic Medicine and the 2022 NHS Scotland climate emergency and sustainability strategy.

The vision that will drive this reform, to enable people to live longer, healthier and more fulfilling lives, is underpinned by the four key areas of place based population health improvement; early intervention and prevention; improved access; and high quality service provision; all with people at the heart of our decision making.

Now is the time to drive forward the reform activity that will ensure that we deliver this vision. It has never been more urgent and requires concentrated action across our system and wider government to maximise efforts across portfolios. It is also vital that this period of reform and improvement proceeds on a national basis and with a strong spirit of collaboration, which builds on existing long standing responsibilities for NHS Boards to work together across boundaries.

I have set out additional context and detail in Annex A. This will be supplemented by further information on the reform programme and development of the National Clinical Framework over the next month or so. We are also working with Board Communication Leads and with HIS Community Engagement to ensure coherence and consistency of messaging across NHS Boards, our workforce and population.

I have no doubt that we will face a number of challenges as we progress on our journey of reform, however, with your support and leadership, I am optimistic that together we can build forward and deliver services and outcomes that meet the needs of our population today and into the future.

Yours sincerely



Caroline Lamb

Director General Health & Social Care, Chief Executive of NHS Scotland

FURTHER DETAIL ON REFORMING SERVICES AND REFORMING THE WAY WE WORK

REFORMING SERVICES

Overview

Our intention to reform health and social care is now well established. The vision that will drive this reform, to enable people to live longer, healthier and more fulfilling lives, is underpinned by the four key areas of place based population health improvement; early intervention and prevention; improved access; and high quality services; always with people at its heart.

The case for change has never been more urgent and it will require concentrated action across government to maximise efforts across portfolios. This will include education, housing and communities, transport, and economic development. It is clear that we need to work not only across government, but across NHS Boards, IJBs, HSCPs, Local Government, community planning, education, and business and industry.

Our vision is focussed on change and improvement within current NHS structures, maximising current assets, and delivering a population-based approach to the planning of acute services that will transcend traditional boundaries. This task will crucially need to harness the potential of proven technological and scientific innovations, whilst also maintaining focus on the outcomes that really matter to people. Rapid national adoption of innovation will be critical to ensure that health services in Scotland are more sustainable, address health inequalities and deliver improved patient outcomes.

Key elements of reform

In this initial update, we focus on the proposals emerging from the development of the *National Clinical Framework*, for population-level planning for acute services, and delivering more in community settings, alongside specialist centres of excellence. We will work with HIS-Community Engagement to determine how we ensure meaningful engagement with communities is undertaken of any changes.

As we have already set out for Board Chairs and Board Chief Executives Groups, there are a number of components to reform of services. These include the development of a Population Health Framework, being led by Public Health Scotland and Directors of Public Health, changes to our primary care and community health sector in the context of wider preventative reform (aligned to the development of the National Care Service) and reform being delivered through the recent Mental Health Strategy, and developing our National Clinical Strategy into a National Clinical Framework to inform the redesign of acute services. In summary, the reform of our acute services will:

- Drive person-centred values through connected care
- Drive further integration with primary care, community health and social care, delivering holistic care in the community
- Improve quality and safety
- Create centres of excellence which will attract and retain the best talent
- Strengthen the 'NHS Scotland' planning approach, maximising the collective power of delivering *once for Scotland* whilst increasing agility in responding to local population need

- Feed innovation hubs that will not only serve Scotland but develop economic opportunities for Scottish enterprise
- Drive common approaches to digital technologies and innovation.

Phasing of reform

- In the **immediate term** we must ensure that our services are delivered in a way that optimises our current arrangements, continue to improve standards and make significant headway in waiting times and productivity improvement.

Engagement with NHS Boards over the last year identified a number of areas in which services are persistently fragile and/or at imminent risk of collapsing as a result of an unsustainable workforce and/or service model. The first phase of work relates to planning and delivery of vascular, oncology, diagnostics and remote, rural and island healthcare. The aim is that they should serve as a catalyst for action at an NHS Scotland level about the way services are delivered now and in the future.

- In the **medium term** we need to reform how acute services are planned, organised, and delivered in order to optimise resources and transform how we work together across services. This will involve more national and cross-boundary provision where specialities can be delivered with greater consistency and an ongoing commitment to quality.
- In the **longer term** we need to fundamentally change how our acute system is structured to respond to the changing needs of the population; concurrently, we must reduce demand and not simply improve services. We will drive further investment in prevention and early intervention, and not just treatment.

In delivering on the reform, we will drive new models of care, and improve productivity through innovation, technological advancements, and workforce models that directly respond to the challenges in our system. In the future this may require structural changes, but the immediate focus must be transformation of services within the existing structure and maximising current assets; delivering a population-based approach to healthcare that crosses traditional boundaries and parameters.

Delivering on the National Clinical Strategy

As highlighted by the Cabinet Secretary, our reform programme is not about development of a new strategy. We already have that in the 2016 *National Clinical Strategy*, which sets out the need to move to plan at a population level, supported by care closer to home, and greater adoption of digital innovation. The focus now has to be on transformation delivery building on the foundations of our current system.

We have been working, over the past few months, with clinical advisers, to review the National Clinical Strategy, and to translate this into an action focussed National Clinical Framework. The National Clinical Framework is at the centre of reforming our services and sets out the clinical direction of travel. Our initial assessment with clinicians outlines that a great deal of acute activity can be undertaken in the community and/or remotely. This increases access, can reduce additional costs, and positions NHS Scotland as a country-wide network of clinicians rather than place-bound care.

The National Clinical Framework will act as an enabling framework against which other core components will be reframed as we consider:

- Volume and safety
- Population based planning
- Clinical operating models

With the core principles of Value Based Healthcare and Healthcare Quality at its core, the National Clinical Framework aims to ensure any service provided by our NHS remains safe, effective and person-centred.

The National Clinical Framework will set out operating models at a service level, rather than the current geographical planning of acute services. In practice, this will build upon the national planning approach that we already undertake successfully for specialist services. We will plan our acute services at a Scotland population level that takes into consideration high volume/low complex procedures through to low volume/high complex procedures. The framework will be responsive to the changing needs of the population; it is not a fixed destination point, rather a framework to guide year-on-year planning of services.

Further information will be provided over the next few weeks in terms of engagement and implementation of the National Clinical Framework.

In parallel to the clinical operating models we will develop an overall 'ecosystem' model for *how and where* services are delivered. This will provide the planning guidance for Boards at local and national levels, e.g. the delivery of diagnostics will show a year-on-year move to community settings.

This transformation of acute services places greater emphasis on a *NHS Scotland* approach; in order to achieve this we will require stronger digital infrastructure to support the revised way of working, alongside harnessing the productivity benefits that streamlining our infrastructure will yield. Reducing lost time from skilled clinicians and staff who are having to navigate analogue systems will be fundamental to our digital approach.

The clinical operating models will be underpinned by data and modelling to ensure continual right sizing of our services, while factoring in local variation to ensure we are targeting health inequalities. Equality impact assessments will be undertaken to ensure the sum total of our revised service model continues to provide equity and fairness.

Alongside the development of the National Clinical Framework, Boards will continue the extensive work being undertaken in improving processes and productivity of acute services. Through the support of the Centre for Sustainable Delivery, work will continue to standardise processes where it is appropriate and redesign processes where required.

These changes are complex and will require consideration of workforce, inter-relationships between specialties, pathways from acute back into community settings, finance and impact on wider systems, such as transport. It will also require careful conversations with our population. Failure, however, to change will limit improvement of outcomes and limit the potential to strengthen world-class standards of care.

Engagement Framework

An important part of taking forward reform will be a robust and meaningful engagement approach. We will engage at an early stage and provide ongoing opportunities with a wide range of stakeholders, community interest groups and the people of Scotland on reform plans. The scope of the national engagement will be our population health, primary and community care reform, and changes to acute services.

This programme of national engagement was launched by the Cabinet Secretary for Health and Social Care during the debate in parliament on NHS reform. A comprehensive engagement plan is now under development, with the support of Board Communications and Engagement Leads, to ensure that our programme of transformation is discussed widely and benefits from a wide range of voices: workforce and service leaders, royal colleges, third sector groups, and people in Scotland more broadly.

The engagement framework will set out the approach we will take across the health social care sector and non-health public services, as well as with the public. We seek to utilise established engagement pathways; this enables reach to a broad range of stakeholders without placing further burden on agencies and bodies that at times struggle to engage with the full range of consultations from Government. We will partner with agencies that have extensive networks to gain insight across different groups. This framework will outline key audiences, outlining how they have been identified and reached.

We are also committed to working *with* our workforce: hearing the voices of experience of those who have been treating and caring for people in Scotland is paramount. This will include the insight from clinicians on responding to health demand, professionals who support how our system operates, through to innovators and digital colleagues. We are currently working through development of staff engagement with Boards.

The engagement strategy will outline the identification and approach for hard to reach and marginalised voices; engagement with Social Justice officials will support the development of engagement plan.

In partnership with Public Sector Reform colleagues, we will also look to work with agencies and bodies outside of the health and social care ecosystem, such as transport, local authorities and education. As an example, a workshop took place earlier this month with Transport Scotland and Regional Transport Partnership (RTP) colleagues to explore how we strengthen our collaboration across transport to health planning. This also supports the Government's intentions on broad public service reform.

A parallel communications strategy will be developed, including the use of social media to start telling the story of the reform work; this will build understanding and confidence with public and the service.

The engagement approach sets out the opportunity for us to be clear about the evidence for change, some of the difficult choices we will have to make, and the improved outcomes we are working toward, whilst at the same time offering hope and renewed enthusiasm to those working within our systems.

The key elements are:

a) Expert reference group

To provide challenge and ensure we benefit from the experience of similar systems outwith Scotland. This will have CMO leadership and draw from CMO's existing Advisory Group.

b) Stakeholder advisory group

Convening a multi-stakeholder advisory group which the Cabinet Secretary will chair. This group will be similar to the Mobilisation Recovery Group used during COVID-19 response, which was welcomed across the system.

c) Professional advisory groups

Confidence with our clinicians and professional groups will be critical to success. We will strengthen our engagement across our advisory groups to engage proactively with clinical experts, including the Royal Colleges, CMO Medical and Public Health advisory forum, and CNO groups.

d) Staff side engagement

Staff side engagement will be essential for insight into strategy, in addition to advise on tactical implementation of change. We will build this based on established engagement through the Scottish Partnership Forum (SPF) and associated Board Area Partnership Forums.

The SPF has been operating for over 20 years and provides a forum to work together on strategic issues affecting Health and Social Care. SPF also provides the strategic link with other Partnership Groups, such as the Scottish Terms and Conditions Committee (STAC), and discussions are shared with Board local Area Partnership Forums (APFs) to improve awareness of National Level discussions.

e) Wider staff engagement

We are working with Board Communications and Engagement Leads to develop a co-ordinated programme of engagement with all levels of staff across all Boards and to ensure the national and local narratives are consistent.

This will also build on the extensive direct engagement with NHS staff most recently through the work of the Listening Project linked to the Nursing and Midwifery Taskforce which I chair. The Listening Project has engaged with nursing and midwifery workforce through survey work and focus groups held in every territorial health board in Scotland and its methodology could be utilised for wider engagement with staff beyond those professions. Findings indicate significant concern felt by staff that the wellbeing of staff and patient outcomes are not considered equally along with organisational and fiscal priorities and a lack of trust that the system is able to improve under current systems. This provides a further sense of urgency to the reform now required.

f) Citizen engagement

Citizen engagement will be in two phases. Early engagement will be focused on the wide themes of NHS reform. In the first instance, we are working with HIS and The ALLIANCE to further analyse the extensive engagement they have already undertaken with the public on their needs for health and care services. We will also draw on other engagement work, such as that undertaken by YoungScot with young

people on delivery of future health and care services. In addition, we have commissioned HIS to undertake a Citizens' Panel on NHS reform. Following this initial work, we will consider what additional public engagement is needed on key questions within the plans for NHS reform.

The second phase of citizen engagement will take place on specific service changes that result from NHS reform. This engagement will be developed and undertaken on a service by service basis, and will comprise both national and local engagement. We will work with HIS and Participation and Engagement teams in NHS Boards to develop engagement activities. This will be in accordance with the recently updated *Planning with People* guidance which provides greater clarity on engagement on nationally determined service change and on ensuring proportionate public engagement on service change.

g) System Leaders' Engagement

Similar to the Winter Planning Summit that was convened in August 2023, we will bring together system leaders to focus on the vision for reform delivery and the changes needed to secure sustainability of services.

h) Ministerial roundtables

Ministerial roundtables on specific topics, with clinicians, professionals, unions and staff representatives and people who use services.

i) Cross-party engagement

In recognition of the need to build cross-party engagement in the development of a future sustainable and person-centred model of health services, quarterly events will take place, starting after summer recess. This will be supported by local engagement already undertaken by Boards with their respective political representatives.

We are already engaging key stakeholders including Public Health Scotland and COSLA on the development of a 10-year population health plan. In doing so, we will look to reset the relationship between the people of Scotland and the state around health, and to promote a discussion about how we collectively take responsibility for a healthier Scotland. This builds upon a renewed focus on improving the physical and mental health of the population, recognising that despite the progress we have made, and the many influences contributing to health harming behaviours, too many of us still smoke, drink too much alcohol, do not exercise enough and are overweight.

Engagement will continue on the development of National Care Service alongside the engagement underway in primary care and community health. An external Steering Group for Primary and Community Health has been established to provide advice into this, and wider health and social care reform programmes.

NHS Boards have a statutory duty to involve people and communities in the planning and development of services, and in decisions that will significantly affect how services are run. Where service change will be occurring at a local level, the Board will be responsible for consultation on how the change will be applied locally.

REFORMING THE WAY WE WORK

Delivering sustainable, resilient, accessible and efficient services for the population of Scotland can only be achieved by a significant change in the way we plan, organise, deliver

and fund services. We have begun over the past few months to reset and reform our ways of working, for example:

- Established the NHS Scotland Planning and Delivery Board and associated Strategic Planning Board and National Programmes Sub Group
- Development of single NHS Scotland plan for fragile services with national, regional and local service and planning teams working collaboratively. The first phase is developing single plans for oncology, vascular, diagnostics services. A Remote, Rural and Islands Task and Finish Group has also been established to determine a sustainable model of care for these communities
- Agreed new construct for our networks, aligned to portfolios of care.

We will also need to consider our ways of working and organisational change in a number of areas. Critically, cross boundary approaches will become a more substantive and important part of what we need to do and will challenge some aspects of the way we currently do business.

In doing so, Boards will be expected to engage closely with this endeavour and establish ways of working which will see significant progress on cross boundary working in the short and medium term, reflecting this work in Annual Delivery and Medium-Term Plans. In support of this, a Directors Letter (DL) setting out a Single Planning Framework will be issued to Boards in July. This will also consider how we move from discrete to more collaborative commissioning between National Board Sponsors, with enhanced co-ordination of commissioning to ensure a coherent set of delivery plans that support the drivers for change across NHS Scotland.

In considering how we plan for our population of Scotland, we will also identify the conditions for success and key enablers as we determine what is best planned and/or delivered collaboratively. As a core component of this, we will look to identify what more we need to do to achieve more coherent working between national, regional and local levels of planning and delivery. This would include the role in reform of regional transport partnerships, regional innovation hubs and community planning partnerships.

Collaboration across partners and wider public services

There are many interdependencies across the health and social care system, therefore many strands of transformation are required to run in parallel. Initial planning is progressing in the following areas, with further detail to follow:

- Renewed cross-government and cross-sector efforts to improve population health
- Population level planning for acute services
- New models of care that support more people to be treated as close to home as possible
- Improvements to planned care, mental health, prevention, primary, community and social care, aligned with the work being taken forward to establish the National Care Service, and wider reform outlined in this paper
- Ongoing work on delayed discharges
- A step change in innovation and the use of digital technologies
- Alignment of other enablers of change such as workforce and finance to support the transformation programme
- A framework for focussed national engagement.

Meeting:	Public Health & Wellbeing Committee
Meeting date:	1 July 2024
Title:	Plan for Fife and Shared Ambitions
Responsible Executive:	Dr Joy Tomlinson, Director of Public Health
Report Author:	Mrs Lucy Denvir, Consultant in Public Health

1 Purpose

This report is presented for:

- Discussion

This report relates to:

- Annual Delivery Plan
- Government policy / directive
- Legal requirement
- Local policy
- National Health & Wellbeing Outcomes / Care & Wellbeing Portfolio
- NHS Board Strategic Priority:
 - To Improve Health and Wellbeing

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

- Effective
- Person Centred

2 Report summary

2.1 Situation

This paper provides an overview of progress towards the ambitions set out in the [Plan for Fife 2017-2027](#). At the last [Fife Partnership Board meeting, 21st May 2024](#) it was agreed to maintain focus and action against the existing recovery and renewal priorities for 2024-2027 and to refocus and review the current partnership system and delivery arrangements. There was also consideration given to exploring further how we might embed an approach to health equity through the Marmot approach.

This provides a timely opportunity for the PHWC to further discuss and consider opportunities for partnership and collaboration to meet shared ambitions and priorities.

2.2 Background

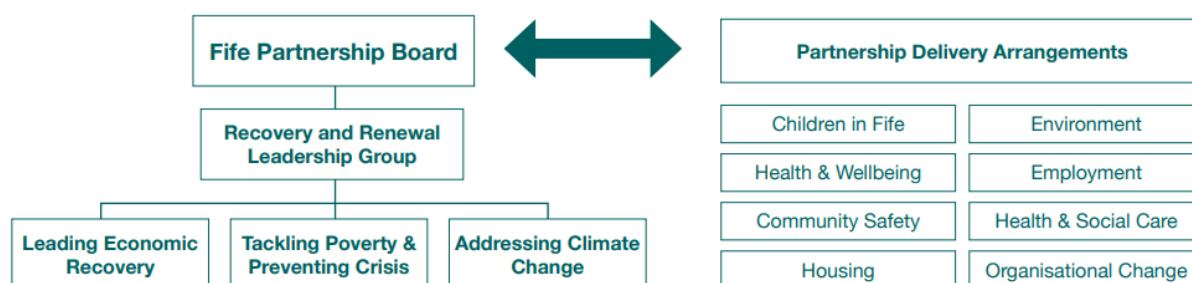
The 10 year Plan for Fife 2017 – 2027 set out 13 ambitions under 4 key themes. These are set out in **Appendix No. 1**. Although this was a 10 year plan this was reviewed in 2021 as we were just beginning to emerge from the pandemic. There was recognition that the ambitions remained relevant. However, the review concluded that the pandemic would have a significant impact on life outcomes and circumstances for some considerable time. The ambitions may not be achievable and to address this stronger focus was needed on systems and systems leadership with common purpose and focus on recovery, prevention, and place based approaches. To continue to monitor and adapt plans and priorities as circumstances evolve a 3 year review was built into planning cycle.

The following Recovery and Renewal Priorities were identified as a focus for the next 3 years 2021-2024:

- Leading Economic Recovery
- Tackling Poverty and Preventing Crisis
- Addressing the Climate Emergency

These priorities to be underpinned by Community Wealth Building.

To facilitate this focus for the next 3 years 2021-2024 the Leadership and Delivery structure for the Plan for Fife was refreshed as set out below:



The existing 13 Plan for Fife Ambitions were designated clearly and specifically to a specific partnership delivery group. The review was also followed by a series of ‘Our Fife’ Leadership summits around the themes of Community Wealth Building, Health and Wellbeing, Place Based Working Principle, and No Wrong Door approach.

The subsequent 3 year [Plan for Fife 2021-24 update](#) has recently reported in May and reflected that the current social and economic context remains challenging with inequalities widening. Particular issues have been presented by the cost of living and housing / homelessness crises. Delivery Boards have made some good progress with examples in income maximisation, development of influence as Anchor organisations and reducing Fife’s carbon footprint. Some key actions were agreed over the next 3 year period 2024-2027 in order to further focus particularly on areas of addressing poverty and inequalities.

2.3 Assessment

This report provides the following Level of Assurance:

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

The review of the Plan for Fife 2024 concluded that the previous recovery and renewal priorities for 2021-2024 remain relevant. To continue to support progress the following 3 key areas for action over the next 3 year planning cycle were agreed:

Review of Governance

The review concluded there would be benefit from a further rapid review and refocus of current partnership delivery, governance and reporting arrangements for the Plan for Fife. This is already subject to regular review and reporting. The nature of much of the work is cross-cutting and complex involving multiple stakeholders, external factors and influences. Qualitative intelligence is therefore important supported by a small number of agreed data indicators. A further review of the current arrangements would be useful in helping further clarify focus and priorities for action. This will involve delivery board leads and chairs and will report back to Fife Partnership Board later this year. The 3 yearly Fife Strategic Assessment is also due to report in August 2024 and will strengthen evidence for further consideration and action. A summary of initial findings of the Strategic Review is available in **Appendix No. 2**.

Inequalities and Place based Working – ‘Marmot’ Approach

The review concluded a refreshed focus on tackling inequalities and place based approaches would be valuable. It was agreed further learning on this area from the work of Sir Michael Marmot and adopting a ‘Marmot’ approach should be explored during the next planning cycle 2024-2027. There is potential to work in closer partnership and with the Institute of Health Equity and Public Health Scotland to shape how this might best work for Fife. This could be subject to engagement in partnership and scoped and considered within a second series of Leadership Summits during 2024-2027. A summary of the principle of a Marmot approach are set out in **Appendix 3**.

Collaboration

There has been some great partnership work by stakeholders in the last planning period 2021-2024. In terms of public health the Health and Wellbeing theme of the previous Leadership Summits identified Physical Activity and Social Connection as a priority area of work. The Communities and Wellbeing Partnership (a Plan for Fife delivery group) took on to oversee this as part of their responsibility for prevention of ill health and connecting people with leisure and cultural opportunities. There has been good engagement with partners in looking at how we might address Public Health Priority 6 (A Fife where we eat well, have a healthy weight and are physically active). The work is continuing to focus on local levers for action and is integral to the Food for Fife strategy we are hearing more about today. There has also been inspiring new partnership work between the Alcohol and Drug Partnership and Cultural and Leisure Services. This has resulted in more staff engagement with overdose awareness as a means of helping address preventable early deaths from drug misuse. A new project engaging people in recovery with outdoor activity as a gateway to other leisure and cultural activity has evaluated very positively. It is planned that both these areas of work will continue to be developed. These are just a couple of examples of how the Plan for Fife delivery arrangements have enabled these meaningful connections and relationships between partners to flourish in ways that were not there previously. There are many others.

To further stimulate and promote a collaborative approach to the Plan for Fife Recovery and Renewal Priority Areas the Recovery and Renewal Leadership Group will scope and develop an approach to a Collaborative Programme of work inviting all key partners to identify and contribute to significant projects and programmes areas. In conjunction with exploration of the Marmot approach this will be valuable in helping stimulate further partnership inspiration and innovation in addressing health inequalities and developing place based working to meaningfully show progress.

Finally, in line with this overall picture for progressing the Plan for Fife priorities it is planned that the Director of Public Health Report for this year will focus on Public Health priority 6 (A Fife where we eat well, have a healthy weight and are physically active). This is a crucial area for preventing ill health and addressing inequalities through the life course. The report will have an underlying theme of place based working. By doing this we can align and join up public health priorities with the direction of Plan for Fife.

2.3.1 Quality, Patient and Value-Based Health & Care

Proactive participation in community planning will contribute to addressing the upstream factors that impact on the health of the population in Fife. The overarching aim is that through collaboration working within Fife partnership we will improve population health and reduce premature morbidity and mortality. This will support public health and wellbeing and contribute to Realistic Medicine by reducing reliance on healthcare services.

2.3.2 Workforce

Our staff are part of our communities so by addressing wider determinants of health in our population through addressing prevention and place based working we will also be supporting our staff.

2.3.3 Financial

There are no direct costs to NHS Fife through contributing to Plan for Fife. The actions set out within the plan are supported through in-kind contributions. Improving health and wellbeing should in the longer term reduce costs of healthcare.

2.3.4 Risk Assessment / Management

In terms of our intent to improve public health and reduce health inequalities this is a long term endeavour subject to many external forces. There is always a risk that despite best efforts and evidence we may see health inequalities remain stubbornly difficult to shift. The risk is captured within the Corporate Risk Register which reports to Public Health and Wellbeing Committee.

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

The direction of the Plan for Fife is in line with all efforts and duties to address inequalities. The principles of becoming an Anchor Institution such as community wealth building are also in line with the focus of the Plan for Fife.

2.3.6 Climate Emergency & Sustainability Impact

Addressing the climate emergency is an integral element of the Plan for Fife Recovery and Renewal Priorities.

2.3.7 Communication, involvement, engagement and consultation

Partnership working is integral to community planning.

The areas outlined in this paper have been discussed at the following meetings:

- Recovery and Renewal Leadership Group 29th April 2024
- Fife Partnership Board 21st May 2024

2.3.8 Route to the Meeting

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

- EDG 20th June 2024

2.4 Recommendation

This paper is provided to members for:

Discussion

Committee members are asked to discuss how best to support and take opportunities to collaborate in partnership working to support the Plan for Fife. In particular to consider the following:

- The review of partnership delivery and reporting arrangements and the forthcoming Fife Strategic Assessment – how can we best take this opportunity to improve how we use evidence and demonstrate positive impact?
- The forthcoming exploration of the Marmot principles and strengthening our focus on place based working – how can we use this opportunity to influence and collaborate in addressing local health inequalities through whole systems approaches with communities?
- The development of a Collaborative Programme – how can we best contribute to this for common purpose with our partners.
- The Director of Public Health Report 2024 –consider engagement/influencing opportunities for joined up thinking and working within community planning

3 List of appendices

The following appendices are included with this report:

- Appendix No. 1. Plan for Fife Themes and Ambitions
- Appendix No. 2. Extract from Fife Partnership Board Update - Fife Strategic Assessment
- Appendix No. 3. Extract from Fife Partnership Board Update - The Marmot principles

Report Contact

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APPENDIX NO.1.

The Plan for Fife Themes and Ambitions

The Plan for Fife sets out 2017 – 2027 sets out 13 ambitions under 4 key themes as set out below:

Opportunities for All
1. Fife has lower levels of poverty in line with national targets.
2. Educational attainment continues to improve for all groups
3. Reduced levels of preventable ill health and premature mortality across all communities.
Thriving Places
4. Everyone has access to affordable housing options.
5. Fife's main town centres stand out as attractive places to live, work and visit
6. All our communities benefit from low levels of crime and anti-social behaviour.
7. Every community has access to high quality outdoor, cultural and leisure opportunities
Inclusive Jobs and Growth
8. Economic activity and employment in Fife is improving faster than in the rest of Scotland.
9. Economic activity and employment in mid-Fife is catching up with the rest of Fife and Scotland.
10. Fife has year on year increases in visitor numbers and tourism spend.
Community Led Services
11. Our public services are more joined up and acting 'one step sooner'
12. Fife's communities and individuals are more involved in local decision making and helping to plan and deliver local services.
13. Fife has lower levels of carbon emissions in line with national targets (75% by 2030 from 1990 baseline).

APPENDIX NO. 2.

Extract from Fife Partnership Board Update - Fife Strategic Assessment

A Fife Strategic Assessment is produced every three years to inform the review of Plan for Fife priorities. Work is underway to produce the 2024 Strategic Assessment which will be presented to Fife Partnership Board in August.

Initial findings from the 2024 assessment work identify some key risks:

- Population growth has stalled, fewer people are of working age.
- Our population is ageing, is unhealthier, leading to growing demand.
- Children and young people are at risk of poorer outcomes.
- Personal wellbeing is a concern at all ages.
- The cost-of-living crisis is far from over and there are pressures on housing.
- The need for improvement in place is growing.
- Mid-Fife remains an area of concern.
- Inequalities in Fife persist and are widening.

This confirms what was anticipated in 2021 that the legacy impacts of the pandemic will last longer than the crisis itself and negatively affect life outcomes and widen inequalities. This evidence points to a conclusion that we are very much still in a recovery phase, the priorities remain appropriate but there is increased urgency for action to narrow the widening inequality gap particularly in relation to outcomes for children and young people, healthy life expectancy and premature mortality.

Consultation on the draft Strategic Assessment is now underway and all partner organisations are asked to provide feedback by 28th June 2024. The final version will be tabled for consideration at the next Fife Partnership Board meeting in August 2024.

APPENDIX NO. 3.

Extract from Fife Partnership Board Update - The Marmot principles

1. Give every child the best start in life
2. Enable all children, young people and adults to maximise their capabilities and have control over their lives
3. Create fair employment and good work for all
4. Ensure healthy standard of living for all
5. Create and develop healthy and sustainable places and communities
6. Strengthen the role and impact of ill health prevention
7. Tackle racism, discrimination and their outcomes
8. Pursue environmental sustainability and health equity together

NHS Fife

Meeting:	Public Health & Wellbeing Committee
Meeting date:	1 July 2024
Title:	Food4Fife Strategy and Action Plan 2024-2029
Responsible Executive:	Dr Joy Tomlinson, Director of Public Health
Report Author:	Jo-Anne Valentine, Public Health Manager (health improvement)

1 Purpose

This report is presented for:

- Assurance
- Discussion

This report relates to:

- Annual Delivery Plan
- Government policy / directive
- Legal requirement
- Local policy
- National Health & Wellbeing Outcomes / Care & Wellbeing Portfolio
- NHS Board Strategic Priority:
 - To improve health and wellbeing

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

The purpose of this report is to provide members of the Committee with an update on progress with the Food4Fife Strategy 2024-2029.

The Food4Fife Strategy relates to local and national strategies and plans, including the Recovery and Renewal Priorities within the Plan4Fife and NHS Fife's Strategic Priority to improve health and wellbeing.

The [Good Food Nation \(Scotland\) Act 2022](#) placed a requirement on certain public bodies, including NHS Boards, to produce a Good Food Nation plan. The Food4Fife Strategy represents both NHS Fife and Fife Council's Good Food Nation Plan.

2.2 Background

In August 2021, organisations from across Fife came together to launch the Food4Fife Partnership. The partnership recognised a need to adopt a strategic approach to establish a vision and address the key challenges for food in Fife. The Partnership worked across boundaries and disciplines to ensure actions were connected and benefited the whole food system and led the development of the draft [Food4Fife Strategy 2024-2029](#). The Food4Fife Partnership has been chaired by the Public Health Manager (health improvement).

The partnership built on existing activity undertaken by partnership members, notably the work of the existing Food Insecurity Group and the important work building sustainable food access provision during and coming out of the crisis support from Covid-19.

Food4Fife will help action on food related issues and will set the direction and focus of food activities in Fife. Food4Fife covers the entire Fife Partnership area and will operate for a five-year period from 2024 to 2029, with progress reports on the associated action plan.

The Food 4Fife Partnership developed a vision statement for a sustainable food culture for a healthy Fife, with an ambition to create a healthy, sustainable, and local food system that is thriving by 2030.

Using a 6 pillar model, developed by Sustain, the ambition for Fife to be a sustainable food place will be achieved by:

- **Healthy Food for All** - working to stop and prevent food insecurity by providing dignified, fair and just access to healthy and affordable food for all.
- **Farming, Soils and Climate** - growing food in Fife that is climate friendly and climate ready, reduces waste, redistributes excess and supports soil health and biodiversity.
- **Community Food** - empowering Fife's food community and citizenship through communication and increased access to growing spaces, food skills and education.
- **Catering and Procurement** - using Fife's public procurement for community wealth building bringing local food into our public buildings including schools, hospitals and learning institutions.
- **Food Economy** - support for local food producers and suppliers to create a food economy and culture that supports living wages, that's local, high quality and innovative with good career prospects.
- **Food4Fife Partnership** - working in partnership across all parts of the food system, driving positive change through leadership and a Fife-wide food strategy.

2.3 Assessment

The Food4Fife Strategy includes two "transformations" which describe priority areas for action and an ambitious pathway for change for Fife's Food System. The first is to

empower community transformation in order to reduce food insecurity by providing a dignified, fair and just access to healthy, culturally appropriate, food for all. This is being achieved through supporting an interconnected community infrastructure that offers places to grow, places to learn and places to access food. That work is being led principally by the Healthy Food For All, and Community Food pillar working groups. The second transformation is to grow our food economy. The aim of this transformation is to support delivery of Fife’s Economic Strategy, including maximising public procurement of local food, supporting local suppliers to deliver into local markets and support increasing markets for climate and nature friendly food.

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

NHS Fife catering and facilities have been part of a public procurement group within the Food4Fife Partnership exploring how within the terms of national procurement contracts, NHS Fife can potentially increase use of locally grown food.

As part of implementation of NHS Fife Greenspace Strategy we are looking at use of land on NHS Fife sites including potential for allotments at Stratheden Hospital and patient and community growing spaces at Lynebank Hospital.

2.3.2 Workforce

As part of the outcomes within the public procurement pillar, NHS Catering and Facilities are developing a test of change to use local ingredients within staff canteen menus.

2.3.3 Financial

No direct financial impacts have been identified as part of the Food4Fife Strategy and Action Plan. Pilot projects and tests of change within NHS Fife are being delivered within existing budgets.

2.3.4 Risk Assessment / Management

The Food4Fife Strategy and Action Plan support wider NHS Fife actions to reduce risks particularly in relation to climate change as well as in relation to food security.

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

Outcomes within the Healthy Food for All and Community Food pillars of the Food4Fife Strategy have a close link to health inequalities.

The outcomes also link to the Board's Anchor ambitions. The Food4Fife Strategy was highlighted within our draft Anchor Institution Strategy as an example of how NHS Fife works in partnership as an Anchor Institution.

The Food4Fife Partnership is in discussion with Public Health Scotland a Health Impact Assessment for the Food4Fife Strategy.

2.3.6 Climate Emergency & Sustainability Impact

The Food4Fife Strategy outcomes link closely to NHS Fife's Greenspace Strategy and in particular will support the Board's climate change duties around emissions and waste.

2.3.7 Communication, involvement, engagement and consultation

The Food4Fife Strategy is not an output of one organisation but a product of collaboration and joint working between partners from across Fife's food system.

A five week public engagement exercise occurred between 20 March to 26 April 2023. This took the form of an online survey and in person at public libraries across Fife. The public engagement was advertised via local press and stakeholder networks.

2.3.8 Route to the Meeting

An update on development of the strategy was been presented to Public Health and Wellbeing Committee in October 2023 as part of an update on Public Health Priority 6: A Fife where we eat well, maintain a healthy weight and are physically active.

Governance of the strategy is via the Communities and Wellbeing Partnership, one of Fife's community planning partnership. Updates on development of the strategy have been presented to C&WBP in March and October 2023.

This paper was tabled at the Executive Group meeting on 20th June 2024.

2.4 Recommendation

This paper is provided to members for:

- **“Significant” Level of Assurance-** completion of the Food4Fife strategy fulfils the requirement for NHS Fife to put in place a Good Food Nation plan.
- **Discussion** –this strategy is an example of partnership working, bringing together different perspectives to support an overarching approach for Fife Partnership. Committee are asked to note the oversight mechanism for delivery of the strategy within Fife Partnership and consider opportunities for similar collaborative approaches in future.

3 List of appendices

The following appendices are included with this report:

- Appendix No. 1, [Food4Fife Strategy and Action Plan 2024-2029](#)

Report Contact

Jo-Anne Valentine

Public Health Manager (health improvement)

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Meeting:	Public Health and Wellbeing Committee
Meeting date:	1 July 2024
Title:	Creating Hope for Fife: Fife's Suicide Prevention Action Plan
Responsible Executive:	Nicky Connor, Director, Fife Health & Social Care Partnership
Report Author:	Ruth Bennett, Health Promotion Service Manager

1 Purpose

This report is presented for:

- Assurance

This report relates to:

- Government policy / directive
- National Health & Wellbeing Outcomes / Care & Wellbeing Portfolio
- 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 Situation

Fife's Suicide Prevention workstream is a priority within Fife's Mental Health Strategy 2020-2024 and is represented in the Plan for Fife - Recovery and Renewal 2021-2024. Current reporting and governance are through the Fife Mental Health Strategy Implementation Group and governance within Fife Health & Social Care Partnership.

The purpose of this paper is to assure members of the Senior Leadership Team that work is now complete to develop a new Fife Suicide Prevention Action Plan and request consideration of the implications of this work.

2.2 Background

Creating Hope Together (2022)

The national programme “Every Life Matters” expired in September 2021 and was extended until August 2022 to allow time for the development of the new Scottish Suicide Prevention Strategy, “[Creating Hope Together](#)”, which was published in September 2022. “Every Life Matters” was a national action plan, “Creating Hope Together” is a new national 10-year strategy with a separate “[Creating Hope Together Action Plan](#)” to support implementation and delivery of the strategy. The action plan document will be updated every three years.

“Creating Hope Together” recognises the multitude of factors that determine suicide risk. This is reflected in the vision for the strategy: “to reduce the number of suicide deaths in Scotland, whilst tackling the inequalities which contribute to suicide.” The strategy identifies four priority areas which underpin the strategy, these four priority areas are then reflected in four outcomes for the strategy. The “Creating Hope Together Action Plan” has over 30 specific actions for consideration at national and/or local level.

Subsequent to the publication of “Creating Hope Together”, a series of further guidance documents to inform action at local level on specific areas of suicide prevention activity were published in November 2022:

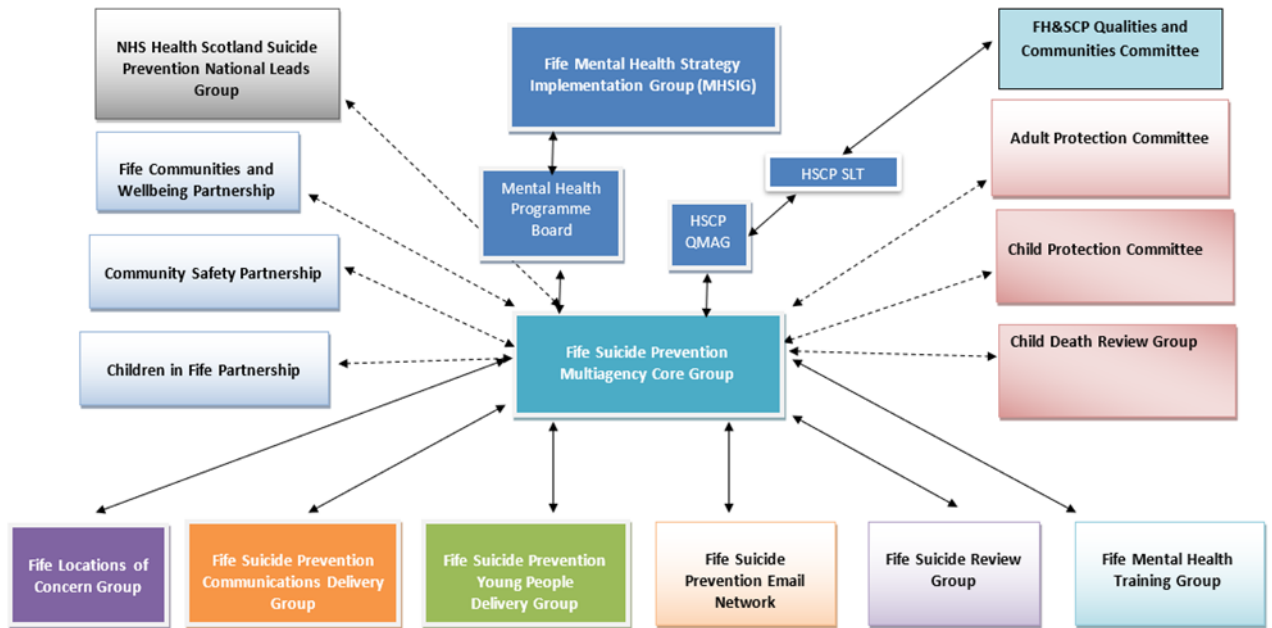
- [National guidance on action to address suicides at locations of concern - National guidance on action to address suicides at locations of concern - Publications - Public Health Scotland](#) this document is refreshed and updated guidance.
- [National guidance for identifying and responding to a suicide cluster - National guidance for identifying and responding to a suicide cluster - Publications - Public Health Scotland](#) this is a new guidance document.
- [National guidance on managing the risks of public memorials after a probable suicide - National guidance on managing the risks of public memorials after a probable suicide - Publications - Public Health Scotland](#) this is a new guidance document.

Two further documents also require consideration in relation to local implementation of “Creating Hope Together”:

- [Time Space Compassion - supporting people experiencing suicidal crisis: introductory guide](#) framework, recommendations for improvements in suicidal crisis support.
- [Local Area Suicide Prevention Action Plan Guidance](#) this document aims to support local areas in the development of their suicide prevention action plans.

The diagram below outlines the reporting structure which has been reviewed as part of the process of developing the new Fife Suicide Prevention Action Plan to deliver against “Creating Hope Together.”

Fife suicide prevention reporting structure and group membership



Most recent data from National Records Scotland published in September 2023 for probable suicides registered in 2022, shows Fife continues to sit below the national average for total suicide rates (Scotland EASR 14.4 per 100,000 population and Fife EASR 13.5 per 100,000 population). The numbers of probable suicides in Fife has fluctuated over recent years which highlights the importance of looking at the five year trend as opposed to year on year numbers (2018: 44 probable suicides, 2019: 45 probable suicides, 2020: 66 probable suicides, 2021: 40 probable suicides, 2022: 48 probable suicides).

Fife Mental Health Strategy

Fife’s Mental Health Strategy is currently under development and it is proposed that the suicide prevention workstream will continue to be strategically located within the strategy as part of Prevention and Early Intervention and our requirement to deliver a local Action Plan to meet the national suicide prevention strategic requirements.

[Scottish Mental Health and Wellbeing Strategy \(2023\)](#)

The new strategy sets out a long-term vision for Scotland, which is free from stigma and inequality, where everyone fulfils their right to achieve the best mental health and wellbeing possible. Nine summary outcomes describe the differences or changes that we want to see as a result of this Strategy.

Similar to Creating Hope Together, the Scottish Mental Health and Wellbeing Strategy takes a whole system approach to improving mental health and wellbeing.

Scottish Self-Harm Strategy & Action Plan (2023-2027)

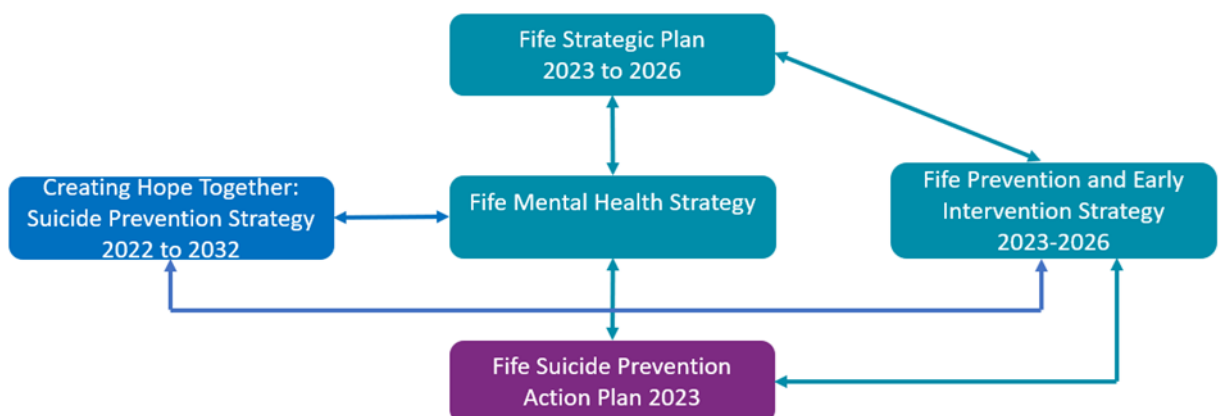
Published in November 2023, this is the first self-harm strategy and action plan for Scotland. The strategy outlines a vision for people who have self-harmed or are thinking of self-harm, will receive compassionate, recovery-focused support, without fear of stigma or discrimination. To achieve this vision, the strategy has identified three priority areas to work towards through the delivery of an associated action plan.

The Self-Harm Strategy acknowledges that self-harm can be a risk factor for suicide and has therefore aligned the work within the strategy with Creating Hope Together. However, the strategy also recognises that self-harm is also a way to manage difficult emotions and circumstances and they do not have suicidal intent. This self-harm strategy will maintain strong links with suicide prevention policy and practice to ensure a joined up approach where someone's self-harm indicates they may be at elevated risk of suicide.

Creating Hope for Fife: Fife's Suicide Prevention Action Plan (2023-2025)

The new Fife Suicide Prevention Action Plan 'Creating Hope for Fife' (Appendix 1 and Appendix 2) reflects the Fife Health & Social Care Partnership Strategic Objectives and the approach outlined within Creating Hope Together, which is a whole society and whole government approach to suicide prevention. This required us to consider suicide prevention across a number of Fife's Health & Social Care strategies, for example, Fife Prevention & Early Intervention Strategy Fife, Mental Health Strategy.

Within Creating Hope Together: Suicide Prevention Strategy 2022-2032, the requirement is for local board areas to develop and deliver a local version of the national 30 point action plan.



2.3 Assessment

Work to develop a new Fife Suicide Prevention Action Plan began in February 2023 with a Fife-wide event which was attended by over 100 participants representing over 50 organisations, projects and services from across Fife.

Roundtable discussions on the day provided the opportunity to contribute to the development of the new Fife Suicide Prevention Action Plan with the breath of conversations reflecting the variety of roles, experience and priorities of the delegates attending the event. A conference report was produced outlining the outcomes from the day.

A draft Action Plan was produced based on the themes which emerged from the February event. 'Creating Hope for Fife: Fife's Suicide Prevention Action Plan' takes the form of two documents:

- Three-page overview document which sets out the ambition, current position, priorities and outcomes for the Fife Suicide Prevention Action Plan (Appendix 1).
- Detailed action plan which is a live document outlining the actions which were prioritised from the 30 actions from the National Action Plan and details the work underway in relation to each prioritised action (Appendix 2).

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

A key difference between “Every Life Matters” and “Creating Hope Together” is there is an outcomes framework (Appendix 3) which sets out short and medium-term outcomes to measure progress towards the four outcomes within the national strategy.

The focus of all work remains on person centred, quality care delivery with the aim of preventing suicide and its impact on the person and others. We will know we are making a difference by measuring the delivery of the Fife Suicide Prevention Action Plan against the short-term outcomes within the Creating Hope Together outcomes framework.

2.3.2 Workforce

We will continue to build on the strong Fife multiagency approach and arrangements already established to deliver the Fife Suicide Prevention Action Plan (Fife Suicide Prevention

Multiagency Core Group, the Multiagency Delivery Groups and Fife Suicide Prevention Network).

Work will continue to build learning resources on suicide prevention that responds to the different levels of the Knowledge and Skills Framework on mental health improvement and suicide prevention.

“Creating Hope Together: Action Plan” outlines specific actions under “Action Area 4: Learning and Building Capacity” which have been incorporated in ‘Creating Hope for Fife: Fife’s Suicide Prevention Action Plan’.

This partnership working and workforce development opportunities are promoted and open to public, private and third sector organisations in Fife.

2.3.3 Financial

Funding (direct and indirect): in the 2021-22 Programme for Government the Scottish Government committed to double the specific funding available for suicide prevention over the course of the current Parliamentary term from £1.4 million to £2.8 million. This funding will support developments at national level, which will indirectly support local developments. There was no new money allocated to local boards to directly support development and delivery of local suicide prevention action plans.

The national strategy specifies Suicide Prevention should be considered across all mental health policy and programmes, for example, the two Mental Health & Wellbeing Communities funds (Adults and Children & Young People).

2.3.4 Risk Assessment / Management

There is significant commitment across all partners to deliver the Fife Suicide Prevention Action Plan. However, despite the measures put in place, there are associated risks which have been identified which may impact on Fife’s suicide rate:

- Impact of the current economic and cost-of-living crisis on the existing inequalities gap.
- Ability to identify and put measures in place to support Fife’s “at risk” groups.
- Ability to identify and respond to emerging suicide clusters.
- Ability to identify and respond to known and emerging location of concern.

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

No EQIA was required for the Fife Suicide Prevention Action Plan because an EQIA was carried out as part of the development of Creating Hope Together and published when the delivery plan was launched.

The Fife local Action Plan closely reflects the National Action Plan which has an EQIA in place.

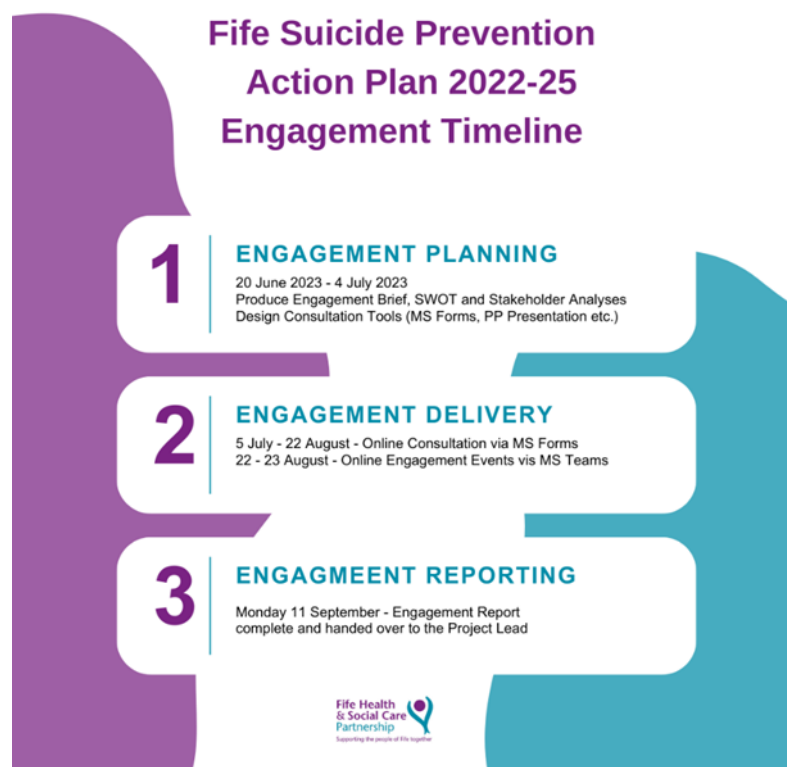
<https://www.gov.scot/publications/creating-hope-together-scotlands-suicide-prevention-strategy-action-plan-equalities-impact-assessment/>

2.3.6 Climate Emergency & Sustainability Impact

None noted.

2.3.7 Communication, involvement, engagement and consultation

Working with the FHSCP Participation and Engagement Team, the draft Fife Suicide Prevention Action Plan went through a consultation process:



The online consultation was conducted via MS Forms which was open for seven weeks and received 240 responses from across all seven Fife localities. Two engagement events and a further one-to-one discussion were carried out via MS Teams. The largest number of responses was received from members of the public, with second highest response is from those working in the NHS Fife.

The consultation was designed around the four priorities and outcomes from the Draft Fife Suicide Prevention Action Plan.

Due to the sensitive and emotive nature of the subject, much of the detail written in the plan was not shared within the consultation document, resulting in a number of questions asked by the participants during the consultation phase. A Frequently Asked Questions sheet was developed in response to this and included in the 'Creating Hope For Fife Consultation Feedback Report' (Appendix 4).

The consultation received significant interest and a substantial response from members of the public and staff who work within services, highlighting the willingness and passion of Fife's population to get involved in the shaping of Fife Health and Social Care Services.

On the whole, the Draft Fife Suicide Prevention Action Plan was positively received. It was evident throughout this consultation that Fife communities feel very passionate about the ongoing suicide prevention work and are keen to support this plan wherever they can. However, the consultation did highlight some gaps within the Action Plan:

- More work required with at risk communities, such as LGBTQ+, care experienced and prison leavers, veterans.
- More work required to support bereaved families and friends.
- More work required to clearly communicate the support which is available in Fife and how to access this.

The Consultation Feedback Report recommended these areas were reflected within the Fife Suicide Prevention Action Plan. This was taken on board and 'Creating Hope for Fife, Fife's Suicide Prevention Action Plan' updated to include these specific areas of work.

Finally, we would like to acknowledge that not all questions raised within this consultation could be addressed within 'Creating Hope for Fife, Fife's Suicide Prevention Action Plan'. These questions and personal stories were passed onto Mental Health Services and the wider Mental Health Redesign Programme for consideration.

The final version of 'Creating Hope for Fife, Fife's Suicide Prevention Action Plan' was presented to the Fife Suicide Prevention Multiagency Core Group on 7 November 2023 and approved.

Three-page overview document which sets out the ambition, current position, priorities and outcomes for the Fife Suicide Prevention Action Plan and Consultation Report will be uploaded to [Suicide prevention in Fife | NHS Fife](#)

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.

- Fife Suicide Prevention Multiagency Core Group, 7 November 2003.
- Primary & Preventative Care Services Quality Matters Assurance Group, 24 January 2024
- Health & Social Care Partnership Quality Matters Assurance Group Date 22 March 2022
- MH Strategy Implementation Group
- SLT Strategic 25 March 2024
- EDG 20 June 2024

2.4 Recommendation

This paper is provided to members for:

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

3 List of appendices

The following appendices are included with this report:

- Appendix No. 1, Creating Hope for Fife Summary
- Appendix No. 2, Creating Hope for Fife Action Plan Updated June 2024
- Appendix No. 3, National Outcome Framework
- Appendix No. 4, Final SP Action Plan 22-25 Consultation Report

Report Contact

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Creating Hope for Fife: Fife's Suicide Prevention Action Plan (2022-25)



Ambition

We support the Scottish Governments vision to reduce the number of suicide deaths in Scotland, whilst tackling the inequalities which contribute to suicide.

In Fife, we will come together collaboratively and in partnership to support our communities, so they become safe, compassionate, inclusive, and free of stigma. Our ambition is for any child, young person or adult who has thoughts of taking their own life, or are affected by suicide, to get the help they need and feel a sense of hope.

Current position

Fife's Suicide Prevention workstream is a priority within Fife's Mental Health Strategy (2020-2024) and is represented in the Plan for Fife - Recovery and Renewal (2021-2024).

'Creating Hope for Fife: Fife's Suicide Prevention Action Plan' (2022-2025) will reflect the Fife Health & Social Care Partnership Strategic Objectives and the approach outlined within 'Creating Hope Together', Scotland's Suicide Prevention Strategy (2022-2032) which is a whole society and whole government approach to suicide prevention. This will require us to consider suicide prevention across a number of Fife's Health & Social Care strategies, workstreams and policy areas, for example, Fife Prevention & Early Intervention Strategy which is currently under development and Fife's Mental Health Strategy which will be refreshed following the publication of the Scottish Mental Health Strategy (due summer 2023).

'Creating Hope Together', Scotland's Suicide Prevention Strategy is a 10-year strategy which is supported by 'Creating Hope Together: Scotland's Suicide Prevention Action Plan' (2022-2025). 'Creating Hope for Fife: Fife's Suicide Prevention Action Plan' (2022-2025) details the actions we will deliver locally in Fife over the next three years as we work towards implementing 'Creating Hope Together'. The actions outlined within 'Creating Hope for Fife' will build on and

continue to deliver work which began under 'Every Life Matters: Scotland's Suicide Prevention Action Plan' (2018-2022) and identify new areas of work to meet the actions outlined within 'Creating Hope Together: Scotland's Suicide Prevention Action Plan' (2022-2025).

Priorities and outcomes

Priority 1:	In Fife we will build a whole society approach to address the social determinants which have the greatest link to suicide risk
Outcome 1:	In Fife we will promote the conditions which protect against suicide risk – this includes our psychological, social, cultural, economic and physical environment
Priority 2:	In Fife we will strengthen awareness and responsiveness to suicide and people who are suicidal
Outcome 2:	Fife's communities will have a clear understanding of suicide, risk factors and its prevention – so that people and organisations are more able to respond in helpful and informed ways when they, or others, need support
Priority 3:	Provide effective, timely, compassionate support in Fife that promotes wellbeing and recovery.
Outcome 3:	Everyone in Fife who is affected by suicide is able to access high quality, compassionate, appropriate and timely support – which promotes wellbeing and recovery.
Priority 4:	In Fife we will embed a coordinated, collaborative and integrated approach
Outcome 4:	Fife's approach to suicide prevention is well planned and delivered, through close collaboration between national, local and sectoral partners. Our work is designed with lived experience insight, practice, data, research and intelligence.

Where do we want to be in 2025?

By the end of this three-year action plan:

- Suicide prevention activity will be visible across strategies, workstreams and policy areas in Fife
- Progress will be made in supporting individuals, communities and the workforce in Fife to be suicide aware and able to respond to those in need of support
- There will be increased awareness amongst individuals and families living in Fife who have been affected by suicide of the support available to them
- Suicide prevention action in Fife will reflect lived experience insight and routinely use data, research and intelligence to inform activity






The Fife Suicide Prevention Multagency Core Group is a partnership between public, private, third sector and charity organisations in Fife. All partners involved are committed to reducing suicides by working collaboratively to deliver the Fife Suicide Prevention Action Plan.





Creating Hope for Fife: Fife’s Suicide Prevention Action Plan (2022-25)



Priority 1:	In Fife we will build a whole society approach to address the social determinants which have the greatest link to suicide risk
Outcome 1:	In Fife we will promote the conditions which protect against suicide risk – this includes our psychological, social, cultural, economic and physical environment
Action Area 1:	Whole of Government and society approach
Action Area 2:	Access to Means
Action Area 3:	Media Reporting
Priority 2:	In Fife we will strengthen awareness and responsiveness to suicide and people who are suicidal
Outcome 2:	Fife’s communities will have a clear understanding of suicide, risk factors and its prevention – so that people and organisations are more able to respond in helpful and informed ways when they, or others, need support
Action Area 4:	Learning and Building Capacity
Priority 3:	Provide effective, timely, compassionate support in Fife that promotes wellbeing and recovery.
Outcome 3:	Everyone in Fife who is affected by suicide is able to access high quality, compassionate, appropriate and timely support – which promotes wellbeing and recovery.
Action Area 5:	Supporting a compassionate response
Priority 4:	In Fife we will embed a coordinated, collaborative and integrated approach
Outcome 4:	Fife’s approach to suicide prevention is well planned and delivered, through close collaboration between national, local and sectoral partners. Our work is designed with lived experience insight, practice, data, research and intelligence.
Action Area 6:	Data, evidence and planning

Progress Indicator	
	Not started
	Complete
	On Target – the work is progressing as agreed and will be completed within the anticipated timescale.
	Some Slippage – some difficulties are beginning to emerge impacting on the pace of delivery resulting in some slippage in the timescale set.
	At Risk – the work is not progressing and the set timescale will not be met.

Priority 1: In Fife we will build a whole society approach to address the social determinants which have the greatest link to suicide risk				
Outcome 1: In Fife we will promote the conditions which protect against suicide risk – this includes our psychological, social, cultural, economic and physical environment				
Action Area 1: Whole of Government and society approach				
Action Area 2: Access to Means				
Action Area 3: Media Reporting				
Work continuing from Every Life Matters	Responsible	Completion Date	Current Position	Progress Indicator
Deploy research and wider findings on risk and protective factors to increase knowledge and support targeted action across our suicide prevention work	Fife Suicide Prevention Network	Ongoing	<ul style="list-style-type: none"> Over 300 people registered on Fife Suicide Prevention Network who receive monthly newsletters 	
Action Area 1	Responsible	Completion Date	Current Position	Progress Indicator
Action 1.1: Whole of Government and society approach (supported by local policies and action)	Fife Suicide Prevention Multiagency Core Group	February 2023	<ul style="list-style-type: none"> Jamboard exercise completed February 2023 to capture a snapshot of work underway across Fife across the policy and workstream areas identified within “Creating Hope Together National Action Plan, Annex A – Whole of Government and Society Approach”. Jamboard can be viewed here: Creating Hope Together: Scotland’s Suicide Prevention Action Plan 2022-25 - Google Jamboard 	

		Autumn 2024	<ul style="list-style-type: none"> • Repeat Jamboard exercise to compare progress on awareness of Creating Hope Together and action to support implementation of Creating Hope for Fife. Exercise not repeated, alternative work to progress action underway (see bullet point below). • Consideration being given to a Symposium/Workshop which would have three aims: <ul style="list-style-type: none"> ○ Formally launch approved Fife Suicide Prevention Action Plan ○ Bring together leads from key policy areas/workstreams to explore cross-referencing suicide prevention action within their area of work ○ Explore evaluation and impact of Action Plan • Discussions underway with Mental Health & Wellbeing in Primary Care & Community Settings Project (MHWPC) to connect workstreams. • Actions relating to Our Minds Matter Guidance refresh and data capture and analysis incorporated into Our Minds Matter Steering Group Delivery Plan 	
		Ongoing	<ul style="list-style-type: none"> • Provide presentations to raise awareness of suicide prevention work in Fife: <ul style="list-style-type: none"> ○ Adult Support & Protection Committee, 10th May 2023 ○ School Nursing Service, 15th May 2023 ○ Adult Support & Protection Team Meeting, 21st June 2023 ○ Cowdenbeath Locality Meeting, 1st September 2023 ○ Fife Community Safety Partnership, 13th September 2023 ○ Fife Violence Against Women Practitioner Network, 19th September 2023 	

			<ul style="list-style-type: none"> ○ DAPL Adult Team, 26th October 2023 ○ North East Fife Locality Stakeholder Event, 15th November ○ Child Protection Committee, April 2024 	
Action Area 2	Responsible	Completion Date	Current Position	Progress Indicator
Action 2.1: Develop a comprehensive, cross sector action plan to address locations of concern with an initial focus on falling/jumping from height (and which compliments the national guidance).	Fife Locations of Concern Group	September 2024	<ul style="list-style-type: none"> • White Bridge Glenrothes: Multiagency Subgroup progressing specific actions to reduce vulnerable people presenting at the location: <ul style="list-style-type: none"> ○ Structural amendments: option appraisal presented to Working Group and preferred options identified and agreed by group. Cost of work, approximately £400k. Paper submitted to Fife Council Cabinet to ask for funding to complete the work. Tender for the work issued, one contractor responded with a quote which was double estimated costs. Work now underway to adjust tender with a view to reissue. Amended timescales now anticipated: work onsite July 2024, completed by September 2024. ○ Changing narrative of area: benches and flower planters introduced to either end of bridge. Pavement artwork project in progress and will be completed at similar timescale to structural changes. ○ Samaritans signage: completed 	
		October 2023	<ul style="list-style-type: none"> • Repeat presentations at public locations identified through data analysis. Explore and identify processes for key agencies (Police Scotland, NHS, FHSCP, others TBC) to share information and identify plan to support individuals repeatedly presenting at public locations. • Police Scotland met with Mental Health Services to explore potential to share information on repeat 	

			presenters identified through White Bridge data analysis.	
		October 2023	<ul style="list-style-type: none"> • Forth SPAN (Suicide Prevention Action Network) Community Group, South Queensferry: group contacted members of the Fife Locations of Concern Group. Numerous meeting took place between various partners and Forth SPAN to provide advice, support and guidance to the group. The group are now focussing activity on community-based initiatives. 	
		Ongoing	<ul style="list-style-type: none"> • Data analysis for 2023 and 2024 have identified an increase in number of public incidents in Fife. Situation is currently being monitored by the Fife Locations of Concern Group and appropriate action will be considered when necessary. 	
		May 2023	<ul style="list-style-type: none"> • Tay Road Bridge Project completed: <ul style="list-style-type: none"> ○ New signage introduced on approach to and across length of bridge ○ Botanical project in progress on Fife side of the bridge in partnership with St Andrew's University 	
		February 2024	<ul style="list-style-type: none"> • Members of LOC met with Prof Martin Barwood, Leeds Trinity University regarding a study which identified high-frequency locations of unintentional and intentional drownings across the UK, using WAID data up to 2019. Forth Road Bridge was identified as one of these locations. Connected Prof Barwood with national colleagues. LOC group will consider findings from research. 	
Action 2.2.: Consider priority actions on access to means following the Delphi Study (hanging and self-poisoning), as well as wider work on locations of concern such	Fife Locations of Concern Group/Public Health Department	Ongoing	<ul style="list-style-type: none"> • Local suicide data analysis: <ul style="list-style-type: none"> ○ Analysis underway regarding substances used in completed suicides as a result of overdose. Substances being tracked to identify any trends. 	

<p>as waterways, railways and retail outlets.</p>			<ul style="list-style-type: none"> ○ Work underway to analyse hospital admissions for attempted suicides. ● Locations of Concern meetings for 2024 will take a different format with each meeting focussing on a specific type of location: <ul style="list-style-type: none"> ○ 23 January 2024: Railway Network ○ 14 May 2024: Water locations ○ 17 September 2024: Bridges/Jumping from height 	
<p>Action Area 3</p>				
<p>One action under Action Area 3 which is for progress at a national level with some potential for local action to support national implementation as work progresses.</p>				

Priority 2: In Fife we will strengthen awareness and responsiveness to suicide and people who are suicidal				
Outcome 2: Fife's communities will have a clear understanding of suicide, risk factors and its prevention – so that people and organisations are more able to respond in helpful and informed ways when they, or others, need support				
Action Area 4: Learning and Building Capacity				
Work continuing from Every Life Matters	Responsible	Completion Date	Current Position	Progress Indicator
Continue to run suicide prevention campaigns, at whole population level and targeting specific groups where there is a higher risk of suicide – and to ensure national and local campaigns are co-ordinated to maximise reach and impact, always seeking opportunities to address inequalities.	Fife Suicide Prevention Communications Delivery Group	September 2023	<ul style="list-style-type: none"> • Campaign took place 4th-10th September. Theme for 2023 campaign: 'Time Space Compassion' <ul style="list-style-type: none"> ○ Posters and resources produced and disseminated widely across Fife ○ Campaign website created ○ Radio advertisement on Kingdom FM ○ Training and learning opportunities provided during campaign week ○ Campaign was dual purpose, promoting the Time Space Compassion message to the general public as well as raising awareness of the Time Space Compassion materials and resources to staff ○ Sway Newsletter created bringing together links to Time Space Compassion resources in one place for staff to access 	
		December 2023	<ul style="list-style-type: none"> • Festive social media campaign delivered 	
		September 2024	<ul style="list-style-type: none"> • Campaign will take place 9-15th September. Theme for 2024 campaign will be encouraging connections; focussing activity upstream; encouraging people to carrying out small, simple actions, recognising the contribution to suicide prevention; and increasing awareness of peer support within community groups/projects. <ul style="list-style-type: none"> ○ Posters and resources produced and will be disseminated across Fife 	

			<ul style="list-style-type: none"> ○ Campaign website created ○ Campaign animation created ○ Working with Scottish Recovery Network to run a peer support event on 11th September ○ Training and learning opportunities provided during campaign week ○ Social media content created ○ Campaign is dual purpose: providing key messages to general public of simple actions individuals can take which contribute to suicide prevention; and increasing awareness of peer support approaches 	
	Fife Suicide Prevention Multiagency Core Group	October 2024	<ul style="list-style-type: none"> ● Following outcomes from consultation on Draft Fife Suicide Prevention Action Plan, specific work required with at risk communities, such as: LGBTQ+; care experienced; prison leavers; veterans <ul style="list-style-type: none"> ○ Work underway to develop bespoke 1-day session for Fife Justice Service which will include training as DBI referrer ○ Housing Service (plan will be to offer 1 day bespoke session after Justice Service delivery) TBC ○ Veteran’s First will receive training as DBI referrer 	
		October 2024	<ul style="list-style-type: none"> ● Development underway of a ligature awareness self-directed learning module for use by staff in residential care 	
	Dunfermline Samaritans	2023	<ul style="list-style-type: none"> ● Dunfermline Samaritans worked with both Sky TV and Amazon, being allowed access to their workforce to encourage them to talk about their mental health in the workplace. 	

Continue to build learning resources on suicide prevention that responds to the different levels of the Knowledge and Skills Framework on mental health improvement and suicide prevention. Also, deliver local learning through the Scotland-wide facilitation network.	Fife Mental Health Trainers Network	September 2023- March 2024	<ul style="list-style-type: none"> • Delivery of suicide prevention training courses and learning opportunities through the Health Promotion Training Programme: <ul style="list-style-type: none"> ○ ASIST ○ Scottish Mental Health First Aid ○ Mental Health Improvement & Prevention of Self-Harm & Suicide Ask tell Workshop (Adults course and Children & Young People’s Course) 	
		September 2024- March 2025	<ul style="list-style-type: none"> • Delivery of suicide prevention training courses and learning opportunities through the Health Promotion Training Programme: <ul style="list-style-type: none"> ○ ASIST ○ Scottish Mental Health First Aid ○ Mental Health Improvement & Prevention of Self-Harm & Suicide Ask tell Workshop (Adults course and Children & Young People’s Course) ○ Time Space Compassion Workshop 	
		November 2023	<p>Ad Hoc delivery of Mental Health Improvement & Prevention of Self-Harm & Suicide Ask Tell:</p> <ul style="list-style-type: none"> • First delivery of Face to Face format to Client Support Advisors, Social Security Scotland, June 2023 • Face to Face delivery for Quit Your Way Team, November 2023 • 2 online sessions for Fife Justice Service Team, November 2023 	
		August/ September 2023	<ul style="list-style-type: none"> • First deliveries of Papyrus SP-EAK Training in Fife: <ul style="list-style-type: none"> ○ 28th August: closed delivery to identified key staff ○ 5th & 6th September: open delivery offered as part of learning opportunities for Suicide Prevention Campaign week 	

			<ul style="list-style-type: none"> • Debrief meeting with Papyrus on 30 October 2023 to reflect on delivery of SP-EAK training in Fife 	
		September 2023	<ul style="list-style-type: none"> • Fife Mental Health Trainer Network Meeting 12 September 2023. Reflected on 2022 NRS Annual Suicide Data Release and considered the Public Health Scotland/NES Skilled Level resources: <ul style="list-style-type: none"> ○ Supporting a Person at Risk of Distress or Crisis ○ Supporting a Person at Risk of Self Harm ○ Supporting a Person at Risk of Suicide – Adult ○ Supporting a Person at Risk of Suicide – Children & Young People • Actions from Mental Health Trainer Network meeting: <ul style="list-style-type: none"> ○ Arrange meeting with Susan Monks and Mhairi Struthers to discuss Public Health Scotland/NES Skilled Level Resources. Meeting arranged 31 October 2023 ○ Provide overview of 2022 Annual Suicide Data to trainers to ensure consistency across deliveries of courses (ASIST/SMHFA). This was sent out to trainers along with notes from the meeting 	
		May 2024	<ul style="list-style-type: none"> • Fife Mental Health Trainer Network Meeting 7 May 2024. Discussed plans for 2024-25 training programme; challenges with requirements to utilise free venues for face to face delivery; and capacity of trainers to deliver. 	
		December 2023	<ul style="list-style-type: none"> • Tiered approach diagram refreshed and updated as part of the 2023-2024 Health Promotion Training Programme • Training options paper produced to assist managers to support workforce to identify the appropriate training option for their needs/needs of their role. 	

			<ul style="list-style-type: none"> Develop application process to manage demands on ASIST/SMHFA/Ask Tell workshops and ensure staff access the most appropriate training for their needs 	
		September 2024	<ul style="list-style-type: none"> First delivery of Time Space Compassion face to face workshop. Attended by 19 participants. Waiting list of over 20 individuals. Deliver second workshop by summer 2024 Include Time Space Compassion workshop within the tiered approach Include Time Space Compassion workshop within the 2024-2025 Health Promotion Training Programme 	
	Fife Suicide Prevention Multiagency Core Group	October 2024	<ul style="list-style-type: none"> Development underway of a ligature awareness self-directed learning module for use by staff in residential care 	
Action Area 4	Responsible	Completion Date	Current Position	Progress Indicator
Action 4.3: Support the embedding of the Whole School approach to mental health and the children and young people’s mental health and wellbeing professional learning resource, which includes suicide prevention, and share good practice	Fife Suicide Prevention Young Person’s Reference Group	October 2024	<ul style="list-style-type: none"> “Our Minds Matter Understanding and Responding to Children & Young People at risk of Self-Harm & Suicide: a guide for adults who work with young people in Fife” to be reviewed and updated: <ul style="list-style-type: none"> Multiagency working Group initially met on 19th June. Work continued to draft refreshed document throughout 2023 and early 2024. Consultation on draft document carried out 22nd April – 31st May 2024. Work will take place over summer to finalise document. Final document will go to Our Minds Matter Steering Group 26th August 2024 and then 	

			Children's Services Health & Wellbeing Strategy Group 4 th October for approval.	
		TBC	<ul style="list-style-type: none"> Work to support implementation of the "Understanding & Responding to Children & Young People at risk of suicide" guidance. Consideration will be given to development of a workshop to support staff to understand and use the guidance. 	
Action 4.4: Develop existing and new age-appropriate resources for inclusion in the school curriculum which build understanding on mental health, self-harm and suicide prevention and are evidence-informed	Fife Suicide Prevention Young Person's Reference Group	August 2023	<ul style="list-style-type: none"> Suicide Prevention Awareness Session developed based on Ask Tell Animations for Young People and presented to Guidance Teachers for taking forward within High Schools 	
	Fife Mental Health Trainers Network	May 2023	<ul style="list-style-type: none"> ASIST delivered specifically for High School teachers, each school invited to send one rep to attend training to support delivery of the Suicide Prevention Awareness Session within schools 	
		TBC	<ul style="list-style-type: none"> Work underway to produce a proposal to support access to suicide prevention training for teaching staff. 	
Action 4.7: Provide reliable and easily digestible information in different formats about suicide and suicide prevention to communities including to community-based organisations and locations such as sports and youth organisations, libraries, welfare agencies and community centres	Fife Suicide Prevention Communications Delivery Group	January 2024	<ul style="list-style-type: none"> Keeping Connected resources: <ul style="list-style-type: none"> Keeping Connected posters with QR codes Keeping Connected pop up banners with QR codes Promotion of Keeping Well in Fife: directory of mental health services in Fife Suite of Keeping Connected resources updated to ensure information is reliable. Mail out of new resources completed 	
		August 2024	<ul style="list-style-type: none"> Suite of Keeping Connected resources updated to ensure information is reliable. 	
		December 2024	<ul style="list-style-type: none"> Review information available for those affected by suicide in different ways: <ul style="list-style-type: none"> Individuals bereaved by suicide Individuals living with thoughts of suicide 	

			<ul style="list-style-type: none"> ○ Individuals supporting friends/family living with thoughts of suicide or who have made a suicide attempt ○ Witness to suicide ● Currently gathering available, reliable information for each group ● Next steps will be: <ul style="list-style-type: none"> ○ Identify if any gaps exist in available information ○ Consider effective way for individuals who need this information know how to access it ○ Potential for individuals with lived experience of bereavement following suicide/living with thoughts of suicide to support this work ● In contact with several individuals with lived experience to support progress of this work. <ul style="list-style-type: none"> ○ Developed draft processes and procedures to ensure safeguarding and safe engagement ○ Once approved, will progress engagement with individuals 	
	Health Promotion Locality Team	May 2023	<ul style="list-style-type: none"> ● Jobseekers Wellbeing Toolkit: launched May 2023. Aims to increase awareness of resources available to support employability workers to have healthy conversations, provide guidance on self-help and signposting to clients. Increase information, support and signposting for individuals currently unemployed. All 1,500 toolkits disseminated to date, over 2,700 toolkits requested. Funding identified for second reprint of toolkit. 	

Priority 3: Provide effective, timely, compassionate support in Fife that promotes wellbeing and recovery.				
Outcome 3: Everyone in Fife who is affected by suicide is able to access high quality, compassionate, appropriate and timely support – which promotes wellbeing and recovery.				
Action Area 5: Supporting a compassionate response				
Work continuing from Every Life Matters	Responsible	Completion Date	Current Position	Progress Indicator
Continue to invest in promoting support for people who are suicidal	Fife Suicide Prevention Young Person's Reference Group	November 2024	<ul style="list-style-type: none"> • Shout Fife word partnership underway: <ul style="list-style-type: none"> ○ Received first quarterly data report Dec 2022-Feb 2023 ○ Six-month report received end May 2023 ○ Interim third quarterly report June-Aug 2023 ○ 12 month report due early Dec 2023 ○ Funding extended by CYP Community Mental Health & Wellbeing Fund until end of March 2024 ○ Further funding identified through CYP Community Mental Health & Wellbeing Fund to extend provision of service until end of November 2024 	
			<ul style="list-style-type: none"> • Marketing plan in place to continue promoting Shout word partnership to target audience of children & young people: <ul style="list-style-type: none"> ○ Press release acknowledging exam stress ○ Communication to P7-S6 parents ○ Creation of animation to promote service ○ Snapchat and TikTok adverts ○ Mail out of promotional posters and resources to schools, leisure centres, community centres and GP practices November 2023 ○ Mail out of promotional materials after Easter holiday (April 2024) to high schools to coincide with exam timetable 	

	Scottish Fire & Rescue Service	2023	<ul style="list-style-type: none"> • SFRS are working in partnership with Kenny Armour from Andy's Man Club. Presented to all five watches at Kirkcaldy Fire Station as a pilot project, in the hopes that Firefighter's can attend local groups if they feel they need the support. It may also encourage Firefighter's to volunteer with Andy's Man Club and help others. • Initial meeting with the Station Commander of the east Fire Stations (Anstruther, St. Monan's, St. Andrew's Cupar) to ascertain whether Andy's Man Club could potentially utilise the fire station buildings to host these meetings free of charge. Andy's Man Club been invited to St. Andrew's open day as a marketplace holder to gauge interest in the area and meet my Group Commander 	
	Fife Suicide Prevention Multiagency Core Group	October 2024	<ul style="list-style-type: none"> • Following outcomes from consultation on Draft Fife Suicide Prevention Action Plan, specific work required with at risk communities, such as: LGBTQ+; care experienced; prison leavers; veterans <ul style="list-style-type: none"> ○ Work underway to develop bespoke 1-day session for Fife Justice Service 	
Continue to improve suicidal crisis responses by embedding the principles of "Time, Space and Compassion" in commissioning and service design, as well as growing workforce and community capacity and capability to offer Time, Space and Compassion based support	Fife Suicide Prevention Communications Delivery Group	September 2023	<ul style="list-style-type: none"> • Campaign took place 4th-10th September. Theme for 2023 campaign: 'Time Space Compassion' <ul style="list-style-type: none"> ○ Posters and resources produced and disseminated widely across Fife ○ Campaign website created ○ Radio advertisement on Kingdom FM ○ Training and learning opportunities provided during campaign week ○ Campaign was dual purpose, promoting the Time Space Compassion message to the general public as well as raising awareness of the Time Space Compassion materials and resources to staff 	

			<ul style="list-style-type: none"> • Sway Newsletter created bringing together links to Time Space Compassion resources in one place for staff to access • First delivery of Time Space Compassion face to face workshop. Attended by 19 participants. Waiting list of over 20 individuals. • Include Time Space Compassion workshop within the tiered approach • Include Time Space Compassion workshop within the 2024-2025 Health Promotion Training Programme 	
	Fife Mental Health Trainers Network	December 2023	<ul style="list-style-type: none"> • Training options paper produced to assist managers to support workforce to identify the appropriate training option for their needs/needs of their role. • Develop application process to manage demands on ASIST/SMHFA/Ask Tell workshops and ensure staff access the most appropriate training for their needs 	
	DBI Project Board	December 2023	<ul style="list-style-type: none"> • Embed principles of Time Space Compassion in the level 2 provision of DBI within Fife. Service now live and accepting referrals. 	
	Sam's Cafe	May 2024	<ul style="list-style-type: none"> • Work with Scottish Government Time Space Compassion Implementation Team to promote good practice and examples of practical application: <ul style="list-style-type: none"> ○ Practice story highlighting Sam's approach as an example of good practice in relation to practical implementation of Time Space Compassion ○ Sam's Cafe presented to the Unscheduled Care Redesign National Learning Network, October 2023 ○ Practice Story developed showcasing Sam's Cafe peer support within A&E/high pressure and fast paced setting 	

Continue to roll out the Distress Brief Intervention (DBI) across local areas	DBI Project Board	March 2025	<ul style="list-style-type: none"> • DBI Level 2 DBI provider for Fife identified, SAMH appointed. Team Manager and three support workers appointed. • Level 2 DBI in Fife went live December 2024. • Onboarding of referral pathways underway. Locality roll out expected to be completed by March 2025 • In addition to locality roll out, pathways also identified to support at risk groups: <ul style="list-style-type: none"> ○ NE Fife locality roll out July 2024 ○ Veterans First summer 2024 ○ Justice Service (as part of the 1 day bespoke session) October 2024 ○ Housing Service (plan will be to offer 1 day bespoke session after Justice Service delivery) TBC 	
Action Area 5	Responsible	Completion Date	Current Position	Progress Indicator
Action 5.4: Develop resources to support families, friends, carers/unpaid carers (including children and young people), and anyone else affected by suicide behaviour – building on existing resources.	Fife Suicide Prevention Multiagency Core Group	December 2024	<ul style="list-style-type: none"> • Following outcomes from consultation on Draft Fife Suicide Prevention Action Plan, specific work required to support families and loved ones bereaved by suicide. • Currently mapping bereavement support services which are available to Fife residents to identify: <ul style="list-style-type: none"> ○ what services currently exist for Fife residents ○ if specific suicide bereavement support is provided ○ if support to those bereaved by suicide is provided through general bereavement support • Once mapping is complete, determine if gap exists or if the challenge is ensuring those in need of bereavement support know what is available and how to access it 	

			<ul style="list-style-type: none"> • Potential for individuals with lived experience of bereavement following suicide to support this work • In contact with several individuals with lived experience to support progress of this work. <ul style="list-style-type: none"> ○ Developed draft processes and procedures to ensure safeguarding and safe engagement ○ Once approved, will progress engagement with individuals 	
		December 2024	<ul style="list-style-type: none"> • Review information available for those affected by suicide in different ways: <ul style="list-style-type: none"> ○ Individuals bereaved by suicide ○ Individuals living with thoughts of suicide ○ Individuals supporting friends/family living with thoughts of suicide or who have made a suicide attempt ○ Witness to suicide • Currently gathering available, reliable information for each group • Next steps will be: <ul style="list-style-type: none"> ○ Identify if any gaps exist in available information ○ Consider effective way for individuals who need this information know how to access it • Potential for individuals with lived experience of bereavement following suicide/living with thoughts of suicide to support this work • In contact with several individuals with lived experience to support progress of this work. <ul style="list-style-type: none"> ○ Developed draft processes and procedures to ensure safeguarding and safe engagement ○ Once approved, will progress engagement with individuals 	

	Fife Suicide Prevention Communications Delivery Group	January 2024	<ul style="list-style-type: none"> • Keeping Connected resources: <ul style="list-style-type: none"> ○ Keeping Connected posters with QR codes ○ Keeping Connected pop up banners with QR codes ○ Promotion of Keeping Well in Fife: directory of mental health services in Fife ○ Suite of Keeping Connected resources updated to ensure information is reliable. Mail out of new resources completed 	
		August 2024	<ul style="list-style-type: none"> • Suite of Keeping Connected resources updated to ensure information is reliable. 	
Action 5.5: Ensure relevant staff such as pastoral/guidance staff, school nurses and counsellors in education settings are skilled and responsive to signs of suicidal concerns, whilst ensuring proactive approaches to supporting children and young people at key transitional stages, as part of a continuum of care	Fife Suicide Prevention Young Person's Reference Group	May 2023	<ul style="list-style-type: none"> • Presentation/learning session for Fife School Nursing Service on suicide prevention work, resources and support available in Fife, 15th May 2023 	
		October 2024	<ul style="list-style-type: none"> • "Our Minds Matter Understanding and Responding to Children & Young People at risk of Self-Harm & Suicide: a guide for adults who work with young people in Fife" to be reviewed and updated: <ul style="list-style-type: none"> ○ Multiagency working Group initially met on 19th June. ○ Work continued to draft refreshed document throughout 2023 and early 2024. ○ Consultation on draft document carried out 22nd April – 31st May 2024. ○ Work will take place over summer to finalise document. ○ Final document will go to Our Minds Matter Steering Group 26th August 2024 and then Children's Services Health & Wellbeing Strategy Group 4th October for approval. 	

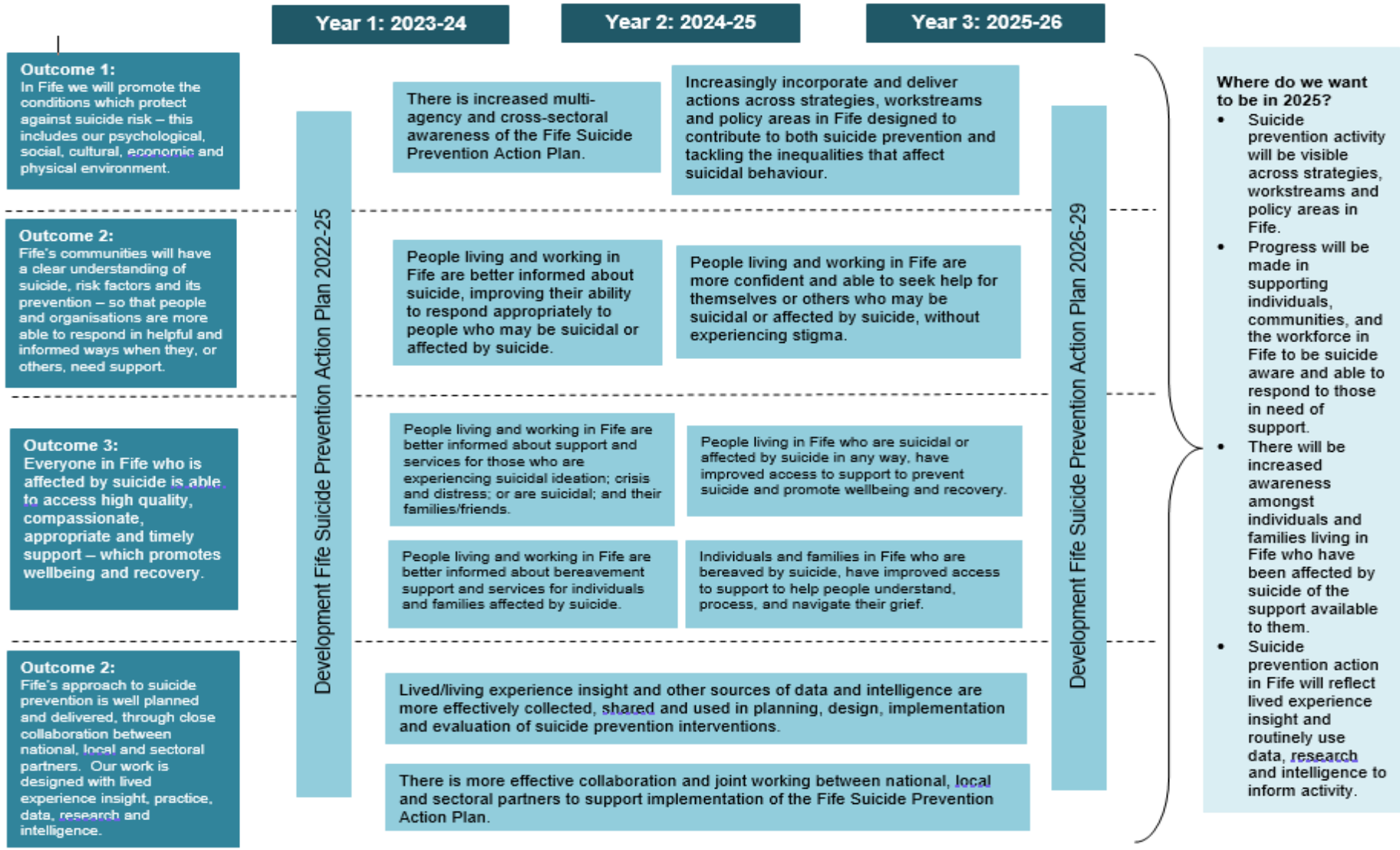
Priority 4: In Fife we will embed a coordinated, collaborative and integrated approach				
Outcome 4: Fife’s approach to suicide prevention is well planned and delivered, through close collaboration between national, local and sectoral partners. Our work is designed with lived experience insight, practice, data, research and intelligence.				
Action Area 6: Data, evidence and planning				
Work continuing from Every Life Matters	Responsible	Completion Date	Current Position	Progress Indicator
Continue to bring together data sources on suicide to inform our priorities, actions and public information. This will include: routine data, suicide reviews, more timely data, Scottish Suicide Information Database (ScotSID), and management/evaluation data.	Fife Suicide Prevention Multiagency Core Group	Ongoing	<ul style="list-style-type: none"> • National data on completed suicides received from: <ul style="list-style-type: none"> ○ Public Health Scotland/Police Scotland national data sharing process, received on a quarterly basis ○ British Transport Police data sharing process, received within 24 hours of railway incident ○ NRS annual data release ○ ScotSID annual report 	
		Ongoing	<ul style="list-style-type: none"> • Local data on completed suicides received on a monthly basis from Police Scotland. Incidents which may require postvention support flagged by Police Scotland within 24/48 hours of incident taking place • Process in place with St Andrew’s University to advise of suspected suicides within 24/48 hours of incident taking place 	
		Ongoing	<ul style="list-style-type: none"> • Local data on attempted suicides received from: <ul style="list-style-type: none"> ○ Scottish Fire & Rescue Service ○ Samaritan’s Railway Network Partnership ○ Forth Bridges Network ○ Tay Road Bridge ○ Sam’s Café • Gathered hospital data admissions data for intentional self-harm. Analysis of this new data source is underway. 	

		Ongoing	<ul style="list-style-type: none"> Regular meetings with Public Health Department for analysis of data to identify emerging trends or note any cause for concern 	
		May 2024	<ul style="list-style-type: none"> Produced annual briefing to highlight key findings from 2023 data analysis and circulated to Fife Suicide Prevention Multiagency Core Group and Fife Locations of Concern Group 	
Continue to progress local multi-agency data reviews, with a supporting learning system. This will help identify missed service engagement opportunities.	Fife Suicide Prevention Multiagency Core Group	Ongoing	<ul style="list-style-type: none"> “Active Response and Review” process in place to respond to incidents which meet certain criteria: <ul style="list-style-type: none"> incidents involving a vulnerable group: school community incidents involving a vulnerable group: Further/Higher Education Establishment High profile or public incident (e.g. potential to be witnessed by members of the public): incidents involving railway network High profile or public incident (e.g. potential to be witnessed by members of the public): non-railway location 	
Action Area 6	Responsible	Completion Date	Current Position	Progress Indicator
Action 6.2: Develop guidelines that enable effective and timely responses to suicide clusters and contagion within their local context.	Fife Suicide Prevention Multiagency Core Group	TBC	<ul style="list-style-type: none"> Building on the “Active Response and Review” process, draft Multiagency Suicide Cluster Response Protocol produced to set out process to escalate and initiate a Suicide Cluster Review Group (SCRG) in line with “Scottish Guidance for identifying and responding to a suicide cluster” Next steps: <ul style="list-style-type: none"> Identify process for multiagency sign up to Suicide Cluster Response Protocol Consult and agree content 	

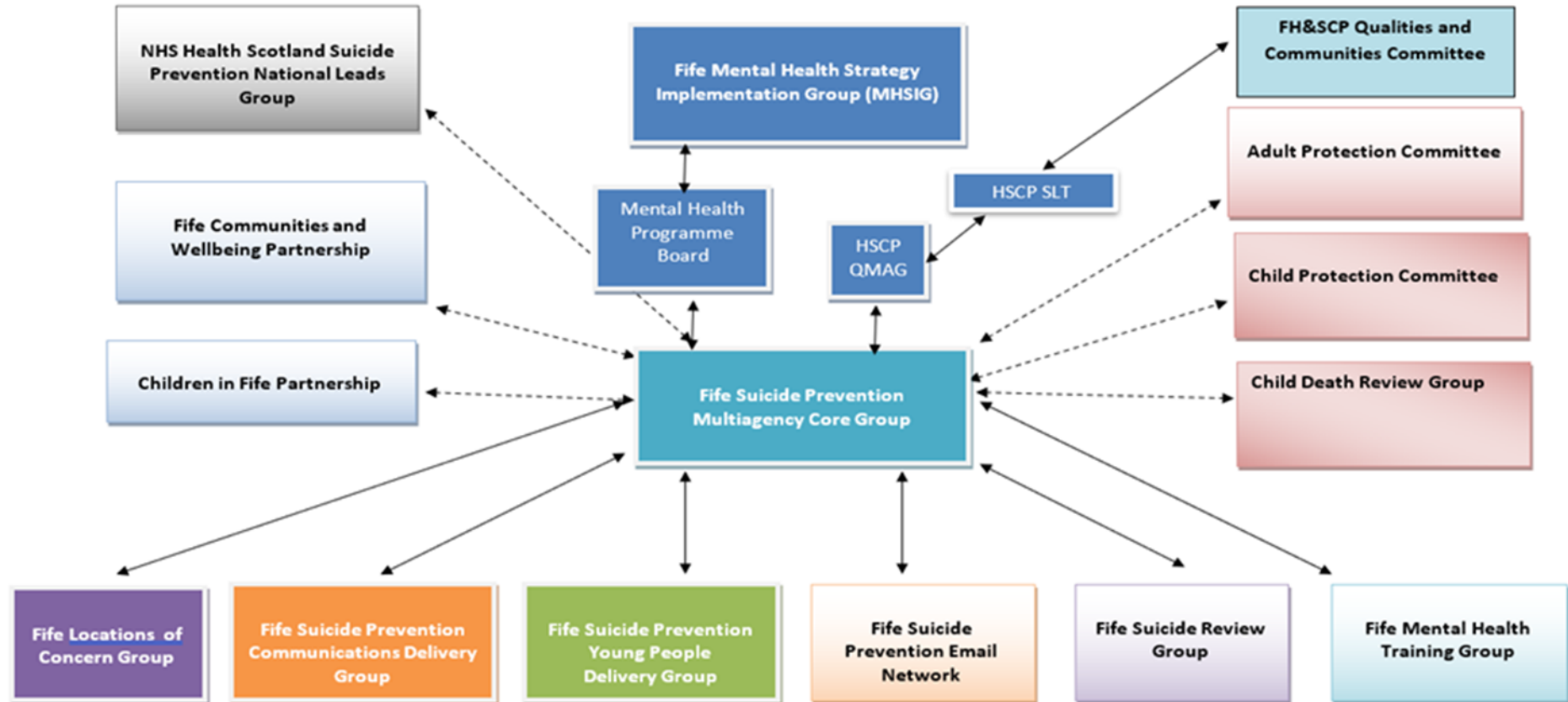
Action 6.3: Continue to develop, embed, nurture and enhance our lived experience model, whilst ensuring it is representative of the diversity of people affected by suicide.	Fife Suicide Prevention Multiagency Core Group	September 2023	<ul style="list-style-type: none"> Working with FHSCP Participation and Engagement Team with regards to a participation and engagement plan for the Fife Suicide Prevention Action Plan: <ul style="list-style-type: none"> Microsoft Questionnaire widely circulated July and August 2023, 240 responses received Two online events took place on 22nd & 23rd August Consultation report produced, October 2023 	
		December 2024	<ul style="list-style-type: none"> Connections made with several individuals who are keen to support the work based on their experience <ul style="list-style-type: none"> Developed draft processes and procedures to ensure safeguarding and safe engagement Once approved, will progress engagement with individuals Working to identify appropriate projects which fits with their experience Met with Tracy Miller, National Lived Experience Panel on 12th February 2024 to discuss necessary support and processes to ensure safeguarding of lived experience involvement 	
Action 6.4: Improve data recording and reporting on suicide deaths and attempts, and bring that together with wider, relevant data to improve our understanding of suicide risks and trends.	Fife Suicide Prevention Multiagency Core Group	Ongoing	<ul style="list-style-type: none"> Regular meetings with Public Health Department for analysis of local and national completed/attempted suicide data to identify emerging trends or note any cause for concern 	
Action 6.6: Roll out multi-agency suicide reviews and a learning system (aligning with the serious adverse event reviews process within mental health services).	Fife Suicide Prevention Multiagency Core Group	TBC	<ul style="list-style-type: none"> Building on the “Active Response and Review” process and working with St Andrew’s University, utilise learning from their internal review process to develop a Multiagency Suicide Review Process 	

Action 6.7: Host learning events to disseminate information and share learning and good practice between and across sectors on suicide prevention.	Fife Suicide Prevention Network	Ongoing	<ul style="list-style-type: none"> Over 300 people registered on Fife Suicide Prevention Network and receive monthly newsletters detailing training and learning opportunities 	
	Fife Mental Health Trainers Network	Ongoing	<ul style="list-style-type: none"> See detail under Priority 2, Outcome 2, Action Area 4: Learning and Building Capacity 	

Creating Hope for Fife: Fife's Suicide Prevention Action Plan 2022-2025 Outcome Framework



Fife suicide prevention reporting structure and group membership



Fife Suicide Prevention Multiagency Core Group:

- Ruth Bennett (Chair) Health Promotion FHSCP
- Eugene Adams, CAMHS NHS Fife
- Mary-Grace Burinski, Health Promotion FHSCP
- Joan Simkins/Natalie Kerr/Elaine Fraser, Penumbra
- Cat Cockburn/Jacquie Mellon, Fife Voluntary Action
- Sarah Roxburgh, Community Learning & Development Fife Council
- Inspector Ashley Forbes/Sargent Linda Shields, British Transport Police
- Mariearad Ros, Department of Spiritual Care, NHS Fife
- Evelyn Taylor, Scottish Fire & Rescue Service
- Alan Hutchison, Tay Road Bridge
- John Kennedy, DAPL
- Susie Heywood, Public Health Scotland
- Jane Maciver, Link Befriending
- Emma Howat, Wheatley Group
- Claire Blanchflower/Ged Lafferty, Dunfermline Samaritans
- Susan Neilson/Ross Reilly, Sam's Café, SAMH
- Elizabeth Butters, ADP, FHSCP
- Sheila Ottiwell/Daniel Dawson, Kirkcaldy Samaritans
- Laura Petrie, Health Promotion FHSCP
- Claire Lavelle/Ellen Mackintosh, St Andrews University
- Debbie Ure, Educational Psychology Service Fife Council
- Lynn Dorman, Mental Health Services FHSPC
- Tanya Lonergan, Head of Nursing, NHS Fife
- Gillian Angus, Scottish Ambulance Service
- John Russell, Bear Scotland/Forth Bridges
- Leeann Brown/Stuart Allan, Police Scotland
- Liz Watson, Safer Communities, Fife Council
- Ronan Burke, Adult Support & Protection Quality & Improvement Officer
- Lisa McCran, Service Manager, Justice Service

Fife Location of Concern Group:

- Ruth Bennett (Chair) Health Promotion FHSCP
- Stephen Elliot/Nick McGuirk, ScotRail
- Michael Avril, RNLI/Water Safety Scotland
- Mary-Grace Burinski, Health Promotion FHSCP
- Inspector Ashley Forbes/Sargent Linda Shields, British Transport Police
- Evelyn Taylor, Fire & Rescue
- Susie Heywood, Public Health Scotland
- Gillian Angus/Susan Mcleod, Scottish Ambulance Service
- Leeann Brown/Stuart Allan/Kirk Donnelly, Police Scotland
- Allan Brooking/Stella Chan, Network Rail
- Alan Hutchison, Tay Road Bridge
- John Russell, Bear Scotland
- Brian Westwater, Safer Communities, Fife Council
- Lee Skinner, Stagecoach
- Arlene Dickson/Meghan Guy, Samaritans
- Eloise Vajk/Emma Lamont, NHS Tayside
- Scott Elvin, Street Pastors Scotland

<ul style="list-style-type: none"> • Kimbereley Hankin, Social Work, Fife Council • Sara Williamson, Child Protection Committee • Vivienne Sutherland, Educational Psychology Service Fife Council (distribution only) • Rona Weir, Education Dept Fife Council (distribution only) 		
<p>Fife Suicide Prevention Communications Delivery Group:</p> <ul style="list-style-type: none"> • Mary-Grace Burinski (chair) Health Promotion FH&SCP • Mariearad Ros, NHS Fife Chaplaincy Service • Louise Hutton, Health Promotion FH&SCP • Eddie Martin, Dunfermline Athletic Mental Health Ambassador • Ged Lafferty, Dunfermline Samaritans • Susie Heywood, Public Health Scotland • Claire Lavelle/Ellen Mackintosh, St Andrew's University • Ruth Smith, Engagement & Participation Officer, Fife Council • Liz Watson, Safer Communities, Fife Council • Natalie Bate, Locality Team, Health Promotion FH&SCP • Alison Ramsay/Amy Brown, Workplace Team, Health Promotion FH&SCP • Kirsty Mcelhinney, Community Learning & Development • Kenny Armour, Andy's Man Club • Pam Miller/Christina Graham/Lesley Fleming, Lived Experience Team, FVA • Maggie Wright, Families in Trauma & Recovery • Susan Neilson/Ross Reilly/Chelsea Graham, Sam's Café, SAMH 	<p>Fife Suicide Prevention Young People's Delivery Group:</p> <ul style="list-style-type: none"> • Mary-Grace Burinski (chair) Health Promotion FH&SCP • Amanda Urquhart/Jennifer Grant, School Nursing Service • Eugene Adams/Michelle Walker, CAMHS, NHS Fife • Joan Simkins/Natalie Kerr, Penumbra Self Harm Project • John Kennedy, DAPL • Lorriane Mullen, Community Learning & Development Fife Council • Debbie Ure, Educational Psychology Service Fife Council • Louise Stean, Education Dept Fife Council • Duncan Thow/Erin Orcardson/Kimberley Hankin, Social Work Young People's Team Fife Council • Vicki Cassells/Heather Moonlight, Quality Assurance & Development Team, Fife Council • Gail Mcleod, Education Department, Fife Council • Laura Petrie, Health Promotion Service, FHSCP • Gavin Waterston, Education Department, Fife Council • Claire Lavelle/Ellen Mackintosh, St Andrew's University • Graeme Donaldson, Safer Communities, Fife Council • Claire Zimnowlocka, Barnardo's • Vicki Anton, Fife College 	
<p>Fife Suicide Prevention Email Network Network Co-ordinator: Mary-Grace Burinski Currently over 300 members</p>	<p>Fife Suicide Review Group Active review and response process in place. Suicide Cluster Review Group process in development.</p>	<p>Fife Mental Health Trainers Network Chair: Laura Petrie</p>

The Fife Suicide Prevention Multagency Core Group is a partnership between public, private, third sector and charity organisations in Fife. All partners involved are committed to reducing suicides by working collaboratively to deliver the Fife Suicide Prevention Action Plan.



Short term outcomes (first 3 years of Strategy)

Medium term outcomes (first 6 years of strategy)

Long term outcomes (as set out in the Strategy 10 years and beyond)

Our vision is to reduce the number of suicide deaths in Scotland, whilst tackling the inequalities which contribute to suicide.

Overarching outcome 1

S1. Key priority Scottish Government policies (based on Annex A in the Action Plan 2022-2025) increasingly incorporate and deliver actions designed to contribute to both suicide prevention and tackling the inequalities that affect suicidal behaviour.

S2. There is increased multi-agency and cross-sectoral awareness and action nationally and locally to restrict access to methods of suicide.

S3. Traditional media (including their online content) increasingly recognise and implement best practice in sensitively reporting, discussing and portraying suicide.

All relevant Scottish Government policies are increasingly designed to contribute to both suicide prevention and tackling the inequalities in suicidal behaviour.

There is a reduction in the availability and accessibility of methods of suicide.

People will be safer from illegal and harmful content that encourages or assists self-harm or suicide, under new regulations as part of the Online Safety Bill.

LT1. The environment we live in promotes conditions which protect against suicide risk. This includes our psychological, social, cultural, economic and physical environment.

Overarching outcome 2

S4. People are better informed about suicide, and able to respond more confidently and appropriately to people who may be suicidal or affected by suicide; particularly focussed on reducing the inequalities that affect suicidal behaviour.

S5. People are more confident and able to seek help for themselves or others who may be suicidal or affected by suicide, without experiencing stigma; particularly focussed on reducing the inequalities that affect suicidal behaviour.

The different communities and contexts in which people live, learn and work are increasingly suicide safe.

Fewer people feel or are stigmatised because they experience suicidal thoughts or attempt suicide or are affected by suicide.

LT2. Our communities have a clear understanding of suicide, risk factors and its prevention, so that people and organisations are more able to respond in helpful and informed ways when they, or others, need support.

Overarching outcome 3

S6. There is increased knowledge about, and equitable implementation of, appropriate, high quality, effective support to prevent suicide; particularly focussed on reducing the inequalities that affect suicidal behaviour.

S7. People who are suicidal or affected by suicide in any way, have more equitable access to appropriate, high quality, effective support - to prevent suicide and promote wellbeing and recovery; particularly focussed on reducing the inequalities that affect suicidal behaviour.

People who are suicidal or affected by suicide, experience equitable access to appropriate, high quality, effective support.

LT3. Everyone affected by suicide is able to access high quality, compassionate, appropriate and timely support - which promotes wellbeing and recovery. This applies to all children, young people and adults who experience suicidal thoughts and behaviour, anyone who cares for them, and anyone affected by suicide in other ways.

Overarching outcome 4

S8. There is more effective collaboration and joint working between national, local and sectoral partners to support implementation of the strategy and action plan.

S9. Lived/living experience insight and other sources of data and intelligence are more effectively collected, shared and used in planning, design, implementation and evaluation of suicide prevention interventions.

The connections between national, local and sectoral plans and policies contribute to embedding a whole of society approach to suicide prevention.

Local and national planning and delivery are supported by the increased availability, use and continuous review of improved data, intelligence and practice insights about suicide.

LT4. Our approach to suicide prevention is well planned and delivered, through close collaboration between national, local and sectoral partners. Our work is designed with lived experience insight, practice, data, research and intelligence. We improve our approach through regular monitoring, evaluation and review.

Our vision is to reduce the number of suicide deaths in Scotland, whilst tackling the inequalities which contribute to suicide.

Fife Health
& Social Care
Partnership



Supporting the people of Fife together

Suicide Prevention Action Plan “Creating Hope for Fife” 2022 – 2025 Consultation Feedback

Author	Tatiana Zorina Participation and Engagement
Date	11 September 2023

Table of Contents

Introduction.....	4
The Engagement Timeline.....	5
Stakeholder Engagement.....	6
Designing the Consultation.....	6
Engagement Methods	6
Who did we engage with?	6
Creating Hope for Fife. Priority 1	8
Priority 1. We asked, You said, We did	9
Creating Hope for Fife. Priority 2	10
Priority 2. We asked, You said, We did	11
Creating Hope for Fife. Priority 3	12
Priority 3. We asked, You said, We did	13
Creating Hope for Fife. Priority 4	14
Priority 4. We asked, You said, We did	15
Final Comments	16
Conclusion.....	17
Appendices	18
Appendix 1: Consultation Paper	18
Appendix 2: Frequently Asked Questions	20

Executive Summary

The Fife Health and Social Care Partnership's Participation and Engagement Team supported the NHS Health Promotion Team to carry out a consultation on the DRAFT Suicide Prevention Action Plan 2022-2025. The consultation was planned, developed, and delivered between June and September 2023.

The consultation took place online, where stakeholders submitted their views via Microsoft Forms and took part in 2 online engagement sessions.

Several stakeholder groups were asked to share their views and share the consultation as widely as possible.

- Public representatives via existing channels such as Fife Council Peoples Panel and NHS Virtual group
- Fife Suicide Prevention Network
- Multiagency Groups within the Suicide Prevention Reporting Structure
- Various Equality Groups and Forums
- Independent Sector Providers
- Third Sector Providers
- Fife Carers
- Lived Experience Group.

The consultation paper was also shared via social media channels and staff communication networks.

The online consultation received a total of 236 responses with 710 comments made. 30 people registered for the online engagement events, however only just over half of those attended. An extra session was organised as requested to meet someone's accessibility needs.

This report includes the views of those who have responded to the consultation, which was open for responses for a 7-week period from 5 July – 22 August 2023.

Within this consultation participants were asked to share their views around 4 priorities for the Suicide Prevention Action Plan "Creating Hope for Fife" 2022-25.

The majority of those responded have agreed with the priorities, however there was some hesitation around the amount of detail that was shared within this consultation document. However, it was clarified during the online engagement events that due to the sensitivity of the subject only certain aspects of the plan can be shared widely.

Respondents raised their concerns around the existing budget constraints on the services.

The consultation has received a significant number of positive comments, including:

"A responsive, joined up service is what is needed to effect change."

Fife Health and Social Care Partnership would like to thank everyone who has responded to this consultation for their time, and for sharing their views on the draft of the Commissioning strategy 2023 – 2026.

Introduction

The new Scottish Suicide Prevention Strategy, “Creating Hope Together”, was published in September 2022. This new national 10-year strategy contains a separate “Creating Hope Together Action Plan” to support implementation and delivery of the strategy.

The work is currently ongoing to develop Fife’s Suicide Prevention Action Plan “Creating Hope for Fife”. The actions and the outcome of the Fife plan aren’t negotiable as it mirrors the national strategy; however how we will deliver it in Fife is negotiable and is up for consultation with wider stakeholder groups.

During the seven-week consultation period from 5 July to 22 August 2023, the Partnership’s Participation and Engagement Team has engaged with various stakeholders on the draft of the Suicide Prevention Action Plan “**Creating Hope for Fife**” 2022 – 2025.

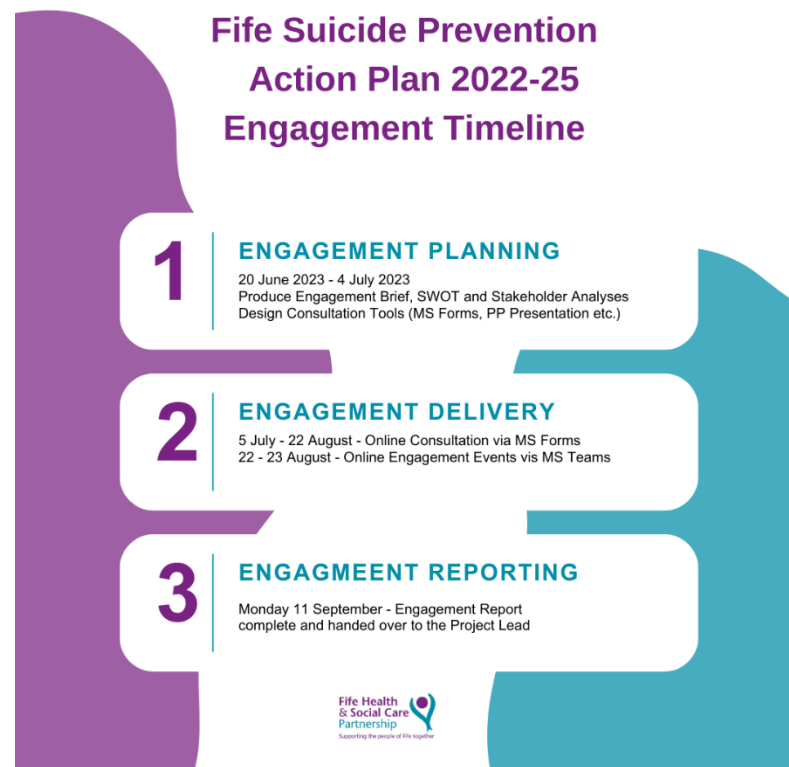
The objective of the consultation was to gather feedback around the priorities of this plan and to hear the views of stakeholders regarding how the partnership plans to deliver on these priorities.

The feedback received during the consultation period was used to inform the final draft of the Suicide Prevention Action Plan 2022-25, which will be submitted to the Fife HSCP Integration Joint Board (IJB) for approval. All comments were taken on board and will influence the current and future plans towards achieving the Scottish Government’s vision of “reducing the number of suicide deaths in Scotland, whilst tackling the inequalities which contribute to suicide”.

Prior to starting this engagement activity, the team was aware of the possibility of “consultation fatigue”. There was a concern that the engagement might be in very low numbers. However, the results have significantly exceeded expectations and the response was great to this consultation, which only highlights the importance of engaging with all stakeholders.

The Engagement Timeline

Online consultation via MS Forms was open for 7 weeks with 3 engagement events offered via MS Teams.



Engagement on this project has been completed within the stated timeline. The timeline did not need to be revised.

Stakeholder Engagement

Designing the Consultation

Due to the time constraints and the urgency of this consultation, it has been decided to consult online via MS Forms and offer three MS Teams workshops.

The consultation was designed around 4 priorities from the Plan for Fife. Due to the sensitive subject, much of the detail written in the plan was not shared within the consultation document, resulting in a number of questions asked by the participants during the consultation phase. A Frequently Asked Questions sheet has been developed in response to this (Appendix 2).

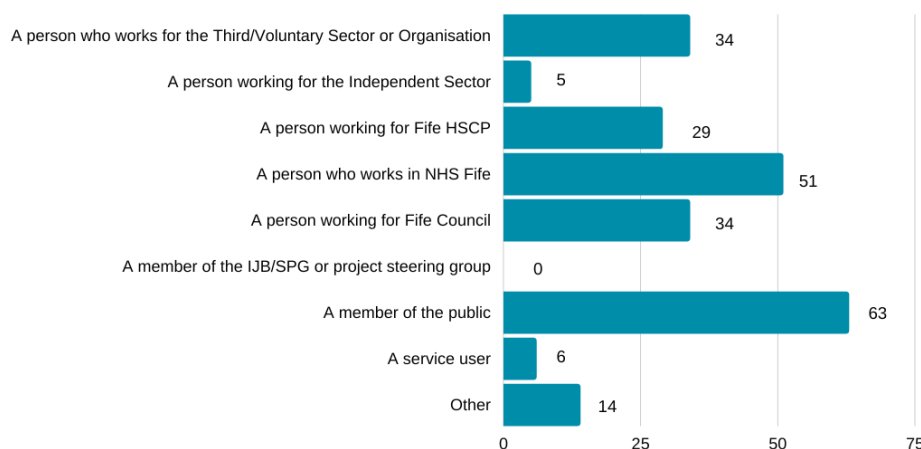
Engagement Methods

Due to time constraints for this consultation, it was decided to consult with stakeholders using an online method for survey and meetings via Microsoft Office tools (MS Forms and MS Teams). This was widely shared through all relevant networks via email, Facebook and internal communications.

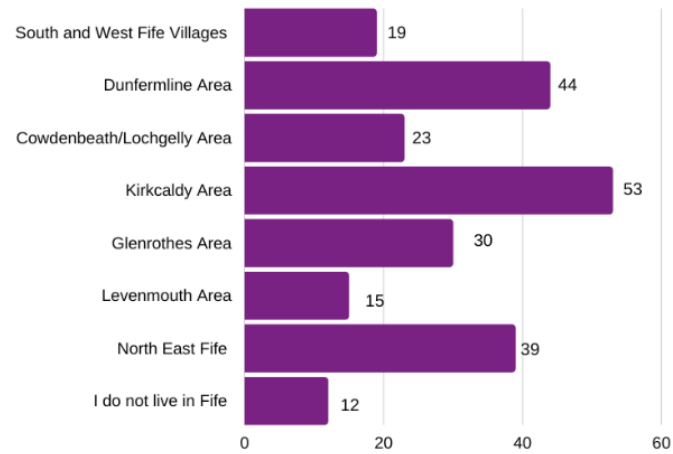
Alternative formats of the consultation were available, however were not requested.

Who did we engage with?

The consultation has received a very good overall response. The largest number of responses was received from members of the public, with second highest response is from those working in the NHS Fife. No response was received from the members of the IJB/SPG group.



The consultation received responses from people living in all 7 Fife localities as well as those ones who do not live in Fife but might work there. The highest response came from Kirkcaldy locality area.



Creating Hope for Fife. Priority 1

Priority 1: In Fife we will build a whole society approach to address the social determinants which have the greatest link to suicide risk.

Outcome 1: In Fife we will promote the conditions which protect against suicide risk - this includes our psychological, social, cultural, economic and physical environment.

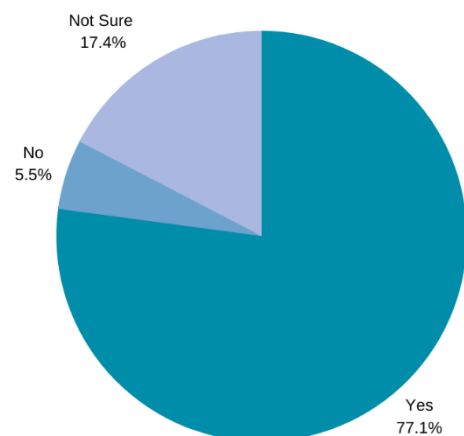
What we will deliver: We will work across all sectors and policy areas, so we all recognise we have a part to play in suicide prevention and feel confident to do this. We will provide a range of training and learning opportunities to support staff, building their confidence to have compassionate conversations with individuals who are experiencing crisis and distress.

Do you agree with how we aim to deliver this priority?

Majority of the respondents (77.1%) have agreed with this priority, where a minority of 5.5% disagreed and 17.4% weren't sure.

This priority has received further 141 comments, where participants shared support for a "whole society" approach. Some stated that suicide risk and prevention will only be successful if all sectors and stakeholders work collaboratively. There were a few suggestions made that more training is required for both the public and professionals. The Health Promotion Team will look further into the effective promotion of the training opportunities to all.

There were also few concerns raised within the response that suicide is still a taboo subject and a lot of people don't like talking about it. There is a hope that this will be addressed within this priority and more and more people will be able to have a conversation around suicide.



“A whole society approach is essential to progress toward removing barriers and stigma around mental health and accessing support.”

Priority 1. We asked, You said, We did.

We asked you to provide comments to support your views.

You said:

There is awareness amongst local communities regarding certain locations where vulnerable people are known to present for help. There should be signage or posters at these areas with helpline information.

We did:

In Fife we have a very active Locations of Concern Group which is a multiagency group with representation from first response services (such as the Police, British Transport Police, Scottish Fire & Rescue Service, Scottish Ambulance Service) Fife Council, NHS Fife, Fife Health & Social Care Partnership, third sector and other organisations. The aim of the group is to identify and respond to situations in line with the Scottish Locations of Concern Guidance.

You said:

We need much better access to professional support for people expressing thoughts of self-harm.

We did:

The first ever Scottish Self-Harm Strategy is in the final stages and is due to be published by the end of this year. Once published, we will look at how we progress and implement this strategy within Fife.

You said:

I feel it's important to offer training for free to smaller organisations or groups, as this would lessen any barrier to people undertaking training and help to spread information and support across Fife.

We did:

All training that is provided by the NHS Fife is free of charge.

You said:

We need to speak to our young people about suicide to help young people before they get to a crisis point.

We did:

There is a multiagency group currently reviewing and updating the "Our Minds Matter Understanding and Responding to Children and Young People at risk of Suicide" guidance document which is for use by staff in all sectors who work with young people in Fife.

You said:

More support is required to support the LGBTQ+ community and other communities at a higher risk of suicide.

We did:

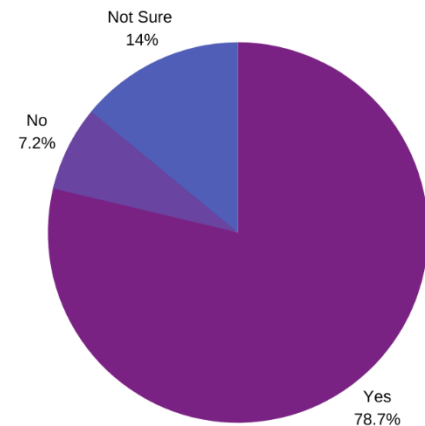
One of the key priorities for the Fife Suicide Prevention Action Plan is to focus work around at-risk groups in Fife.

Creating Hope for Fife. Priority 2

Priority 2: In Fife we will strengthen awareness and responsiveness to suicide and people who are suicidal.

Outcome 2: Fife's communities will have a clear understanding of suicide, risk factors and it's prevention - so that people and organisations are more able to respond in helpful and informed ways when they, or others, need support.

What we will deliver: We will run annual campaigns and provide a range of resources to promote and raise awareness of the range of support available to those in Fife who are experiencing crisis and distress, so they, and their friends and family, know how to access the right support at the right time when they need it.



Do you agree with how we aim to deliver this priority?

Almost 80% of those who responded to this question have agreed with Priority 2 - to strengthen awareness and responsiveness to suicide and people who are suicidal.

“The more public awareness & resources available, the better chance people who require support will receive it when needed.”

A further 134 comments were made, with a significant number of comments made around the annual campaign not being enough to support this priority. The Health Promotion Team runs various smaller campaigns throughout the year; however this was not mentioned in this consultation document.

Few comments have suggested that more work needs to be done around reaching out to groups at risk and minority groups, for example LGBTQ+ and veteran communities. The Health Promotion Team have already committed to address this suggestion.

“Awareness and practical responsiveness lead to greater confidence and strengthens good practice.”

Priority 2. We asked, You said, We did.

We asked you to provide comments to support your views.

You said:

Could there be a suicide prevention person with attachments to secondary schools?

We did:

Every school in Fife has access to a counselling service. There is a multiagency group currently reviewing and updating the "Our Minds Matter Understanding and Responding to Children and Young People at risk of Suicide" guidance document which is for use by staff all sectors who work with young people in Fife, including school staff. There is also a suicide prevention awareness lesson plan available to every high school.

You said:

I think working with larger companies closely who have large workforces would also be a way to target populations who may not always see, hear, or take the time to tune in to these messages.

We did:

We have a Workplace Team within the Health Promotion Service who provide free and confidential support and advice to help Fife employers and workers create a healthier and safer working environment to promote Good Work.

You said:

This needs to include clear referral routes from GPs and other health professionals who may become aware of people with potential suicide risks.

We did:

The Distress Brief Intervention (DBI) service is currently available to everyone in Scotland through NHS 24. In Fife, we are currently in the process of implementing enhanced DBI provision which will be carried out in a staged approach across Fife.

You said:

Training opportunities in how to recognise suicide risk and act, irrespective of role and setting, are a must.

We did:

NHS Fife Health Promotion Team offers a vast amount of training opportunities for everyone living, working, and studying in Fife. We have developed a tiered approach for mental health and suicide prevention training to support staff to identify the level of training which is appropriate for their role.

Creating Hope for Fife. Priority 3

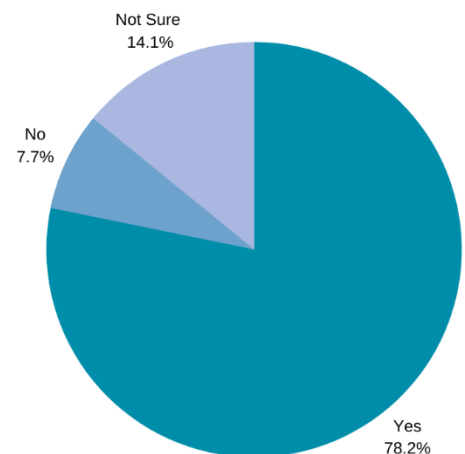
Priority 3: Provide effective, timely, compassionate support in Fife that promotes wellbeing and recovery

Outcome 3: Everyone in Fife who is affected by suicide is able to access high quality, compassionate, appropriate and timely support - which promotes wellbeing and recovery.

What we will deliver: We will introduce Distress Brief Intervention (DBI) which will be a new crisis distress service in Fife. DBI is a non-clinical intervention, consisting of two interrelated parts. Level 1 sees trained front-line staff such as health, police, ambulance and primary care staff help ease the person's distress, provide a compassionate response and where appropriate, involves an offer of a seamless referral, with confidence and clarity to a DBI Level 2 service. Level 2 is provided by commissioned and trained third sector staff who contact the person within 24-hours of referral and provide community-based problem-solving support, wellness and distress management planning, supported connections and signposting.

Do you agree with how we aim to deliver this priority?

Just over 78% of respondents have agreed with this priority, highlighting the importance of the DBI programme. There were concerns on how the “already overstretched NHS” will manage to take this big project on, which has highlighted the importance of the correct communication around this project, highlighting that this is a commissioned service being delivered by the SAMH Fife. There were also a number of concerns around the 24-hour response, highlighting that this might be too late for someone in crisis which again emphasises the importance of accurate information being shared with the public and services around the DBI Level 2 service.



“The investment in this needs to be forever and not for a few years before new priorities take over but this sounds really positive.”

Priority 3. We asked, You said, We did.

We asked you to provide comments to support your views.

You said:

Contacting someone within 24 hours may be too late.

We did:

This service isn't for those who have a suicide plan in place. Those that are danger to themselves will be referred to the A&E and not the DBI service.

You said:

What's been proposed above sounds good for the time of crisis. I wonder about support for those who are affected by suicide when someone completes suicide, which can further increase the risk of suicide in a long term.

We did:

Bereavement support came clear through this consultation as a gap in service. We will be looking into this further and will add as an action point to the delivery plan.

You said:

24 hours could be enough for a re attempt, and could be an unattainable standard that could see people slip through the net if the demands become too much for the services due to funding etc.

We did:

This service isn't for those who is already in crisis but to prevent it. This message makes it clear that we need to be clearer when promoting the DBI and DBI2 service.

You said:

Open training to private counselling organisations in Fife so they can support people as well.

We did:

All our training is open and free to any organisations within Fife; however, it might not be specialist enough to some organisations.

Creating Hope for Fife. Priority 4

Priority 4: In Fife we will embed a co-ordinated, collaborative, and integrated approach.

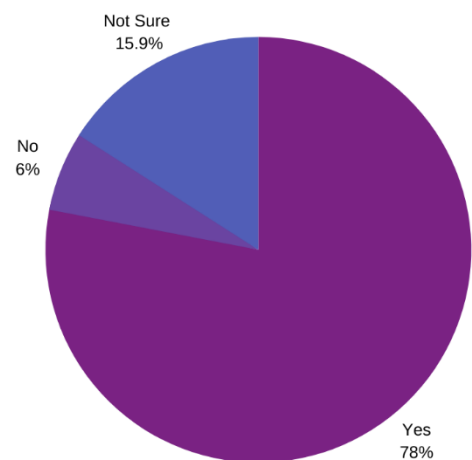
Outcome 4: Fife's approach to suicide prevention is well planned and delivered, through close collaboration between national, local, and sectoral partners. Our work is designed with lived experience insight, practice, data, research, and intelligence.

What we will deliver: We will continually review and analyse data, taking account the most up to date research, to inform our work and effectively target our actions.

Do you agree with how we aim to deliver this priority?

78% of those responded have shown support for Priority 4, highlighting that the evidence-based approach is very important. Suggestions were made that perhaps quality data can support the work as well, for example gathering case studies from families. Front line workers commented, "Nothing is static, so it is important to evaluate and assess views of those involved".

Other data collection pockets were suggested too, for example looking at attempted suicide rates to hopefully enhance the prevention work; as well as cases of accidental overdose.



“I agree it will require detailed data and reflective practice and flexibility for improvement if needed.”

Priority 4. We asked, You said, We did.

We asked you to provide comments to support your views.

You said:

Whilst it can be great to collect data we can get into a rut of doing this but not actually fixing the problems - money, staff, locations, logistics etc.

We did:

Data that we gather allows us to identify trends, so we can respond to it as effectively as possible.

You said:

It may also be good to consider incidents which are not reported through emergency services as this may increase the figures. Please can we include a broad range of robust intelligence gathering.

We did:

We are currently in the process of expanding our data collection to include attempted suicide figures.

You said:

National data is rarely usable when dealing with specific communities. And provided the data that is used is from the communities in Fife it will be meaningful.

We did:

In Fife we are working with local emergency services and the Public Health Department to carry out local analysis of the data. We have a data sharing agreement with Police Scotland and receive monthly data so we can respond to situations as quickly as possible.

You said:

Accidental overdose due to medication mismanagement needs to be measured.

We did:

We are working with colleagues in the Public Health Department to understand the nuances from the data. Part of this work is specifically around probable suicide as a result of overdose.

Final Comments

And finally... we asked if there were any other comments that you would like to make about the Creating Hope for Fife 2022 - 2025 plan and you replied...

“I look forward to seeing positive results from this well thought out collaborative approach.”

“I feel the plan comes at a time when it is needed more than ever, and it is very encouraging to see the commitment to supporting individuals and their support networks.”

“I applaud and appreciate your ambition and believe these are enormously worthwhile goals.”

“... I think it is a great plan and hopefully will make talking about suicide easier for people and make people better skilled in supporting people.”

“My childhood may have been very different if something like this had been available for my family in the 1970s/1980s.”

“...The happiest people who seemed like everything was going great for where the ones struggling the most. TALKING ABOUT THIS IS VITAL!!!! I couldn't be happier things are changing.”

“Well done, looks very comprehensive to me.”

“I am personally really happy about this action plan and how you intend to progress with the involvement of professionals and those in the community.”

Conclusion

The consultation has received significant interest and a substantial response from members of the public and staff who work within services, highlighting the willingness and passion of Fife's population to get involved in the shaping of Fife Health and Social Care Services.

We have gathered a lot of quality data throughout this consultation that will not only inform the final draft of Suicide Prevention Action Plan for Fife 2022-25; but will also be used in the development of further plans towards the 2032 Vision for Suicide Prevention.

This consultation has highlighted some gaps in service, and it is recommended that the NHS Fife Health Promotion Team addresses this. The gaps included:

- More work required with at risk communities, such as LGBTQ+, care experienced and prison leavers;
- More work required to support bereaved families and friends;
- More work required to support our veterans.

It was evident throughout this consultation that Fife Communities feel very passionate about the suicide prevention work that is ongoing and are keen to support this plan wherever they can.

We, as a Partnership are looking forward to delivering on this plan, while working together with our partners delivering health and social care services for the people of Fife - to enable them to live independent, healthy lives.

As a conclusion, we would like to acknowledge that not all questions raised within this consultation can be addressed within this project. However, some of the questions raised and personal stories shared were passed onto the Mental Health Services and a wider Mental Health Redesign Programme where they will be taken seriously and addressed where it is required.

Further information about the strategic planning process in Fife, including opportunities to get involved in consultation or other engagement events, is available on our website: www.fifehealthandsocialcare.org.

Appendices

Appendix 1: Consultation Paper

1. Which of the following best describes you
 - a. A person who works for the Third/Voluntary Sector or Organisation
 - b. A person who works for the Independent Sector
 - c. A person working for Fife HSCP
 - d. A person who works in NHS Fife
 - e. A person working for Fife Council
 - f. A member of the IJB/SPG or project steering group
 - g. A member of the public
 - h. A service user
 - i. Other (please type)
2. Are you responding as an individual or an organisation?
 - a. Individual
 - b. Organisation
3. Please name the organisation

Creating Hope for Fife. Priority 1

Priority 1: In Fife we will build a whole society approach to address the social determinants which have the greatest link to suicide risk.

Outcome 1: In Fife we will promote the conditions which protect against suicide risk - this includes our psychological, social, cultural, economic, and physical environment.

What we will deliver: We will work across all sectors and policy areas, so we all recognise we have a part to play in suicide prevention and feel confident to do this. We will provide a range of training and learning opportunities to support staff, building their confidence to have compassionate conversations with individuals who are experiencing crisis and distress.

4. Do you agree with how we aim to deliver this priority?
 - a. Yes
 - b. No
 - c. Not sure
5. Please provide comments to support your views.

Creating Hope for Fife. Priority 2

Priority 2: In Fife we will strengthen awareness and responsiveness to suicide and people who are suicidal.

Outcome 2: Fife's communities will have a clear understanding of suicide, risk factors and its prevention - so that people and organisations are more able to respond in helpful and informed ways when they, or others, need support.

What we will deliver: We will run annual campaigns and provide a range of resources to promote and raise awareness of the range of support available to those in Fife who are experiencing crisis and distress, so they, and their friends and family, know how to access the right support at the right time when they need it.

6. Do you agree with how we aim to deliver this priority?
 - a. Yes
 - b. No
 - c. Not sure
7. Please provide comments to support your views.

Creating Hope for Fife. Priority 3

Priority 3: Provide effective, timely, compassionate support in Fife that promotes wellbeing and recovery.

Outcome 3: Everyone in Fife who is affected by suicide is able to access high quality, compassionate, appropriate and timely support - which promotes wellbeing and recovery.

What we will deliver: We will introduce Distress Brief Intervention (DBI) which will be a new crisis distress service in Fife. DBI is a non-clinical intervention, consisting of two interrelated parts. Level 1 sees trained front-line staff such as health, police, ambulance, and primary care staff help ease the person's distress, provide a compassionate response, and where appropriate, involves an offer of a seamless referral, with confidence and clarity to a DBI Level 2 service. Level 2 is provided by commissioned and trained third sector staff who contact the person within 24-hours of referral and provide community-based problem-solving support, wellness, and distress management planning, supported connections and signposting.

8. Do you agree with how we aim to deliver this priority?
 - a. Yes
 - b. No
 - c. Not sure
9. Please provide comments to support your views.

Creating Hope for Fife. Priority 4

Priority 4: In Fife we will embed a co-ordinated, collaborative and integrated approach.

Outcome 4: Fife's approach to suicide prevention is well planned and delivered, through close collaboration between national, local and sectoral partners. Our work is designed with lived experience insight, practice, data, research and intelligence.

What we will deliver: We will continually review and analyse data, taking account the most up to date research, to inform our work and effectively target our actions.

10. Do you agree with how we aim to deliver this priority?
 - a. Yes
 - b. No
 - c. Not sure
11. Please provide comments to support your views.

Final Comments

By the end of this three-year action plan:

Suicide prevention activity will be visible across strategies, workstreams and policy areas in Fife.

Progress will be made in supporting individuals, communities and the workforce in Fife to be suicide aware and able to respond to those in need of support.

There will be increased awareness amongst individuals and families living in Fife who have been affected by suicide of the support available to them.

Suicide prevention action in Fife will reflect lived experience insight and routinely use data, research and intelligence to inform activity.

12. Are there any other comments that you would like to make about the Creating Hope for Fife 2022 - 2025 plan?
13. Which area of Fife do you live in?
 - a. South and West Fife Villages
 - b. Dunfermline Area
 - c. Cowdenbeath/Lochgelly Area
 - d. Kirkcaldy Area
 - e. Glenrothes Area
 - f. Levenmouth Area
 - g. North East Fife

Appendix 2: Frequently Asked Questions

1. Once more there is nothing against which to measure success. Statements of intent and desired outcomes are all well and good. What are the specific processes of appraisal and assessment?

Reply: To support delivery of Creating Hope Together, an Outcomes Framework was developed, and we will use this to measure progress.

2. Are annual campaigns enough?

Reply: In Fife we run a high-profile annual campaign every September to support Suicide Prevention Awareness week. However, there is ongoing work which takes place throughout the year as well as smaller campaigns. It is very important to strike a balance in this work.

3. DBI2 - quick response may be required will this 24 hrs be over the weekend too?

Reply: Yes, it will be. It's a 7 day a week service.

4. DBI 2 is going to require a very large group of well trained and committed level 2 personnel. Without this the system will fail. How do you intend to recruit and retain such a group?

Reply: SAMH is the commissioned organisation to deliver this service in Fife. SAMH will employ and train necessary personnel to support this service.

5. In Fife we will embed a co-ordinated, collaborative, and integrated approach - How? How will partners be identified?

Reply: We have established Fife Suicide Prevention Multiagency Group who will be overseeing the delivery of this action plan.

6. An annual campaign isn't enough, where will you make this info available?

Reply: We have a dedicated page within the NHS Fife website for Suicide Prevention which is regularly updated and provides information on support available.

7. What is CAMHS role in DBI? How will data be kept?

Reply: DBI and DBI2 is a service for anyone over the age of 16.

8. How can we access training?

Reply: The Health Promotion Training Catalogue can be accessed here: <http://hptraining.fife.scot.nhs.uk>

Meeting:	Public Health & Wellbeing Committee
Meeting date:	1 July 2024
Title:	Integrated Performance & Quality Report
Responsible Executive:	Margo McGurk, Director of Finance & Strategy
Report Author:	Bryan Archibald, Planning & Performance Manager

1 Purpose

This report is presented for:

- Assurance

This report relates to:

- Annual Delivery Plan

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

- Safe
- Effective
- Person Centred
- NHS Board Strategic Priorities:
 - To Improve Health & Wellbeing
 - To Improve Quality of Health & Care Services
 - To Improve Staff Experience & Wellbeing
 - To Deliver Value & Sustainability

2 Report summary

2.1 Situation

This report informs the Public Health & Wellbeing (PHW) Committee of performance in NHS Fife and the Health & Social Care Partnership against a range of key health and wellbeing measures (as defined by Scottish Government 'Standards' and local targets). The period covered by the performance data is generally up to the end of March 2024, although there are some measures with a significant time lag and two which are available up to the end of April 2024.

2.2 Background

The Integrated Performance & Quality Report (IPQR) is the main corporate reporting tool for the NHS Fife Board and is produced monthly. This is the first report in approved new format with content to be reviewed continually throughout 2024/25.

Production of different extracts of the IPQR for each Governance Committee will continue. The split enables more efficient scrutiny of the performance areas relevant to each committee and service commentary will continue to be collated bi-monthly during 2024/25, to align with report produced for Committees. Services will be asked to highlight achievements and ongoing actions relating to RTP/ADP, evaluating impact on stated outcomes, as well as any associated risks and challenges.

Reports which are not prepared for Governance Committees are data only and contain neither data analysis nor service commentary. This report is distributed to NHS Board following approval from EDG.

A summary of the Corporate Risks has been included in this report. Risks are aligned to Strategic Priorities with risk level incorporated into the Assessment section.

Statistical Process Control (SPC) charts continue to be used for applicable indicators.

A separate report on ADP progress will therefore be produced at the end of each quarter and will include progress against trajectories submitted as part of the Plan. At the end of Q1 and Q3, PPT will request an update to RAG progress status as well as reviewing milestones for previous and forthcoming quarter. At the end of Q2 and Q4, in addition to RAG progress status and review of milestones, an additional progress statement will be required.

2.3 Assessment

The IPQR provide a full description of the performance, achievements and challenges relating to key measures in the report. In addition, there has been a further review of the IPQR metrics contained within the IPQR.

Review of IPQR metrics

There has been an ask to include additional metrics for the following areas:

- Mental Health
- Public Health
- Primary Care
- Productive Opportunities

Mental Health

New measures have been included this month and onwards are related to Mental Health and are included across the sections of the IPQR.

Quality and Safety

- Ligature incidents
- Incidents of Restraint
- Incidents of Physical Violence
- Incident of Self Harm

Operational Performance

- Delay Discharges for Mental Health/Learning Disability (usually presented as one metric with acute and community delayed discharges)

Public Health and Wellbeing

- Alcohol Brief Interventions (added back in after COVID)
- Mental Health Readmissions within 28 days

Work will continue throughout 2024/25 in relation to inclusion of Primary Care and Public Health (including Climate Emergency) metrics. These are in development and it is anticipated these will begin to be included in the IPQR for September Governance Committees.

It is proposed that Public Health metrics will be framed around the 6 Public Health priorities denoted below:

1. Live in flourishing, healthy and safe places and communities.
2. Thrive in our early years
3. Have good mental wellbeing.
4. Reduce the use of and harm from alcohol, tobacco, and other drugs.
5. Have a sustainable, inclusive economy with equality of outcomes for all
6. Eat well, have a healthy weight and are physically active

Productive Opportunities including Theatre Utilisation, DNAs and Day Surgery have been discussed and sits within the remit of the Integrated Planned Care Board (IPCB) chaired by the Director of Acute Services. It is proposed to develop a detailed report that includes productive opportunities and this will be presented to the governance committees and NHS Fife Board.

Highlights of June 2024 IPQR

A summary of the status of the Public Health and Wellbeing metrics is shown in the table below.

Measure	Update	Target	Current Trajectory	Current Performance	Current Status
Smoking Cessation	YT Jan-24	473	393	218	Not Achieving Trajectory
Alcohol Brief Interventions	2023/24	80%	-	120%	Achieving Target

Mental Health Readmissions <28 days	QE Dec-23	-	-	6.2%	-
CAMHS WT	Apr-24	90%	75%	78.0%	Achieving Trajectory
Psychological Therapies WT	Apr-24	90%	73%	67.9%	Not Achieving Trajectory
Drugs & Alcohol WT	Dec-23	90%	-	84.5%	Not Achieving Target
Immunisation: 6-in-1 (at 12 months)	QE Mar-24	95%	-	95.1%	Achieving Target
Immunisation: 6-in-1 (at 24 months)	QE Mar-24	95%	-	93.8%	Not Achieved Target
Immunisation: MMR2 (at 5 years)	QE Mar-24	92%	-	85.7%	Not Achieving Target

This report provides the following Level of Assurance:

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

2.3.1 Quality, Patient and Value-Based Health & Care

IPQR contains quality measures.

2.3.2 Workforce

IPQR contains workforce measures.

2.3.3 Financial

Financial reporting is covered in the specific section of the IPQR.

2.3.4 Risk Assessment / Management

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

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

Not applicable.

2.3.6 Climate Emergency & Sustainability Impact

Not applicable.

2.3.7 Communication, involvement, engagement and consultation

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

The Public Health & Wellbeing extract of the Position at May IPQR will be available for discussion at the meeting on 01 July 2024.

2.3.8 Route to the Meeting

The IPQR was ratified by EDG on 19 June 2024 and approved for release by the Director of Finance & Strategy.

2.4 Recommendation

This paper is provided to members for:

- **Assurance** – This report provides a Moderate Level of Assurance.
- **Discussion** – Examine and consider the NHS Fife performance as summarised in the IPQR

3 List of appendices

The following appendices are included with this report:

- Appendix No. 1 - Integrated Performance & Quality Report

Report Contact

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



Fife Integrated Performance & Quality Report (IPQR)

Position (where applicable) at May 2024
Produced in June 2024

Introduction

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

The IPQR comprises the following sections:

A. Corporate Risk Summary

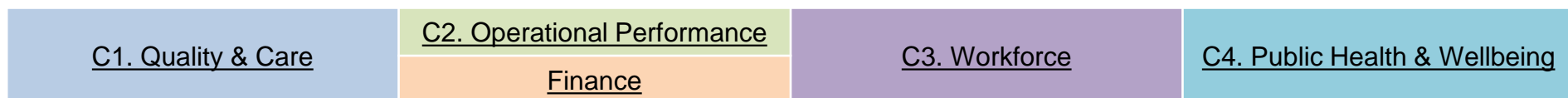
Summarising key Corporate Risks and status.

B. Indicator Summary

Summarising performance against full list of National Standards and local KPIs. These are listed showing current performance against target/trajectories with comparison with 'previous' performance.

C. Assessment & Performance Exception Reports

More detailed Indicator Summary for each area of Governance including (where appropriate) benchmarking, 'sparkline' trend and comparison with 'previous year' performance. There is also a column indicating 'special cause variation' based on SPC methodology. Also incorporated into this section is an assessment for indicators of continual focus or concern. Content includes data analysis, service narrative and additional data presented in charts, incorporating SPC methodology, where applicable. All charts with SPC applied will be formatted consistently based on the following;



MARGO MCGURK
Director of Finance & Strategy
17 June 2024

Prepared by:
SUSAN FRASER
Associate Director of Planning & Performance

A. Corporate Risk Summary

Strategic Priority	Total Risks	Current Strategic Risk Profile				Risk Movement	Risk Appetite
To improve health and wellbeing	4	2	2	-	-	◀▶	High
To improve the quality of health and care services	6	4	2	-	-	◀▶	Moderate
To improve staff experience and wellbeing	2	2	-	-	-	◀▶	Moderate
To deliver value and sustainability	6	4	2	-	-	◀▶	Moderate
Total	18	12	6	0	0		

Risk Key

High Risk	15 - 25
Moderate Risk	8 - 12
Low Risk	4 - 6
Very Low Risk	1 - 3

Movement Key

▲	Improved - Risk Decreases
◀▶	No Change
▼	Deteriorated - Risk Increases

Summary Statement on Risk Profile

The current assessment indicates that delivery against 3 of the 4 strategic priorities continues to face a risk profile in excess of risk appetite. Mitigations are in place to support management of risk over time with elements of some risks requiring daily assessment. Assessment of corporate risk performance and improvement trajectory remains in place.

B. Indicator Summary

Quality & Care				Current	Previous	Change					Current	Previous	Change					Current	Previous	Change																		
	LAER/SAER - % Actions Closed on Time			29.6%	56.9%	▼		Inpatient Falls			7.35	6.92	▼		Pressure Ulcers			1.08	0.92	▼																		
	Ligature Incidents (Mental Health)			0.00	3.44	▲		Incidents of Restraint (Mental Health)			12.6	15.6	▲		Incidents of Physical Violence (Mental Health)			11.10	9.46	▼																		
	Incidents of Self Harm (Mental Health)			0.83	1.72	▲		SAB HAI			20.5	13.1	▼		C Diff HAI			13.7	0.0	▼																		
	ECB HAI			47.9	22.8	▼		S1 Complaints Closed in Month on Time			50.0%	34.0%	▲		S2 Complaints Closed in Month on Time			26.7%	19.4%	▲																		
Operational Performance				Current	Previous	Change					Current	Previous	Change					Current	Previous	Change																		
	Emergency Access	A&E		75.6%	73.6%	▲		Delayed Discharges (Standard)	Acute/Comm MH/LD			56	59	▲		Cancer	31-day DTT			96.0%	95.2%	▲																
		ED		67.6%	66.2%	▲						6	8	▲			62-Day RTT			72.9%	69.1%	▲																
	Patient TTG	% <=12weeks		49.7%	47.3%	▲		New Outpatients	% <=12weeks			39.7%	39.5%	◆		Diagnostics	% <=6weeks			51.8%	51.2%	▲																
		>52 weeks		622	623	◆			>52 weeks			4602	4174	▼			>26 weeks			81	127	▲																
Finance				Current	Previous	Change					Current	Previous	Change					Current	Previous	Change																		
£	Revenue Resource Limit Performance						£	Capital Resource Limit Performance																														
Workforce				Current	Previous	Change					Current	Previous	Change					Current	Previous	Change																		
	Sickness Absence			7.35%	6.61%	▼		Personal Development Plan & Review			43.7%	44.1%	◆		Vacancies	Medical & Dental			7.5%	9.4%	▲																	
															Nursing & Midwifery			4.6%	6.5%	▲																		
															AHPs			4.7%	8.0%	▲																		
Public Health & Wellbeing				Current	Previous	Change					Current	Previous	Change					Current	Previous	Change																		
	Smoking Cessation	40% Most Deprived		205	186	◆		Alcohol Brief Interventions			119.7%	120.0%	◆		Mental Health Readmissions within 28 days			6.2%	1.7%	▼																		
	CAMHS			78.0%	76.8%	▲		Psychological Therapies			67.9%	74.3%	▼		Drugs & Alcohol			84.5%	80.9%	▲																		
	Childhood Immunisation	6-in-1 @ 12 months		95.1%	94.9%	◆		Childhood Immunisation	6-in-1 @ 24 months			93.8%	96.4%	▼		Childhood Immunisation	MMR2 @ 5 years			85.7%	89.6%	▼																

- ▲ meeting trajectory/target
- ◆ within 5% of trajectory/target
- ▼ out with 5% of trajectory/target

- ▲ Improved performance from previous month
- ◆ No significant change from previous month
- ▼ Reduction in performance from previous month

C4. Public Health & Wellbeing

To improve health and wellbeing 4 2 2 - - High

Indicator	Target		Current Trajectory	Reporting Period		Value	SPC	Vs Previous	Vs Year Previous	Trend	Benchmarking
	National/Local										
Smoking Cessation (2023/24)	N	473	393	YTD	Jan-24	205	●	—	—		● YT Jun-23
Alcohol Brief Interventions (2023/24)	N	80%		YTD	Mar-24	120%	●	—	—		●
Mental Health Readmissions within 28 days		-	-	Quarter	Dec-23	6.2%	●	▼	▼		● QE Dec-23
CAMHS Waiting Times	N	90%	75.0%	Month	Apr-24	78.0%	○	▲	▲		● QE Mar-24
Psychological Therapies Waiting Times	N	90%	73.0%	Month	Apr-24	67.9%	○	▼	▼		● QE Mar-24
Drugs & Alcohol Waiting Times	N	90%		Month	Dec-23	84.5%	●	▲	▼		● QE Dec-23
Immunisation: 6-in-1 at Age 12 Months	N	95%		Quarter	Mar-24	95.1%	○	◆	▲		● QE Mar-23
Immunisation: 6-in-1 at Age 24 Months	N	95%		Quarter	Mar-24	93.8%	○	▼	▼		● QE Mar-23
Immunisation: MMR2 at 5 Years	N	92%		Quarter	Mar-24	85.7%	○	▼	▼		● QE Mar-23

<p>Performance Key</p> <ul style="list-style-type: none"> meeting trajectory/target within 5% of trajectory/target out with 5% of trajectory/target 	<p>SPC Key</p> <ul style="list-style-type: none"> ○ Within control limits ○ Special cause variation, out with control limits ● No SPC applied 	<p>Change Key</p> <ul style="list-style-type: none"> ▲ "Better" than comparator period ◆ No Change ▼ "Worse" than comparator period — Not Applicable 	<p>Benchmarking Key</p> <ul style="list-style-type: none"> ● Upper Quartile ● Mid Range ● Lower Quartile ● Not Available
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Smoking Cessation

Sustain and embed successful smoking quits at 12 weeks post quit in the 40% most deprived SIMD areas (473 in 2023/24)

52.2%

188 successful quits were required to achieve Jan-24 trajectory

Data Analysis

There were 19 successful quits in Jan-24, which is 20 short of the monthly target but 5 more than was achieved in Jan-23. Achievement against trajectory was 52.2% (205 quits) with year previous 62.4%. For all quit attempts in Jan-24, the quit success rate in 'Specialist' services is significantly higher than for other services: however, both 'Specialist' and 'Pharmacy' services saw decreases in quit rates compared to the previous month. The most recent quarterly publication from Public Health Scotland, covering the quarter ending Sep-23 (Q2), showed that NHS Fife was in the lower-range of all Mainland Health Boards, with a rate of 43.3% against a Scottish average of 66.8%.

Achievements & Challenges

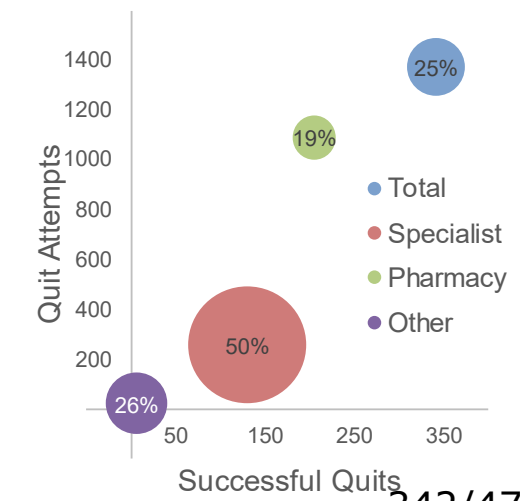
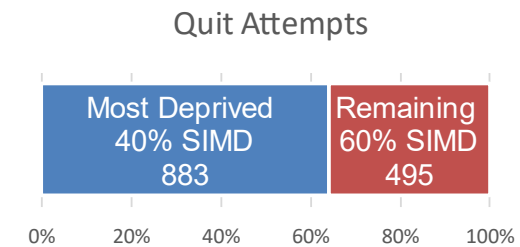
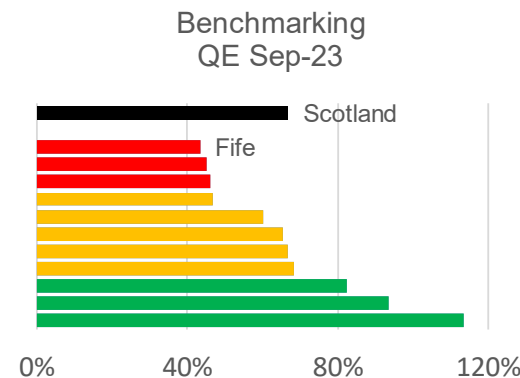
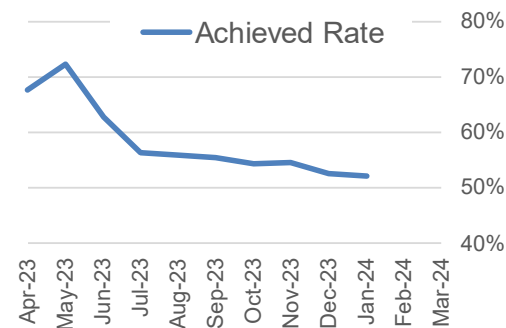
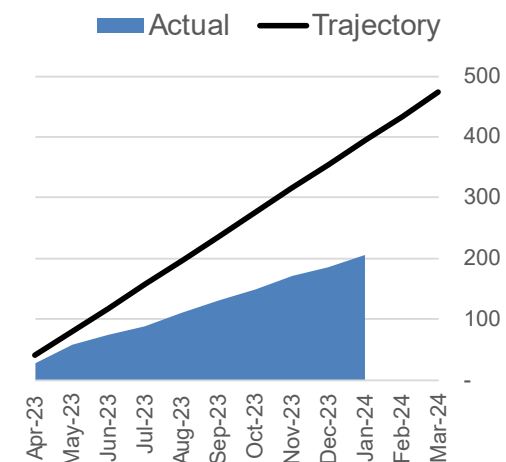
LDP target has not been reviewed since 2017, there is a working group to review targets beginning later in the year. Scottish Government have published a Tobacco & Vaping action plan with four priority groups: people living in our lowest SIMD areas; pregnant smokers; people with enduring mental health problems; and people with smoking related health issues. Successful quits for 40% (MDQ) is 205 to end of January 2024; services are receiving referrals from persons experiencing deprivation who live outside of the 40% (MDQ). In reflection of this, there is a cumulative total of 341 quits including the remaining 60% of the population.

Specialist service: The team have conducted awareness raising & promotional events weekly, targeting priority groups in our most deprived areas to address low footfall: we have seen subsequent increase in demand from the Kirkcaldy area, uptake in the rest of Fife is building at a slower pace. Data to January 2024 shows successful quit rate of 50% for all quit attempts accessing the specialist service and 19% for the Community Pharmacy service. Achieving a 50% quit rate across all services will be significant. In April we presented at an education event for Community Pharmacy staff to work together on how we can improve successful quit rates.

Sustaining engagement and achieving positive behaviour change with our priority groups is complex and challenging, due to health inequalities and the impact of social determinants on population health. Support and interactions are requiring pre-quit work to maximise a successful quit attempt and retaining contact with the service. In line with ADP deliverables, specialist service provision has increased across Fife: 28 community-based, & 15 GP/hospital-based clinics.

Maternity Service: Referrals, engagement, and retention for pregnant smokers has increased with 40 pregnant smokers actively receiving specialist stop smoking support compared to average of 5-10 cases 6 months ago. Positive feedback received about weekly clinic in VHK maternity unit. Insight survey drafted to ascertain potential service improvements with report due Sep-24.

DPHs have requested a SLWG to be set up, this will agree priorities based on NICE recommendations & identify gaps in service provision. National working group being led by PHS.





Mental Health Readmissions

Reduce readmission rate for Mental Health Specialties within 28 days of discharge

6.2%

Below Scottish Average

Data Analysis

Mental Health readmissions within 28 days in for the quarter ending (QE) Dec-23 2023 was 6.2%, increasing from <2% in QE Sep-23. The average number of readmissions each month in 2023 was 3.2. The average length of stay from July is largely unchanged with a slight decrease from QE Sep-23 to QE Dec-23 (56.1 days to 60.5).

On average, to year ending (YE) Jun-23, there was 11.1 readmissions per month within 133 days. Rate for QE Jun-23 was 11.2% with 28 readmissions. On average, to year ending (YE) Dec-22, there was 20.1 readmissions per month within 365 days. Rate for QE Dec-22 was 23.9% with 50 readmissions.

In comparison to other mainland NHS Boards, NHS Fife has the second lowest readmission rate within 28 days. For average length of stay, NHS Fife was just below the Scottish average.

'Learning Disabilities' is excluded from both metrics with Average Length of Stay specifically based on 'General Psychiatry' and 'Psychiatry of Old Age'. Readmissions are presented based on date of original admission; data needs to be complete for the 'readmission within' period (28/133/365 days) to be reported.

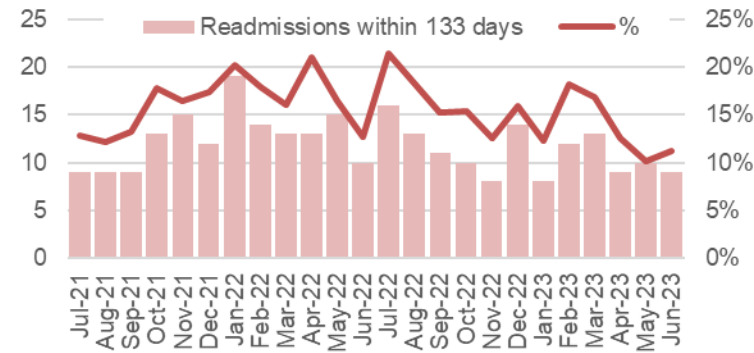
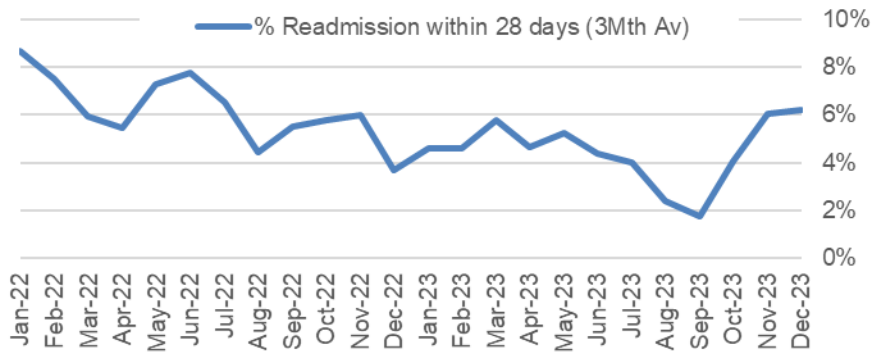
Achievements & Challenges

Early identification and resolution of barriers to discharge assist in ensuring the required community and social supports are in place to prevent future readmission.

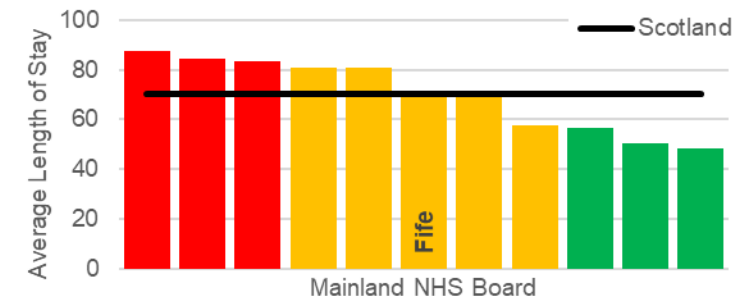
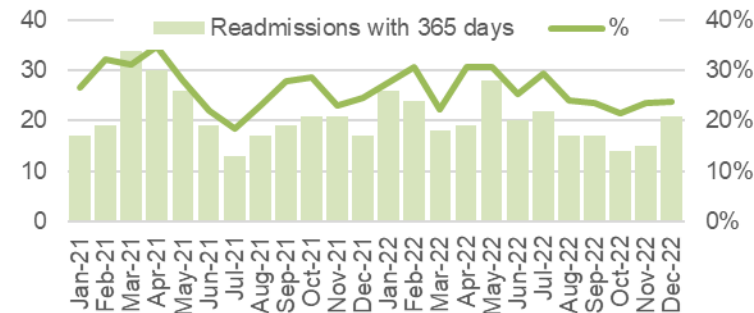
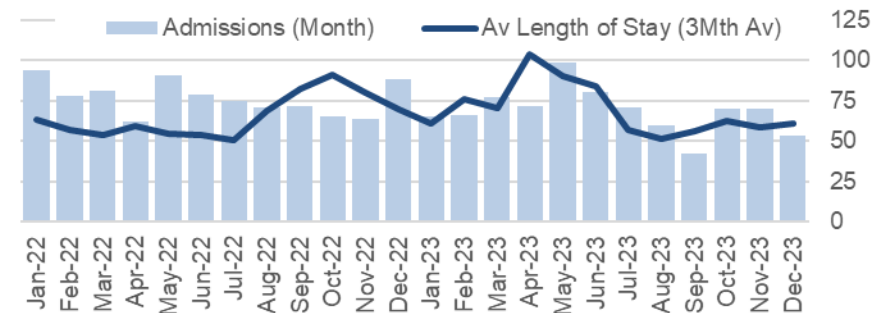
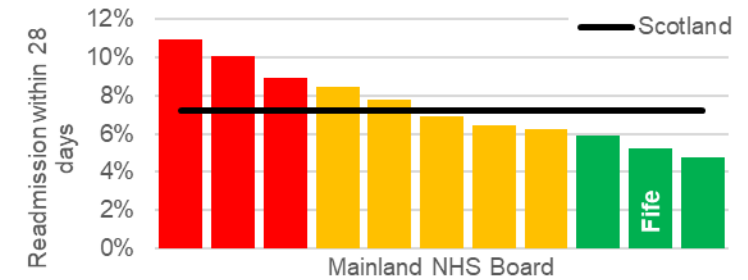
By optimising care pathways, the MH/LD services are working to identify and resolve needs before crisis occurs leading to readmission.

Work is also ongoing to redesign the urgent care provision for individuals in mental health crisis.

The UC Project group has concluded a review of the provision and an assessment of need alongside benchmarking against other boards. An options proposal will be considered at the upcoming MH Programme Board with recommendations future service development.



Benchmarking | 2023





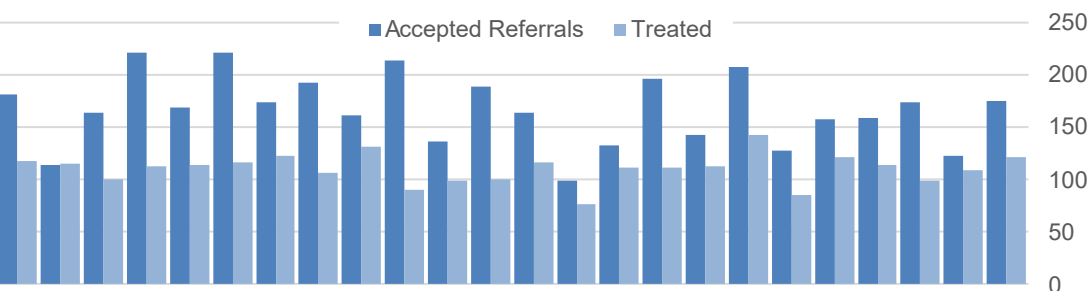
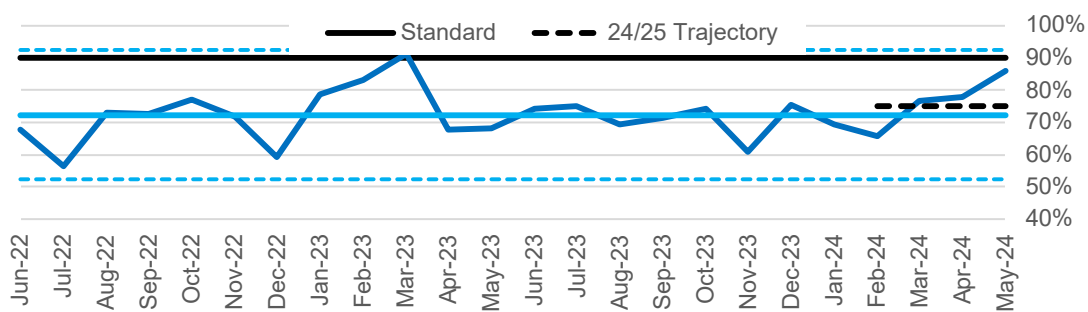
Data Analysis

Monthly performance increased from 76.8% in Mar-24 to 78.0% in Apr-24. In Apr-24 no patient was waiting more than 35 weeks for treatment, whilst the number of those waiting between 19-35 weeks decreased to 35 in Apr-24 from 41 month prior. The percentage of those waiting less than 18 weeks increased in Apr-24 to 83.6%. The number of referrals received in Apr-24 was 184, a decrease from Mar-24 but similar to same month in 2023 . The overall waiting list saw a slight increase (220 in Apr compared with 218 in Mar). Benchmarking for the quarter ending Mar-24 shows NHS Fife lie in the lower-range of all mainland boards, 70.4% against Scotland average of 86%.

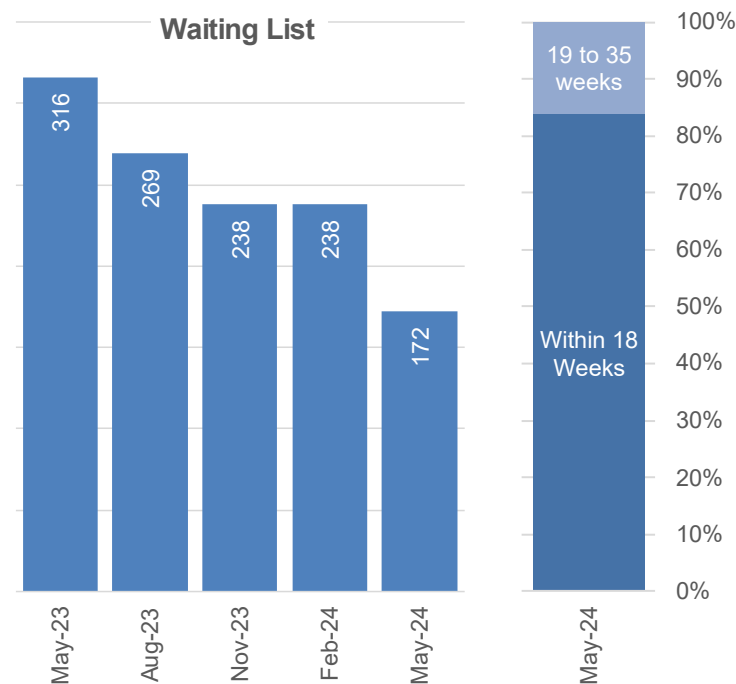
Achievements & Challenges

Appointments booked for all children and young people waiting over 18 weeks as a result of a revised waiting list initiative which commenced in May-24. This has extended the allocation of new referrals throughout the wider service i.e. Primary Mental Health Workers and CAMHS Looked After Children's Team, to utilise any additional capacity alongside the extension of evening clinics and the running of groups at point of referral. Only 65 cases of the 220 on the waiting list are not yet allocated or booked. Activity continues to be divided between urgent/priority (37%) and longest waits (63%), with a slight increase in activity overall. Referrals are comparable to Apr-23 and DNA rate remains low. Service priority is to reduce the longest waits in order to sustainably achieve the 18-week RTT. This is dependent on the ability to effectively manage staff vacancies and to retain staff in order to ensure capacity to meet demand.

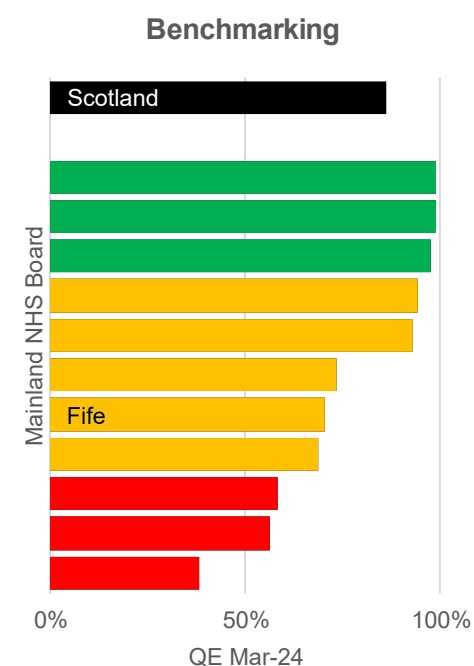
CAMHS 18 weeks RTT



Waiting List



Benchmarking





Psychological Therapies

In 2024/25, maintain 73% of patients commencing Psychological Therapy based treatment within 18 weeks of referral (**National Standard 90%**)

67.9%

28

within 18 weeks to achieve 24/25 trajectory

Data Analysis

The number of patients treated in Apr-24 was 533, less than the 572 in Mar-24. There was a considerable reduction in the number of patients treated within 18 weeks, leading to a decrease in performance to 67.9%, which is below local target for 2024/25 of 73.0%.

The overall waiting list was 2357, the lowest since Jul-22, with the number waiting over 52 weeks decreasing to 239.

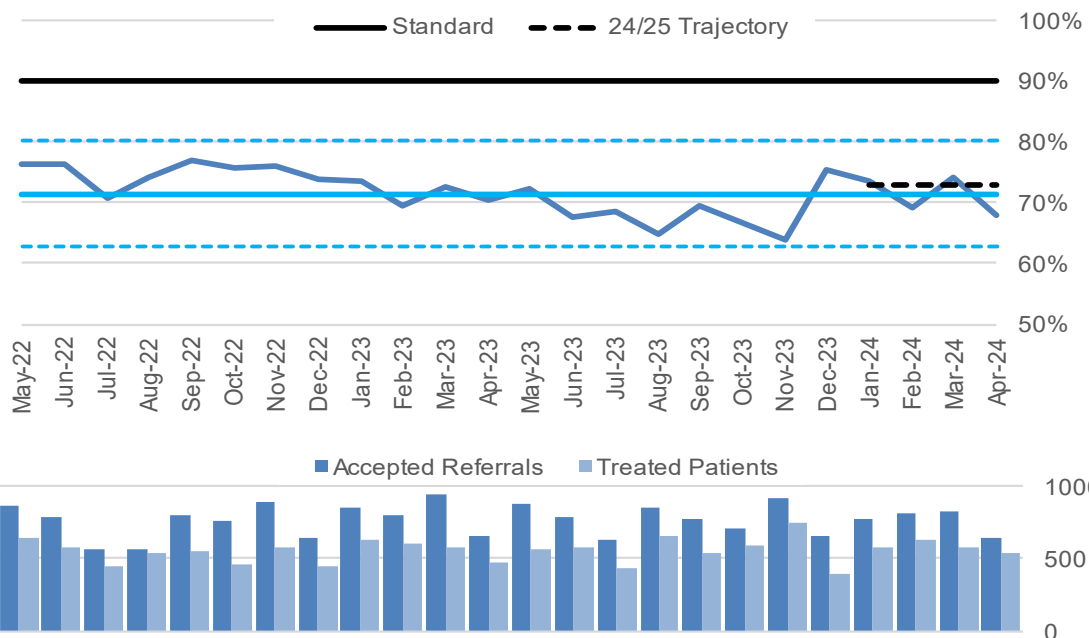
Referrals for all ages reduced considerably from month prior but similar to number received in Apr-23. The % of referrals that were rejected in Apr-24 was 12.7%, similar to 2023/24 average of 12.2%.

NHS Fife was in the mid-range of NHS Boards as of the last quarterly PHS publication in June (for the QE Mar-24) and was below the Scottish average (72.3% compared to 79.3%).

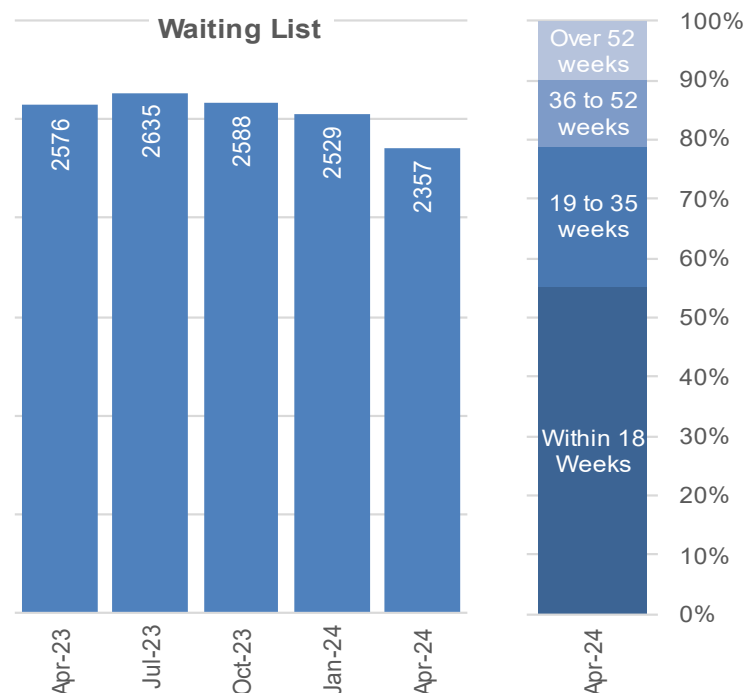
Achievements & Challenges

Achievements: The referral rate for adults with complex problems remains significantly higher than capacity for provision of highly specialist PT's. Despite this, the Psychology Service has continued to reduce the overall waiting list for PT's. Service redesign, such as the successful mainstreaming (following evaluation) of a group programme for people with complex trauma related difficulties and the continuation of a pilot of group delivery of compassion focused PT, is a factor in this and is ongoing. Likewise, the deployment of skill mix within the Psychology Service. However, neither of these can completely mitigate the capacity gap. **Challenges:** The delay in vacancy management procedures is problematic for PT delivery and if continued will start to reduce performance. The nature of PT means that clinicians have to stop taking on new patients a minimum of 3-4 months before they leave post. Due to notice periods and pre-employment checks, it usually takes a further 3-4 months after someone is appointed before they start in the service. Therefore, the current delays associated with recruitment mean that the service can be losing approximately 12 months of activity against the target for each clinician vacancy.

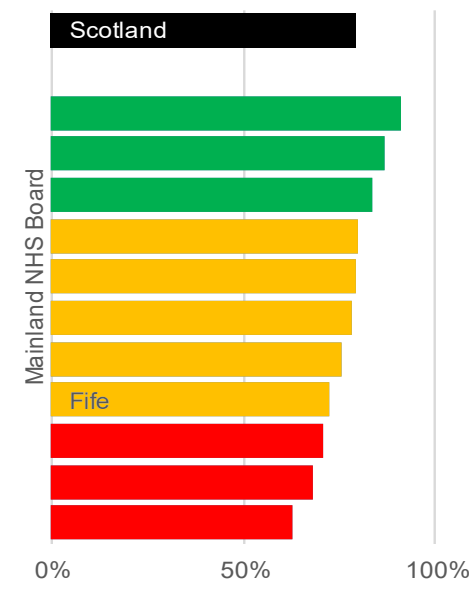
Psychological Therapies 18 weeks RTT



Waiting List



Benchmarking



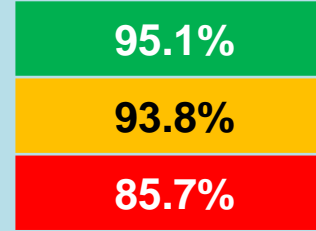


Childhood Immunisations

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

95% of children will receive their 6-in-1 vaccinations by 24 months of age

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



Achieved

10 ↑ to achieve target

53 ↑ to achieve target

Data Analysis

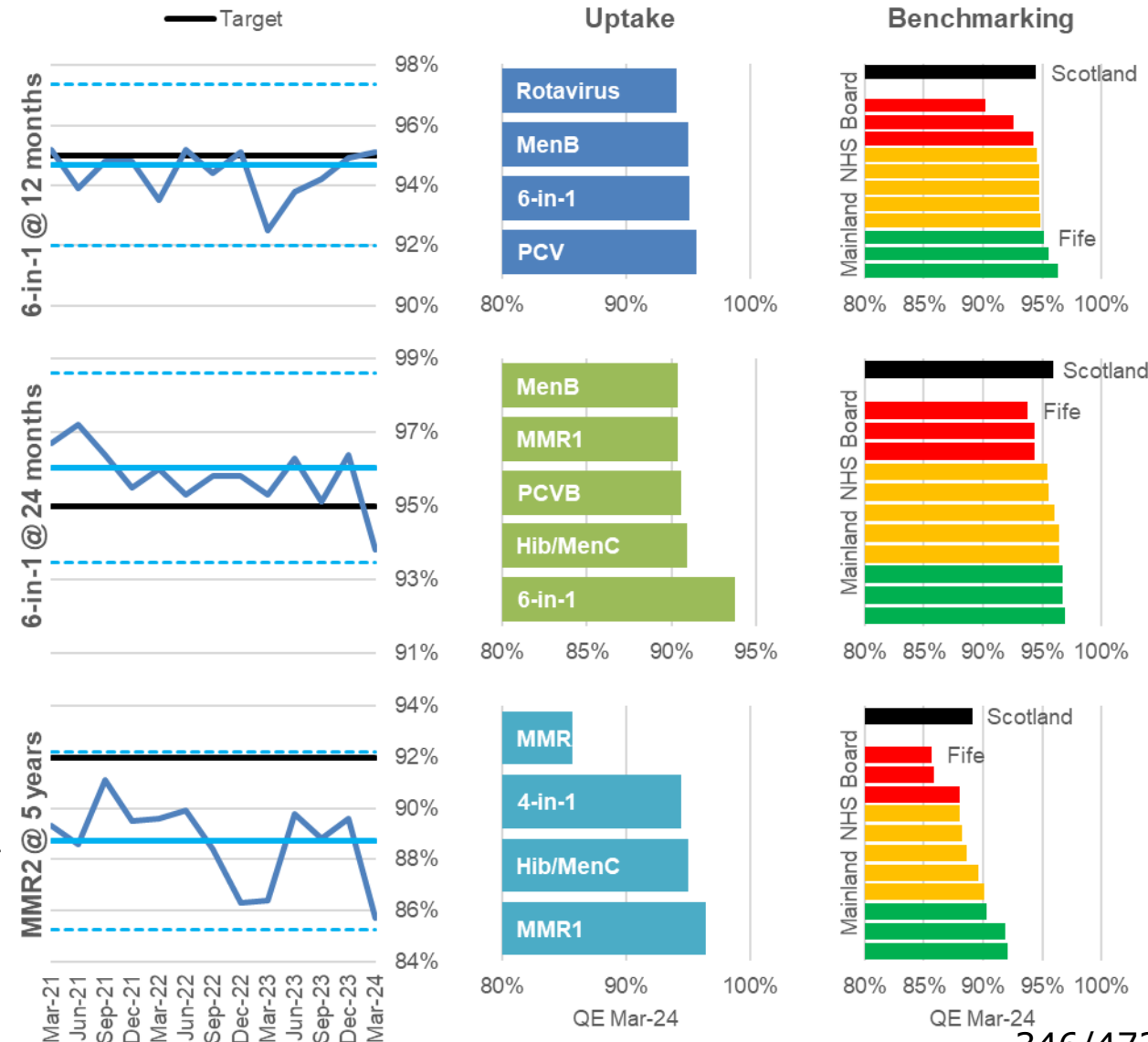
6-in-1 at 12 months of age: The latest published data (for QE Mar-24) shows that NHS Fife uptake increased very slightly from 94.9% in the last quarter to 95.1% in the most recent quarter, which is above target and above the average of 94.7% (based on last 18 quarters). Rotavirus & MenB saw increases on previous quarter; PCV saw a 0.6% decrease in uptake. NHS Fife was in the upper-range of all mainland NHS Boards for uptake at 12 months for 6-in-1 with the highest uptake being 96.3%.

6-in-1 at 24 months of age: NHS Fife uptake decreased from 96.4% in the previous quarter to 93.8% in QE Mar-24, which is below target, below the average of 96.0% and below the uptake seen in QE Mar-23 (95.3%). All vaccinations at this age saw decreases in uptake compared to previous quarter. NHS Fife was in the lower-range of all mainland NHS Boards for uptake at 24 months for 6-in-1 with the highest uptake being 96.9%.

MMR at 5 years of age: NHS Fife uptake decreased from 89.6% in the previous quarter to 85.7% in QE Mar-24, which is below target, below the average of 88.7% and below the uptake seen in QE Mar-23 (86.4%). Hib/MenC & MMR1 saw decreases on previous quarter; 4-in-1 saw a 5% increase in uptake. NHS Fife was in the lower-range of all mainland NHS Boards for uptake at 5 years for MMR2 with the highest uptake being 92.1%.

Service Narrative

An increase in 6-in-1 uptake at 12 months over the last two quarters is encouraging: we are now in a position of being above the Scotland average. The infant vaccination clinics take place year-round. MMR2 QI work has included: improvements in 'was not brought' pathways; use of SIRS (national child health system) to appoint from queues instead of previous method of a letter inviting parents/carers to call to book; doubling of slots offered at some venues to allow those waiting to be appointed; regular review of lists to increase capacity in high queue clinics (queues have dropped from 1506 children 12 months ago, to only 71); drop-in sessions planned throughout the year with occasional evening clinics, to support children being brought; and a survey undertaken on why children were not brought - which shows that families find communicating with NHS services can be a barrier, so we are currently scoping the use of a text reminder system. Through this QI work we are seeing small but positive impacts on other parts of the childhood programme (e.g. strengthening relationships and feedback from health visitors). Over July, drop-in clinics will be offered for all childhood vaccinations to support the previous QI work and to allow more flexibility for children to be brought for vaccinations, which in turn will increase uptake.



Meeting:	Public Health & Wellbeing Committee
Meeting date:	1 July 2024
Title:	Fife Child Protection Annual Report 2023/2024
Responsible Executive:	Janette Keenan, Director of Nursing
Report Author:	Lindsay Douglas, Lead Nurse Child Protection

1 Purpose

This report is presented for:

- Assurance

This report relates to:

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

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

- Safe

2 Report summary

2.1 Situation

This paper builds upon last year's report, which provided an introduction to the Child Protection nursing and medical teams within NHS Fife / Fife Health & Social Care Partnership and the child protection activity. The report outlines the core functions, staff support, innovation and improvement, and future plans and provides information on child protection activity for the period 1 April 2023 to 31 March 2024. This paper is brought for information and assurance.

2.2 Background

Child protection refers to the 'processes involved in consideration, assessment and planning of required action, together with the actions themselves, where there are concerns that a child may be at risk of harm' (National Guidance for Child Protection in Scotland, 2021, updated 2023).

Health Boards have a duty to deliver high-quality, safe and effective services across all areas of Child Protection. Child protection is the responsibility of all NHS Fife and Fife Health and Social Care Partnership staff.

The Child Protection Team has a Fife-wide remit to support and provide expertise, support, strategic leadership, quality assurance and improvement in relation to child

protection. The team work collaboratively with key partners and agencies in a truly integrated way to protect all children in Fife from harm.

This is the second annual report with a renewed health lens focus on the commitment of health services within NHS Fife / Fife Health & Social Care Partnership to strengthen child protection processes in Fife to safeguard and protect children and young people from harm.

The report builds upon the foundations set out in last year's report, where we outlined our service user demographics, key drivers and their link to the Partnership and Children's Services priorities, considered Fife's position within the National Child Protection landscape, governance, and accountability. Last year's report introduced the Child Protection team, the core functions, and the wider links within health to support the safeguarding of unborn babies, children and young people in the antenatal period, pre-school and school-age period.

Previous calendar year reporting periods resulted in difficulties aligning other child protection data reported within health. In 2022/2023 we therefore moved to financial year reporting. There is acknowledgment that due to changes to reporting periods there will be an initial impact to direct data comparison with previous Child Protection governance reports.

2.3 Assessment

2023–2024 has been an extremely busy year for the Child Protection service as we began to plan and implement the National Guidance for Child Protection in Scotland, 2021 (updated 2023). The annual report outlines the performance this year, reflecting on the continued work and innovative thinking to improve services within the changing child protection landscape of the past 12 months. The commitment and positive progress the Child Protection service has made to deliver new child protection roles, develop staff, improve governance, adaptation of the delivery of core business and working in new ways to continue to prioritise Child Protection activities.

The report aims to provide assurance to the organisation that we have a health workforce who feel confident, knowledgeable and competent in their role to protect and promote the wellbeing of children and young people and that any concerns about their welfare are identified and addressed in a timely manner.

The report provides

- the current context and challenges for Child Protection in Scotland
- data for the 4 core functions of the Child Protection team
- the 'so what?' – informing learning for practice
- the Child Protection team's work and future priorities

2.3.1 Quality / Patient Care

The report outlines the positive improvements made on governance, data capture, adverse events and user feedback, evidencing the Child Protection team's key role to support our workforce to deliver high quality, safe, effective and child centred care.

2.3.2 Workforce

The implications of restricted staffing resource led to 16 months of critical function for the team. This resulted in reduced Child Protection training, supervision and quality improvement work being progressed throughout the organisation in 2022 and parts of 2023. The impact the pandemic, and the implementation of the revised guidance, has placed significant pressure on the Child Protection staff. The impact of vicarious trauma and compassion fatigue due to the nature of the subject matter also has a negative impact on staff wellbeing.

This has resulted in less visibility of the Child Protection team. Which has impacted on the wider organisation's knowledge of the role of the team, the support available and when it is appropriate to access, in order to safeguard the children and young people.

Last year's report set the foundations on which to build upon, to increase awareness of the team and their core functions. The data in this year's report highlights an improvement in the uptake by the wider workforce in seeking out Child Protection support, providing assurance, celebrating achievements and acknowledging challenges.

2.3.3 Financial

A phased approach with service redesign within the Child Protection team and wider Children's Services have supported the resource required to implement the new Child Protection guidance to date, with no additional financial implication thus far. Until the guidance is implemented in full, the full financial and resource implications are difficult to ascertain.

2.3.4 Risk Assessment / Management

Risk remains due to the significant period of critical function the Child Protection team experienced throughout 2022 into 2023 resulting in a reduction in the number of child protection supervision sessions, aligned portfolio work progression and child protection training. This risk was partially mitigated with the accessibility of the team on an "on request" basis and a quick and robust response to adverse events ensuring areas of learning are identified and addressed in a timely manner.

The significant work required to progress the implementation of the guidance in 2023/2024 and the vacant Learning & Development post, due to promotion, has further impacted the risk in relation to the provision of training, engagement with the Interagency Referral Discussion review process and the provision of Child Protection supervision in line with policy/guidance.

Mitigations in place include the provision of "on request" Child Protection supervision, regular supervision for priority groups, including Family Nurses, VIP tripartite supervision and new graduate Health Visitors.

The complex multiagency service redesign, combined with the specialist operational and strategic resource limitations within the partner organisations, has resulted in challenges in implementing the National Guidance for Child Protection in Scotland (2021, Updated 2023) within the desired timescales.

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

An impact assessment has not been completed because it is not required for this paper.

2.3.6 Climate Emergency & Sustainability Impact

The report is produced electronically and shared via electronic mediums.

[ClimateActionPlan2020_summary.pdf \(fife.gov.uk\)](#)

2.3.7 Communication, involvement, engagement and consultation

This report has involved discussion and contribution from Lead Nurse Child Protection, Lead Pediatrician Child Protection, Child Protection Clinical Effectiveness Coordinator, Child Protection Learning & Development Coordinator, Child Protection Administration Team, Vulnerable in Pregnancy Midwifery Service, Multi Agency Improvement Team, communication team.

2.3.8 Route to the Meeting

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

- Children's Services Clinical Governance & Assurance Group on 2 May 2024.
- Child Protection Health Steering group on 22 May 2024.
- PPC QMAG 22 May 2024.
- SLT Assurance 27 May 2024.
- HSCP QMAG 12 June 2024.

2.4 Recommendation

- **Assurance** – For Members' information.

3 List of appendices

The following appendices are included with this report:

- Appendix No.1, Child Protection Report 2023/2024.

Report Contact

Lindsay Douglas

Lead Nurse, Child Protection, Children's Services

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Annual Report 2023-2024

Child Protection

This report outlines our core functions, staff support, innovation and improvement, and future plans.

Fife Health
& Social Care
Partnership



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Published May 2024

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www.fifehealthandsocialcare.org

Contents

Foreword.....	2
Introduction	3
Core Function Delivery & Outcomes 2023–2024.....	4
Contributing To a Confident & Competent Workforce	26
Innovation and Improvement	27
Moving Forward.....	34
Appendix 1 - glossary of terms	
Appendix 2 - summary of the NHS Fife/FHSCP Child Protection Annual Report 2023/24	

Foreword

It is with pleasure that we present the joint NHS Fife and Fife Health and Social Care Partnership Child Protection Annual Report 2023–2024.

This report provides an opportunity to consider the breadth of change within the Child Protection team and reflect on the collaborative working and achievements between health services and partner agencies to progress the implementation of the National Guidance for Child Protection, 2021 (updated 2023) over the past 12 months.

Thank you to all those who contributed to and produced this report. Child protection is the responsibility of all NHS Fife and FHSCP staff, and we would like to thank everyone for their continuing hard work and dedication to prioritise the care and protection of Fife’s children and young people, supporting the vision for Scotland to be the best place for children to grow up.



Janette Keenan
NHS Fife Executive Director of Nursing
Executive Lead for Child Protection



Nicky Connor
Director of Fife Health and
Social Care Partnership

Introduction

This child protection annual report covers the period 1st April 2023 – 31st March 2024.

The report builds upon the foundations set out in last year's report, where we outlined our service user demographics, key drivers and their link to our Partnership and Children's Services priorities, considered Fife's position within the National Child Protection landscape, our governance and accountability. Last year's report introduced our Child Protection team, our core functions, and our close wider links within health to support the safeguarding of unborn babies, children and young people in the antenatal period, pre-school and school-age period.

2023–2024 has been an extremely busy year for our service as we began to plan and implement the National Guidance for Child Protection in Scotland, 2021 (updated 2023). Our performance this year reflects our continued work and innovative thinking to improve services within the changing child protection landscape of the past 12 months. The commitment and positive progress the Child Protection service has made to new child protection roles, developing our staff, improved governance, adaptation of the delivery of our core business and working in new ways to continue to prioritise Child Protection activities.

We would like to thank our NHS Fife and Fife Health and Social Care Partnership (FHSCP) staff and multi-agency partners for their collaborative work, dedication, and support in safeguarding and protecting children and young people in Fife from harm at what has been a busy and challenging time of change for our Child Protection team.



Sonya Hiremath, Lead Paediatrician Child Protection and
Lindsay Douglas, Lead Nurse Child Protection

Core Function Delivery & Outcomes 2023–2024

The Child Protection Team have a Fife-wide remit to support and provide expertise, strategic leadership and quality assurance and improvement in relation to child protection. The team work collaboratively with key partners and agencies in a truly integrated way to protect all children in Fife from harm. Our team support information sharing, decision making, medical care and investigations where there are concerns of significant harm, and provide Fife health staff with support and advice, appropriate training and supervision. The team are supported by Child Protection paediatricians, an administrative team, the health representatives of the Multi-Agency Improvement Team (MAIT), Child Wellbeing Liaison Nurses (CWLN), a Safeguarding Specialist Midwife, and Leads within health services throughout our acute and community sectors.

The Child Protection Service strives to support and empower our NHS Fife/FHSCP workforce in relation to their responsibilities to identify and share concerns, contribute to assessments, decision making and planning to protect children and young people. The team work collaboratively with a vast range of health services as well as our multiagency partners to achieve national standards to improve outcomes for children, young people and their families/carers. Our performance in 2023–2024 demonstrates the work undertaken in the past 12 months to strengthen Child Protection Services in Fife.

Children in Need of Care and Protection

Interagency Referral Discussion (IRD)

Child protection procedures are initiated when police, social work or health determine that a child may have been significantly harmed or may be at risk of significant harm. All concerns which may indicate risk of significant harm must lead to an Inter-agency Referral Discussion (IRD) (Scottish Government, 2021 (updated 2023)).

An IRD is the start of the formal process of information sharing, assessment, analysis and decision-making following reported concern about abuse or neglect of a child or young person up to the age of 18 years, in relation to familial and non-familial concerns, and of siblings or other children within the same context. This includes an unborn baby that may be exposed to current or future risk. The National Guidance for child Protection in Scotland, 2021 (updated 2023) changes the parameters of an IRD to include;

- Health equally contributing to the IRD process, including the ability to raise IRDs.
- Inclusion of pre-birth IRD pathway, Age of Criminal Responsibility (Scotland) Act 2019 (ACRA) IRDs, Care And Risk Management (CARM) IRDs, 16 and 17 year olds as well as individual IRDs for siblings.
- IRD as the route to progress to a Child Protection Planning Meeting (CPPM).
- The IRD is a process to the point of CPPM rather than a single event.
- If identified as part of the IRD decision, a CPPM being held 28 calendar days from the risk of significant harm being identified.

- Interim Safety Plans (ISP) to the point of CPPM.

Following a period of scoping and planning, Fife partners began the implementation of the IRD changes outlined in the National Guidance for Child Protection in Scotland throughout 2023–2024;

- ISPs introduced to the IRD process
- 4 new IRD forms devised to support the different categories of IRD – Pre-Birth, child, ACRA, CARM and improve data capture in line with national data sets
- Our first ACRA IRD progressed on 11th August 2023
- A Pre-Birth IRD pathway was implemented on the 25th September 2023
- CPPM changes in terminology and language came into effect on 2nd October 2023
- Fife became the first of two areas in Scotland to participate and feedback in the multiagency IRD training pilot delivered by the Scottish Government
- The referral mechanism to CARM via IRD was implemented on 11th December
- IRD scheduling was implemented 6th February 2024
- IRD being the route to CPPM progressed on the 4th March 2024
- Health IRD pilot commenced 18th March 2024

Development of a Pre-Birth IRD Pathway

In March 2023, a multiagency and health Pre-Birth IRD working group were established and lead by the Lead Nurse Child Protection to progress the implementation of a Pre-Birth pathway in Fife to meet the expectations of the National Guidance.

An action plan progressed to include;

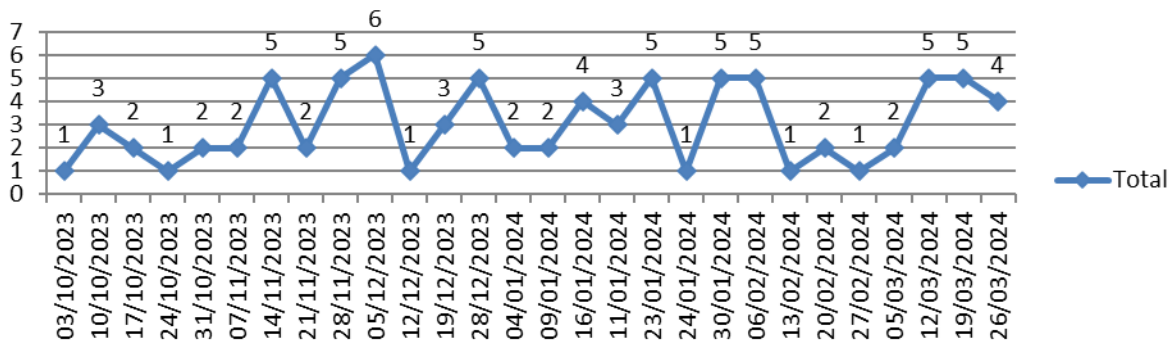
- Participation and engagement of parents
- New policy and guidance
- New Pre-Birth IRD form
- Communication strategy
- Health child protection administrative support to support the process
- Shadowing, support and training
- Pre-birth IRD forums
- Improved data collection systems within health

The Pre-Birth IRD pathway successfully launched within Fife on the target date of 25th September 2023 with administration support provided by additional health Child protection administrative resource. Initial predictions of the projected number of pre-birth IRDs proved to be an underestimate presenting an ongoing challenge due to the impact on existing infrastructure and the resource available across agencies for this process and the subsequent IRD review.

This increase may be due to several factors such as spike in birth rates, less silo working, increased awareness of thresholds of significant harm and/or cases previously managed

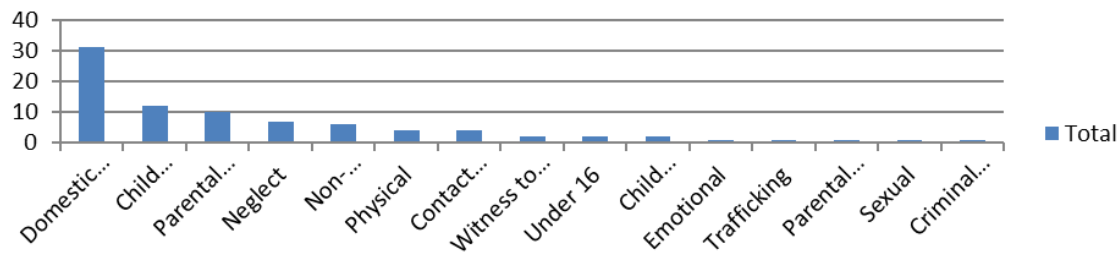
at wellbeing level within the wellbeing pathway now progressing via a distinct Child Protection pathway.

Total Weekly Pre-Birth IRD Discussions



From October 2023 – March 2024 there were a total of 85 Pre-Birth IRD discussions. The standout common theme of referral was ‘witness to domestic abuse incident/s’. This was followed by ‘child affected by parent/carer mental ill health’, ‘parental drug misuse’ and ‘neglect’ respectively.

Main Themes for Referral



As this is a new process across the partnership, to mitigate risk and support quality improvement, agencies have met weekly to review all Pre-Birth IRDs. Each agency representative at IRD review discusses identified areas of improvement within their own agency and collectively discuss areas such as processing, recording and decision making. 6 monthly multiagency reporting is progressing via the Child Protection Committee Data and Quality Improvement group. Alongside child IRD review processes, this continues to provide a resource challenge for all partners.

The 'so what?'

The new pathway has supported;

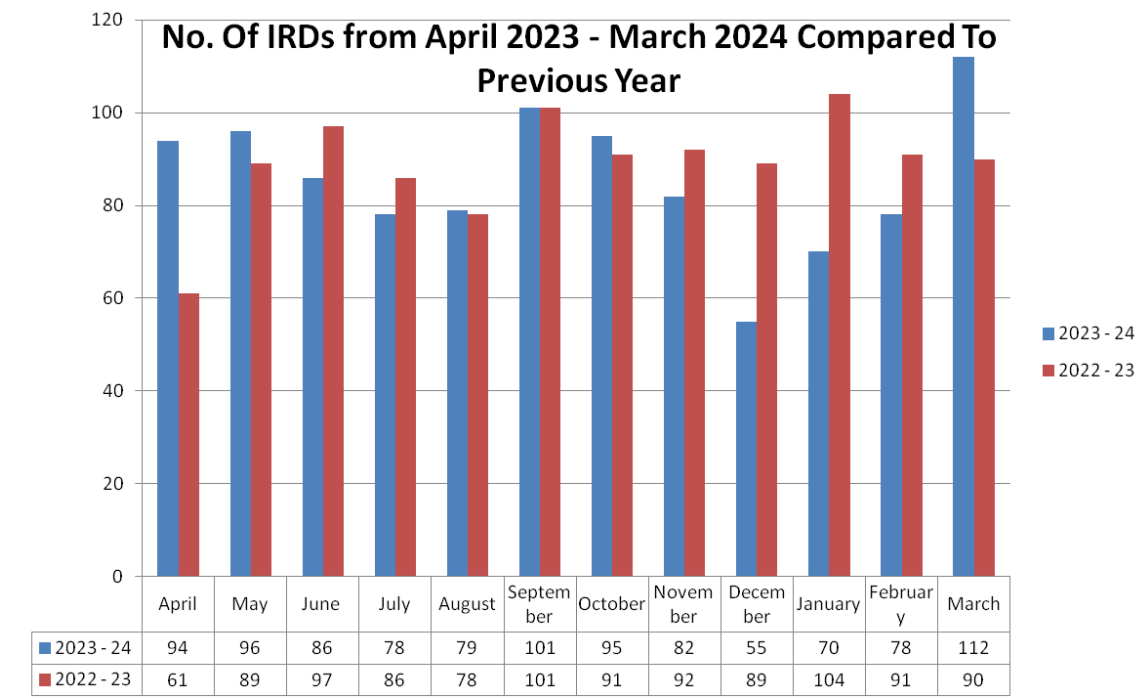
- The Vulnerable in Pregnancy (VIP) team to raise and lead 84% of Pre-Birth IRDs for unborn babies at risk of significant harm reducing health practitioners working in silo
- The sharing of adult health checks and police information improving information sharing and supporting early identification of risk
- The inclusion of police to the multiagency decision-making process for unborn babies
- Timely assessment and planning to reduce significant harm and support immediate safeguarding measures for women and their unborn babies;
 - The majority of Pre-Birth IRDs occurring between 20-24 weeks.
 - IRD outcomes included 45% of cases progressing to CPPM, with 85% of those cases progressing to unborn babies being placed on the Child Protection Register registration. 41% progressing to Joint Multiagency assessment and 13% to single agency response.
- Additional health Child Protection administrative support to schedule Pre-Birth IRD meetings and circulate checks prior to the meeting enabling participants from all agencies to come adequately prepared and for meetings to be timeous. 98% of agency checks were submitted prior to IRD discussion. The target duration of 20 mins was met in 53% of cases, with further 32% completed within 20-30minutes, and duration improving as the process became embedded into practice. 99% of completed IRDs were circulated within the targeted 1 working day.
- A robust Pre-Birth data capture and scrutiny of the Pre-Birth IRD activity has identified trends and common themes to support improvement work.
 - Identification of themes have supported services who work with mothers in the antenatal period with targeted areas of improvement work, such as reinstating HV antenatal contacts and MW antenatal groups, continued work regarding Graded Care Profile 2 (GCP2) to identify neglect, review of the GCP2A (antenatal) national pilot in due course, improving links with NHS Fife Gender Based Violence (GBV) team and third sector services, scoping of an under 4's locality project supporting mothers with addictions.
- It was anticipated that the process would be more trauma informed for parents due to early intervention to support babies remaining in the care of their parents and to support planning should the decision be made to remove children at birth however, this cannot be analysed or concluded due to the incomplete participation and engagement process attempted prior to implementation.
- The learning from the process is contributing to the implementation of further areas of guidance in relation to child IRDs.
- Positive progressive collaborative working between partners, the VIP team, the health Child Protection team and the health Child Protection administrative team sharing their views, discuss strengths and to highlight any areas of improvement.

The Vulnerable in Pregnancy (VIP) midwives report;

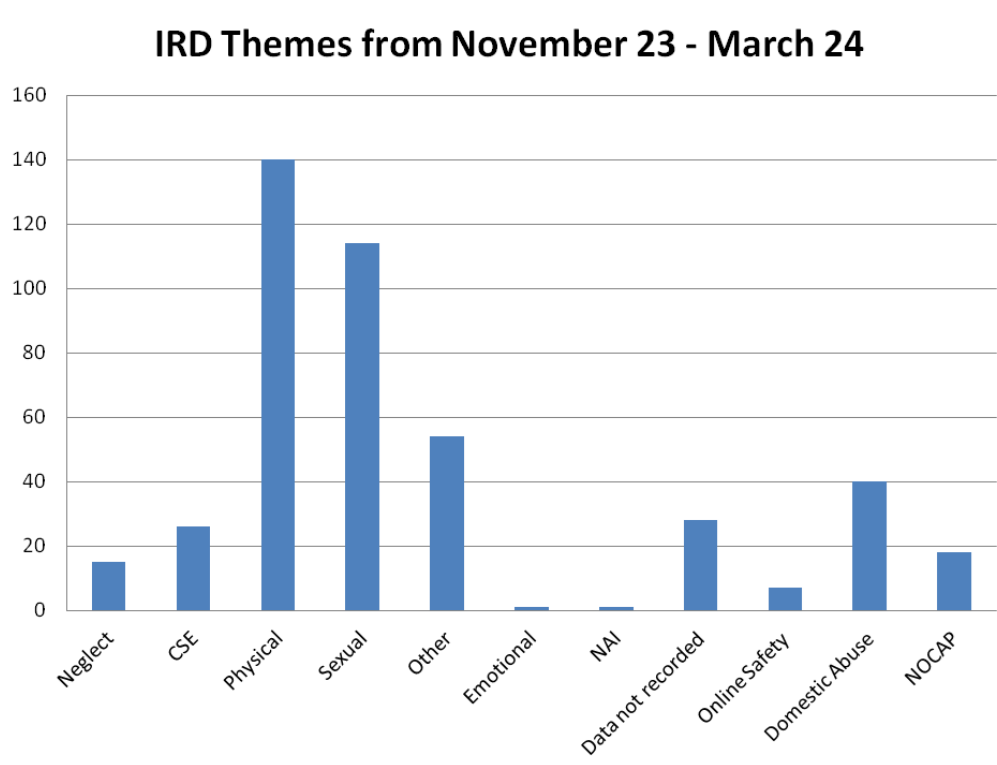
- ‘The pre-birth IRD process has led to timely and robust multiagency intervention where significant risks to unborn babies are identified’
- ‘Where professional's assessment differ, there is always a professional conversation. This allows a balanced and critical analysis of concerns noted by police, health and social work’
- ‘If cases proceed to child protection planning meetings, families have earlier intervention and supports put in place. This is because of the child protection guidance stipulations.’
- ‘ Families have also taken the new process well and most families appreciate the reasons for the need for pre birth IRD. As long as they are informed on the same day, we have not encountered too many families feeling alienated by the process.’
- ‘There are fresh eyes on the cases, which reduces the likelihood of silo working, making for safer and robust decision making for the unborn baby.’
- ‘We have noted that police reports in IRDS share a perspective that highlight risk which was perhaps missing before. All staff have noted the value of the police information.’
- ‘Professional working relationships have improved and communication /information sharing is cohesive.’

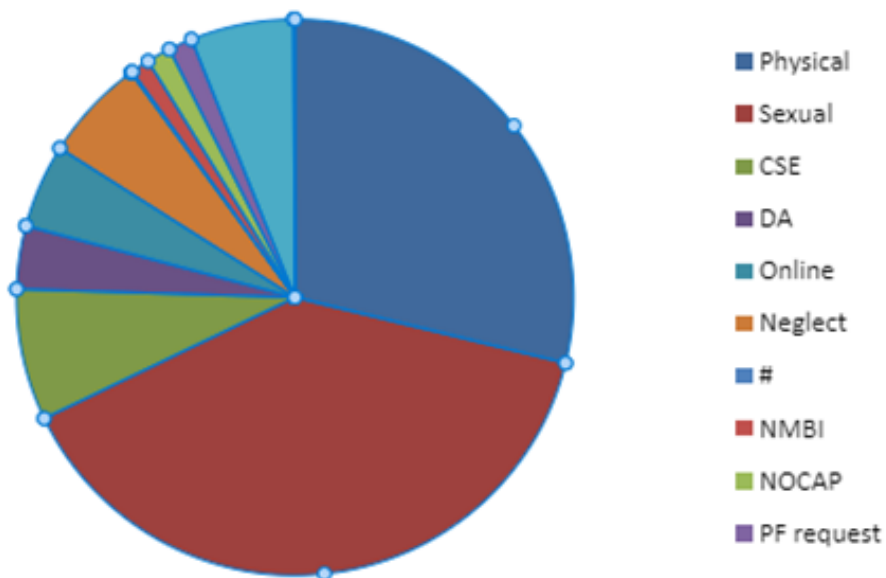
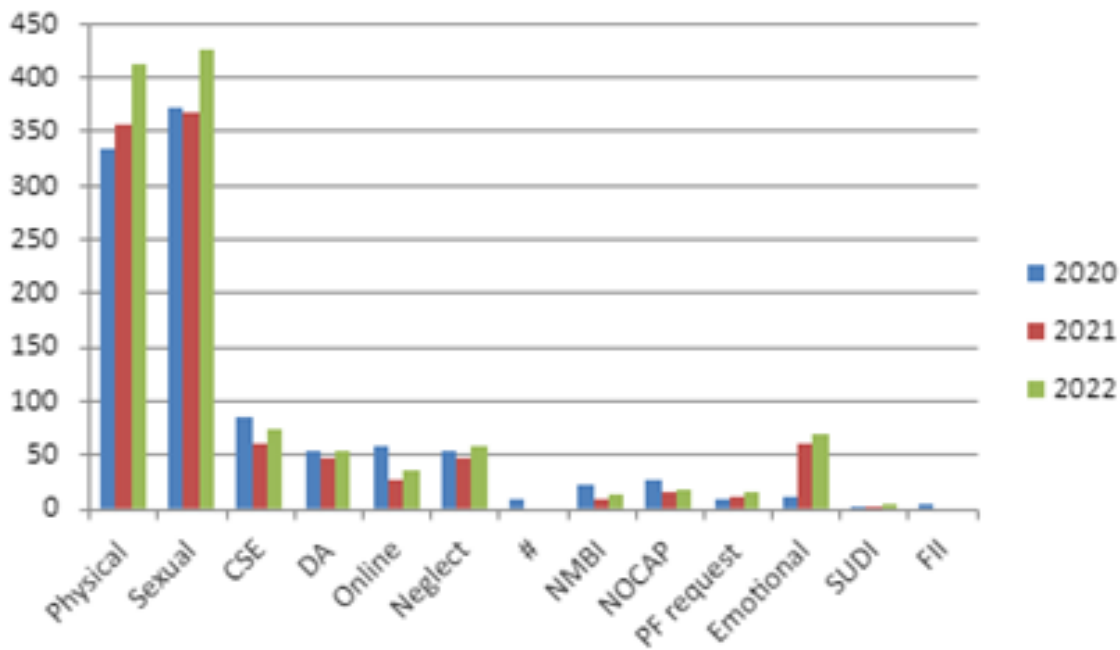
Child IRD

Last years reported IRD data (1388) captured re-discussions and we have now improved reporting and have shifted our data to capture the child’s IRD journey as a single event. From November 2023 we also now include Fife Senior Child Protection Nurse Advisors (SCPNA) attendance at out of area IRDs. Health representation at IRDs has been 100%, this is a priority area within our Business Continuity Plan to meet the expectations of the National Guidance. IRD numbers have remained consistent, from April 23 – March 24, with **1026** (M = 85.5 per month) child IRDs discussed compared to **1069** (M=89 per month) IRDs from April 22 – March 23. The most notable fluctuation in the data being in the last months of 2023–2024 when cases were slightly lower during December, January and February, then with a notable increase of 31% on the mean in March. This may be due to IRD being the route to CPPM being implemented on the 4th March 2024 and/or due to the knock-on effect of scheduling from the 6th February 2024 resulting in non-urgent case discussions no longer progressing on the same day, rather scheduling can progress up to 5 days following the IRD being raised. Any initial implications from scheduling would be expected to even out as the scheduling process becomes embedded. The next data report should provide more comparative data to identify any patterns and trends.



The graph below captures IRD themes over a 5-month period since our databases inception in November 2023. Although data from previous years prior to 2022–2023 was based on a different reporting period, the data is comparable to the common themes of previous years.

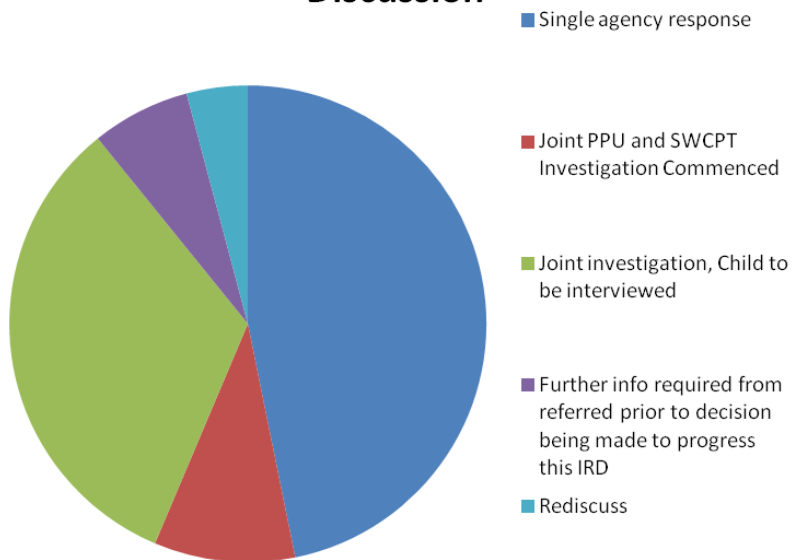




IRD themes 2022–2023

Mid 2021, mid 2022 and overall, 2022–2023 data indicated that whilst physical concerns remained a significant proportion of cases being raised to IRD, sexual concerns superseded for the first time. Anecdotally, there was a sense that concerns of an online / sexual / Child Sexual Exploitation (CSE) nature had risen particularly during the pandemic, and this may have been anticipated with both adults and children / young people spending more time within the home environment, having increased access and activity online. Our sexual concern data does not determine between online abuse, sharing of images or sexual assault which is an area we can look to breaking down to make more meaningful moving forward. The 5-month period of November 2023 – March 2024, indicates that Physical and sexual concerns respectively remain the standout themes from child IRD, with physical again slightly superseding sexual concerns in that 5 month period.

Top 5 Outcomes Following IRD Discussion



Medical Examinations

We have a rota for Child Protection (CP) medicals (non-Child Sexual Abuse (CSA)) which the Acute and Community Paediatricians contribute to. This comprises of 15 Paediatricians. There is a Paediatrician on call 24 hours a day therefore out of hours there is access to a Paediatric Consultant for urgent Child Protection medical advice.

A separate CSA rota is in place to cover both acute and non-acute CSA medicals. In hours this is fully staffed by a rota of 5 Fife Paediatricians with training in CSA examinations. Out of hours (OOH) CSA cover is provided via the Managed Clinical Network (MCN) for Child Protection. This covers physical abuse in Lothian and CSA in Fife and Borders. 3 Paediatricians in Fife contribute to this OOH rota, however with the recent employment of a new Community Paediatrician, there will soon be 4 contributing to this rota.

In the period between April 1st 2023 and March 31st 2024, we carried out a total of 110 Child Protection Medicals. We conducted 67 Joint Paediatric Forensic Medical Examinations (JPFMEs) for physical abuse concerns and 22 single doctor medical examinations generally done for concerns around neglect or medicals for siblings of children who had a JPFME. We conducted 12 JPFMEs for acute sexual abuse concerns and 9 specialist single doctor medicals for suspected sexual abuse (usually in cases of historic abuse or non-specific symptoms/signs where there were some concerns these symptoms may be related to sexual abuse).

Of all non-CSA medicals, 46 of these children were male and 43 were female. Ages in non-CSA medicals ranged from 0-<16. 19 medicals for ages 0-1, 26 medicals for ages 1-4, 31 medicals aged 5-11 and 21 medicals for ages 12-16.

Of the CSA medicals, 4 were male and 16 were female. Ages in non-CSA medical ranged from 1-<16. 6 medicals age 1-4, 9 aged 5-11 and 6 aged 12-16.

Forensic standards

The 2017 Healthcare Improvement Scotland standards for Healthcare and Forensic Medical Services for People who have experienced Rape, Sexual Assault or Child Sexual Abuse: Children, Young People and Adults cover the following areas:

- leadership and governance
- person-centred and trauma-informed care
- facilities for forensic examinations
- educational, training, and clinical requirements, and
- consistent documentation and data collection

The standards ensure we are meeting the clinical criteria as set out by the Faculty of Forensic and Legal Medicine.

Health IRD operating model

To enable implementation of the new National Guidance, and streamline our multiagency and single agency processes, our child IRD operating models have undergone significant changes over the reporting period as previously outlined.

We are taking a planned approach to the management of the IRD process within health that ensures the expectations of the revised Child Protection Guidance are met and gives assurance to NHS Fife / Health and Social Care Partnership that the process is being delivered by skilled and competent health staff at the right time. To facilitate health representation at all Child Protection IRDs, support the anticipated increased workload of full implementation of the guidance and create capacity in the system, a pilot utilising the Plan, Do, Study, Act (PDSA) improvement model in relation to a redesigned health IRD operating model progressed on 18th March. A phased approach will be taken which will progress a pilot of the named person (preschool) as the IRD health representative, progressing to the School Nurse for school age children in a subsequent phase. SCPNA's will continue to attend IRDs which meet the criteria requiring their additional specialist experience and knowledge of complex child protection cases.

The 'so what?'

- The introduction of ISPs at IRD ensures children are kept safe from immediate harm.
- The introduction of scheduling and new IRD forms has streamlined processes, facilitated practitioners to come prepared and made the IRD meeting more timeously.
- Our IRD pilot seeks to increase capacity to enable the practitioner who knows the child best to be supported to be the health representative at the IRD meeting for children on their caseload and for the SCPNA's to attend IRDs which meet the criteria requiring their additional specialist experience and knowledge of complex child protection cases. A locality based roll out, with workforce engagement, planning and development will support a confident and competent workforce. It will result in the health representative working with the family providing rich, up to date and accurate information to support information sharing and decision making at the IRD and support the

professional development of this cohort of staff. This new approach can improve communication with the team around the child. It may also support opportunity to progress with an increased contribution of health actions directly from health practitioners working with the family.

- Participating and providing feedback to the first multiagency IRD training pilot delivered by the Scottish Government has supported our staff with their knowledge, skills and confidence at IRDs
- Building relationships and multiagency training with our partners allow respectful, professional challenge to keep the child's best interests at the centre of decision making.
- It is hoped that improved data collection from a health specific lens will support us identify any areas for service learning and development.
 - Our new health data collection allowed us to improve our collation of themes from IRD. Identification of themes allows services to consider what their service can do to support children, young people and the families they work with to improve outcomes.
 - Our data collection improvements will support the identification of health specific actions from IRD moving forward, allowing us to consider the implications of our new health IRD operating model on the number of health tasks for Health Visitor, Family Nurses and School Nurses and consider the impact, if any to children and young people.
- In 2023, stakeholders met quarterly to review forensic standards to ensure forensic these are being met. Self-assessment has been completed and evidenced. Review of the forensic facilities highlighted a need for change to ensure we can keep the facilities forensically clean. Changes were implemented such as removing unnecessary equipment, reduction in toys with a wipeable toy box, limiting access to the examination room with regular deep cleans after every medical, hands free taps and replaceable curtains. We have a new child friendly wall mural for interest and distraction in our examination room. We have continued to pass on regular inspection by the Scottish government on DNA contamination detection and a process is in place for continual monitoring.
- Recent improvements in pathways have been developed to ensure Children and Young People who have undergone CSA have their emotional and sexual health needs met whether or not they undergo a CSA medical. This includes health follow up with the GBV Nursing team and CAMHS urgent parent/carer support within 2 weeks of a child having undergone a CSA medical.

Supporting Our Staff to Protect Children and Young People

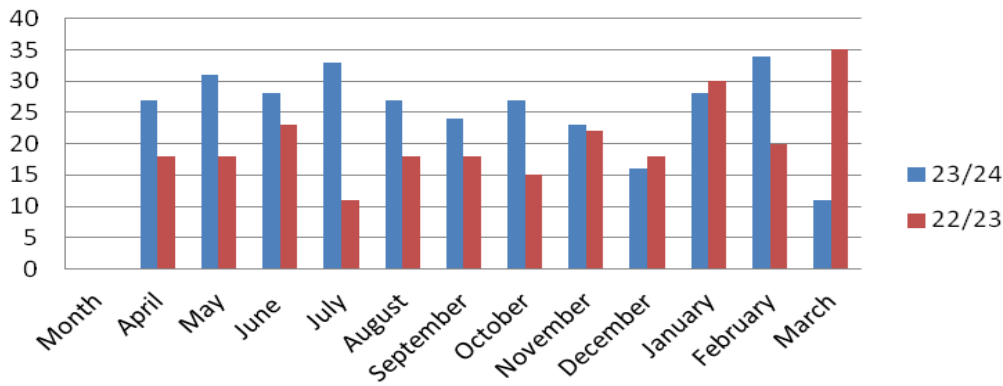
Advice Calls

The Child Protection Team delivers a service offering all NHS Fife staff telephone advice, support and guidance Monday to Friday 0830hrs to 1700hrs on 01592 648114. Following improvements in our data collection, we have identified that only 3 calls were received between the hours of 16.30 and 17.00 during a 5-month period. A deeper dive demonstrated those calls were not urgent and none resulted in progression to IRD, however, they did result in staff working beyond their contracted hours, to the detriment of wellbeing and work/life balance, impacted on lone working arrangements and placed a disproportionate demand on our administration staff cover. Therefore, from the 1st of April 2024, advice calls will be available between the new hours of 08.30hrs and 16.30hrs.

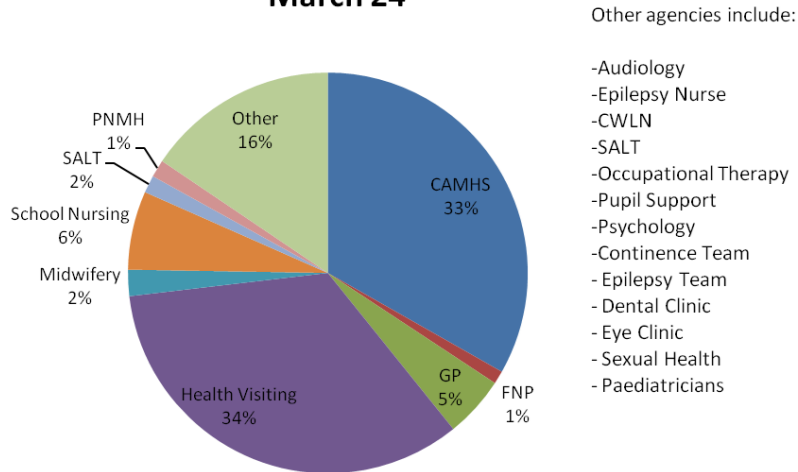
An allocated SCPNA) prioritises responses for advice as soon as practically possible, usually within a 2-hour window whilst also carrying out additional IRD hub supportive office duties. Practitioners are sent a written summary of the call by the SCPNA for review and attachment to the child's record and are invited to provide feedback. The response rate to feedback has historically been extremely variable therefore, as outlined in last year's report, improvements progressed from November 2023, with a move to an electronic survey response. Despite this change, response rate remains poor at 18% with 30% of those responses from Health Visiting and 45% from Child & Adolescent Mental Health Services (CAMHS). This may be recognising the wider workforce pressures which may impact on the workforce's ability to prioritise a response and the possibility that previous feedback may negate a further feedback response. SCPNAs can discuss and reflect on specific calls with their peers, the Child Protection Team Leader, the Lead Nurse Child Protection and/or the designated daily Child Protection Paediatrician.

From April 2023 – March 2024, there was a total of **309** advice calls responded to by the team. An increase of 20% (246) from the previous year (reporting periods prior to April 22 were calendar years and not comparable). This may be due to several contributing factors, such as increased awareness of this function of the team at the reinstated Child Protection training, new allocations of SCPNA portfolios and Quality Improvement work with services, improving visibility and links, the anecdotal feeling of the increasing complexity of Child Protection cases, the inability of the team to support 1 to 1 and at times group supervision with the highest service users – Health Visitors and CAMHS. Lack of feedback from service users does not support robust analysis of this increase. There does not appear to be patterns of any peaks, with calls spread fairly equally throughout the year with some dips noted at popular holiday times.

Advice Calls from 23/24 Compared to 22/23



Agencies Who Haved Called for Advice Between April 23 - March 24



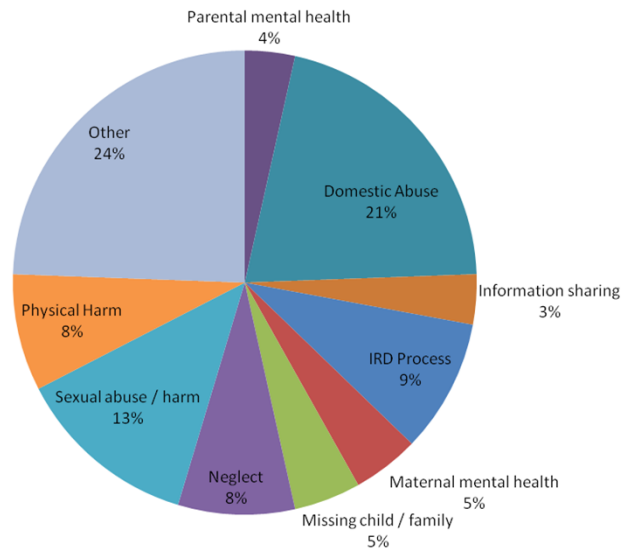
Users of the service are widespread but remain predominantly from Health Visiting and Children's mental health services.

Calls continue to be from an array of child protection issues, with consistent themes from previous years evident. There is a noted addition regarding the IRD process, which is perhaps unsurprising with the changes in our IRD processes during 2023–2024. In a comparison of previous reporting years, domestic abuse appears to be an emerging theme and is in keeping with pre-birth data.

Themes of Advice Calls Between November 2023 - March 2024

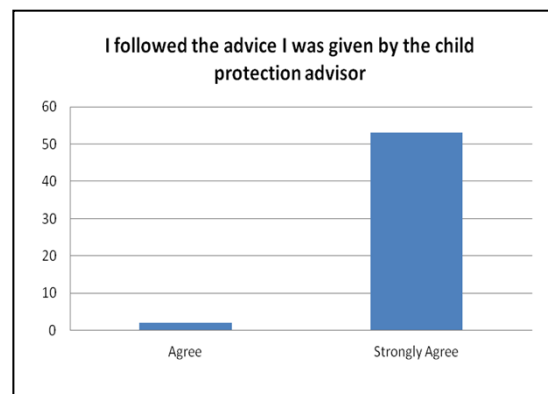
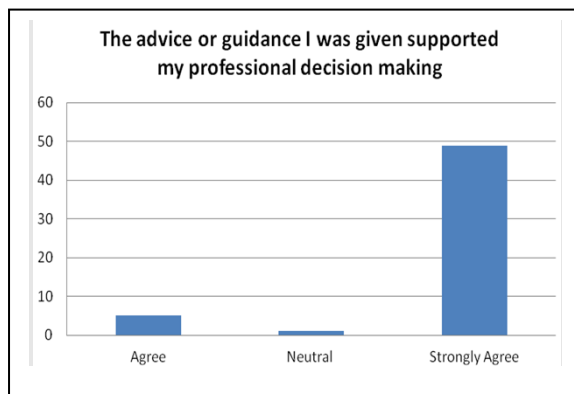
Other Themes include:

Adult online
Bruising
CP Processes
CPPM
Non engaging family
NOCC Process
Parental alcohol abuse
Parental drug abuse
Sub-conjunctival Haemorrhage
Trafficking
Underage sex



The 'so what?'

Feedback from users on the support received has historically always consistently been positive.



In keeping with qualitative data capture from the previous year, there is evidence that the availability of child protection advice results in practitioners feeling reassured, empowered, having increased confidence and knowledge to progress next steps supporting them in their role to safeguard unborn babies and children.

- 'The SCPNA I spoke too was great. Felt very reassured and confident with what to do next. Thank you. '
- 'It was helpful to share my concerns and be told that I was doing all the correct steps. '
- 'The SCPNA reinforced the concerns I had. I was already confident that this needed escalated via Social Work, I just needed to know which route to take. Many thanks for her approachable and professional manner. '
- 'I am so grateful for the timely call back and for the advice provided. '
- 'The SCPNA was lovely, helpful and professional as always. I really appreciate all the help from the team this year. '

- ‘The SCPNA was very professional, supportive and knowledgeable. I was very grateful for the support. By the end of the phone call, I had very clear actions and felt very supported.’
- ‘The SCPNA was fantastic, particularly as this was my 1st time calling the service as someone new to CAMHS with a difficult situation. The SCPNA helped me feel reassured and secure in my professional decision making, and I feel increased confidence in how to handle the situation moving forward.’
- ‘The SCPNA was very supportive in providing reassurance to reaffirm my plan that I wanted to proceed with but was feeling conflicted due to oppositions to my plan from peer supervision.’
- ‘The SCPNA was very helpful and acknowledged the significance of clinical impressions. She offered useful advice that felt appropriate.’
- ‘I cannot speak more highly of this service. This is the 3rd time I have used the service and again I was very happy with the support and advice provided. Mandy was very informative and provided me with excellent advice. Following the call, I had a clear plan and felt support and confident with the advice provided.’
- ‘I called the service at 16:20pm on a Friday but regardless of the time, I received a call back shortly after and was provided the time to discuss my concern fully. Great advice and support as always.’

Child Protection Supervision

The National Guidance for Child Protection in Scotland (2021) suggests that supervision is critical to child protection work to ensure the development of good practice and to improve the quality of a service in order to promote a learning culture. Supportive supervision builds resilience in staff and allows for the development of effective coping strategies (NHS Education Scotland 2021).

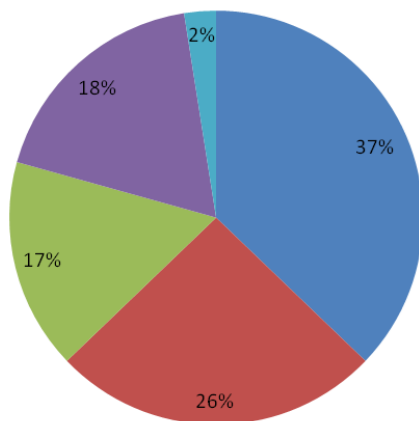
Following on from 22/23 reporting period and the challenges with staffing, delivery of a robust and regular Child Protection supervision model has continued to be extremely challenging due to the resource implications of the National Guidance. This is reflected in our recent workload staffing tool which identifies an uplift is required to fully meet the desired outcome of a mandatory regular Child Protection Supervision Policy. This is an area we would like to progress improvements when capacity and workload allows.

Individual/service group supervision

From April 2023 – March 2024, 144 people received Clinical Supervision over 47 sessions.

Staff Who Attended Clinical Supervision April 2023 - March 2024

■ Health Visitors ■ Graduates ■ FNP ■ CYPCNS ■ Acute Staff Supervision



Multidisciplinary

The CP team have carried out multi-disciplinary supervision sessions including targeted training to the Immunisation Team, a complex session amongst Paediatricians, Child Protection Team and Allied Health Professionals in Fabricated and Induced Illness and a Child Protection update and complex case discussion with the Sexual Health Team. Similar sessions will be incorporated within the Learning and Development plan for targeted sessions within NHS Fife with feedback informing future sessions.

Monthly Physical Peer Review

In October 2023, the Child Protection Team assumed the responsibility for co-ordinating the Monthly Physical Peer Review meetings which were previously managed by the East of Scotland Child Protection Managed Clinical Network (MCN). Meetings are well attended by Consultants, GPs, Health Visitors, Child Protection Nurse Advisors and other disciplines within Children's Services averaging around 40 attendees per month. The meetings play an important role in supporting ongoing learning and collaborative working between Fife, Lothian and Borders NHS Boards.

Multiagency

In 2023–2024, we have re-instigated our multiagency peer review sessions amongst partners. These are hosted by NHS Fife to help us come together as partners and understand our job roles and how communicate better on a multiagency basis.

The ‘so what?’

In the second half of 2022, the Child Protection team began collating feedback from supervision sessions, although last year's report identified response rates were particular low in this area. In light of this, we have reviewed and collated our feedback to date and plan to review what improvement methods we can use to increase feedback response as we carry out a wider scoping into supervision in 2024–2025. Findings from 2023–2024 indicated an agreed or strongly agreed response to the sessions being positive with quantitative data indicating the importance of support for staff working with extremely challenging cases, the need for time to support reflection, learning from others to grow and develop in practice. The majority of staff indicated they would recommend the service to colleagues, with 1 reporting a neutral rating.

Question	Agree	Strongly Agree	Neutral	N/A
The Child Protection Advisor supported reflection on my professional decision making and analysis of strengths and risks	3	8	0	2
During supervision we explored planning of support, the need for multiagency and contingency planning	2	10	1	0
During supervision I was supported to keep the child at the centre during assessment and planning	1	10	0	2
Supervision supported me to challenge my beliefs and consider different actions in the case.	4	7	2	0
I was given the opportunity to discuss and reflect on my learning, discuss relevant legislation and explore appropriate assessment tools as required	6	6	0	1
I felt the child protection advisor supported reflection on my wellbeing and managing stress or trauma	5	8	0	0

Multidisciplinary session feedback

“Very helpful session. Our staff found it really useful to meet the CP team and have the opportunity to discuss cases.”

“Good to gain insight and share how we each process/ work towards ensuring we keep the C/YP at the centre, protect confidentiality and also exchange relevant/ proportionate information. I hope the team feel they can contact us directly more to help guide/ support or discuss tricky situations.”

Individual/service group session feedback

- “Great opportunity to discuss tricky cases. Facilitator was competent and it was good to get some updated in child protection also.”
- “Great to have child protection perspectives and this supervision has guided me in future planning and proposed practice with the family discussed. Great to have some discussion around my own practice and reflection of this. Great to have some ideas and questions offered to me that I can utilise in an upcoming professionals meeting. This supervision has left me feeling positive about my own practice and the support in place for this family currently.”
- “.. very approachable and I know that our whole team feel supported in the knowledge that we can contact someone to discuss any child protection concerns as and when they arise. ..is a great support to us all, we always feel empowered and well supported after our discussions with her. Thanks to the team for all your support, it is very much appreciated. “

Child Protection Education and Training

There are several training highlights from the year 2023–2024 for the Child Protection Team:

- The appointment of a Child Protection Learning & Development Coordinator
- The successful implementation of a comprehensive new training program
- The move to centralised training booking system
- Participation in multiagency training



Learning and Development Coordinator

Since June 2023, the Child Protection Learning and Development role has been instrumental in securing NHS Fife's commitment to supporting the workforce to safeguard children. The full-time role within the Child Protection team supports the current SCPNAs to deliver the Child Protection training requirements as part of the core functions of the team and to meet the demands of the workforce.

A training needs analysis carried out in early 2023 identified gaps in Child Protection learning and a lack of clarity around training requirements so the role has played a key part in aiming to improve the core function of the team and bring clarity to the training expectations of staff.

Mandatory Child Protection Training for all

In February 2023, child protection mandatory training in Fife moved over to the national NHS Education Scotland (NES) Child Protection modules (level 1 and 2). The availability of these modules on TURAS has offered an opportunity for clarification to the workforce on the training requirements. Both modules are easily accessible on the training platform. Guidance to staff was circulated in August 2023 based on the 'Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff' (Fourth edition: January 2019) document which supports the health workforce when identifying their Child Protection training needs dependant of job role and responsibility. Five levels of staff are identified within this national guidance which aligns with the new 'National Framework for Child Protection Learning and Development in Scotland 2024' published in March 2024. Training requirements for staff was circulated in August 2023 and reflects the guidance in both documents.

Core Induction Training – All Staff

All new NHS Fife staff are required to complete their Core Induction Training on TURAS which includes a Protection for All module that covers key Fife Child Protection information; a strong emphasis on "Child Protection is everyone job!" remains the key message. Due to some new changes being implemented from the National Guidance for Child Protection 2021 impacting on local process this Core Induction training was updated at the end of 2023 to reflect these changes.

Mandatory Training for Named Persons

In 2019 Chronology and Risk Assessment & Analysis Training was made mandatory for Health Visiting and Family Nurse Practitioners; to be repeated 3-yearly. No NHS Fife Risk assessment and Analysis training was offered to staff in 2022 and 2023 (due to staffing capacity) therefore key efforts have been made in 2024 with the introduction of the new CP training programme to ensure Health Visitors get priority for these sessions.

The CP Learning and Development coordinator; alongside the CP Lead Nurse identified an initial requirement to commence Chronology training before a formal training programme had been created due to the mandatory training requirements of Named person staff within the service and the fact that very little Chronology training had been carried out in 2022 and 2023.

A series of five face to face Chronology training sessions were run between September and December 2023 and named person staff were encouraged to attend. Capacity for these sessions was capped at 90 with priority booking for health visiting staff.

Improving staff accessibility to training

To streamline the booking, attendance, and reporting process we worked alongside our Practice and Professional development team to move our training booking over on the TURAS platform. Using TURAS supports Child Protection team admin staff to manage bookings more centrally and allows greater transparency of attendance and cancellations. All Child Protection Training programme sessions are now available to book via the TURAS platform which ensures centralised booking management and facilitates monitoring of staff training compliance.

Child Protection Training Programme 2024

Commencing on January 1st, 2024, a comprehensive training program aimed at enhancing staff competencies in child protection was introduced.



This program encompassed vital topics including Chronology, Risk Assessment & Analysis, Introduction to Neglect, Childhood Sexual Exploitation, Fabricated and Induced Illness as well as a new offering of Child Protection in Practice (an opportunity for the workforce to identify their own Child Protection learning needs and suggest topics that they would like covered by the team).



- **Chronology:** Participants are trained in how to create, use and analyse chronologies for children and young people a skill that is crucial for assessing risk, identifying patterns of behaviour and supports practitioner supervision.
- **Risk Assessment & Analysis:** Staff members explore the wider use of the GIRFEC National Practice model and the National Risk Framework to gain hands-on experience using risk assessment and analysis tools for comprehensive risk assessment, risk analysis and risk management.
- **Introduction to Neglect:** Participants explore the subject of neglect, recognising possible signs of neglect, understanding its impact and how they might assess and manage.
- **Childhood Sexual Exploitation (CSE)*:** Participants are educated on recognising signs, vulnerabilities, and protocols for reporting and responding to suspected cases of CSE.
- **Fabricated and Induced Illness:** Training covers identifying signs, understanding risk factors and causes and exploring how cases might be managed.

Data on Training Attendance and Compliance

The compliance number on our mandatory training remain lower than our target due to the break in training in 2022 and 2023 and we aim to increase staff compliance to over 80% by the end of 2024.

Chronology Training

Family Nurses compliance = 16 (89%)

Health Visitors compliance = 72 (59%)

Risk Assessment & Analysis Training

Health Visitors compliance = 36 (40%)

	Chronology (6 sessions)	Risk Assessment & Analysis (2 sessions)	Fabricated & Induced illness (1 session)	Neglect (1 session)
Health Visitors	10	12	13	0
CYPCNS	10	2	0	1
School Nursing	7	1	1	2
CAMHS	6	0	0	0
ANPs	3	2	1	3
AHPs	13	0	1	4
GPs	0	2	0	0
Dentist	0	1	0	1
Nursing Staff	4	3	1	0
HCSW	2	1	0	2

Due to the unavailability of Risk Assessment and Analysis training within NHS Fife in 2023 Family Nurses remained up to date by accessing their national Risk Assessment training “Assessment, Analysis and Articulating Risk in FNP Practice”. 65% of Family Nurses have completed either one day Family Nurse Partnership (FNP) Assessment, Analysis and Articulating (AAA) Risk in FNP or the CP Risk assessment within last 3 years. 29.4% have completed the Fife CP Risk Assessment course - and 2 are already booked on to training for this (others have completed but not within last 3 years). The remaining nurses who haven't completed either are in post less than 18 months and therefore in learning phase of FNP.

Due to the lack of training provision last year attendance data this year shows improved participation rates, especially among Health Visiting staff and staff across the partnership. Training numbers have increased across a broader range of health disciplines with including GPs, Dentists and the Allied Health Workforce. Despite this encouraging increase the challenge for next year will be to ensure CP training continues to be accessed by a broad range of staff groups as we seek to share learning and develop the scope of the training programme.

**Our CSE course begins in April 2024 and therefore isn't included in the 2023–2024 figures*

Medical Education/Training

All Paediatricians and trainees working in NHS Fife complete their 3 yearly level 3 Child Protection update on TURAS (NHS Education for Scotland's Training Programme Management System). In addition to this, Paediatricians attend a monthly Regional Peer Review for Physical and Sexual Abuse (for those who are CSA trained). The CSA Peer review includes journal club or educational Topic. Fife contributes in chairing these sessions to ensure there is a spread of cases from Fife Paediatricians that are Peer reviewed. The Lead Paediatrician attends a National Complex Case forum to share learning from around Scotland and obtain expertise from other Child Protection leads into Complex Child Protection cases.

Paediatric trainees receive a Child Protection induction to ensure awareness of policies. Child Protection training is delivered by Paediatricians to medical students, Foundation doctors and GP trainees. Training is tailored to the needs of the trainees and incorporates learning from local and national Learning Review outcomes. There is also periodic specialist training for Paediatricians for example Radiology training and delivery of the National Trauma Training Programme, updates in Child Protection processes for Neonatologists.

GP training- This has been paused regionally after the 2022 MCN session. Fife has since performed a training needs analysis for GPs in Fife including how they would like Child Protection training to be disseminated. This training will be carried out later in 2024 to meet the needs of GPs and GP Advanced Nurse Practitioners.

CPC Multi- Agency training 2023–2024

As well as our in-house training we now support a programme of multi-agency training through our Child Protection Committee (CPC) which commenced with the recruitment of a CPC Learning and Development Lead Officer. CPC training supports multi agency learning; the importance of which is often a key theme identified in learning reviews. Throughout the year the following courses are provided:

- CPC Multi Agency Child Protection Procedures (two-day course)
- CPC Child Protection and Families Affected by Disability
- CPC Multi Agency – Substance Use – Impact on Children and Families
- CPC Multi Agency Return Home Welfare Interviews
- CPC Multi Agency Child Protection and Parental Mental Health

Dates run throughout the year and key members of health staff support each these sessions to ensure the multiagency learning space has a key focus on the impact of health needs on children and young people and to ensure a shared learning about policy and process.

The ‘so what?’

Training Feedback

‘Chronology Training made me evaluate how I use the chronologies in my daily practice. I now think about chronology when note taking and it reminded me of the content we should be adding to chronologies’.

‘I’ve gained a lot more knowledge around fabricated and induced illness as this isn’t something I’ve come across in my role’.

‘I feel much better informed as to what child neglect means, types and signs of it and what I can do to deal with it’.

‘Attending Risk Assessment and Analysis Training as a new qualified HVI found the training very beneficial. The combination of slides and groupwork worked well, allowing the opportunity to unpick cases.’

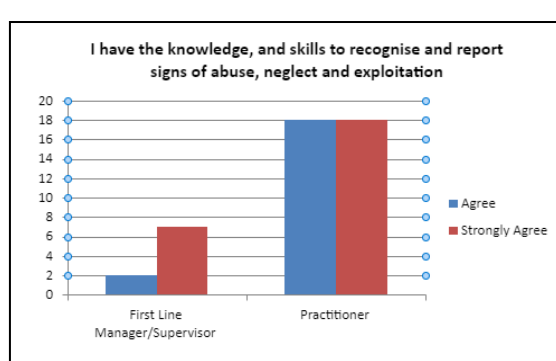
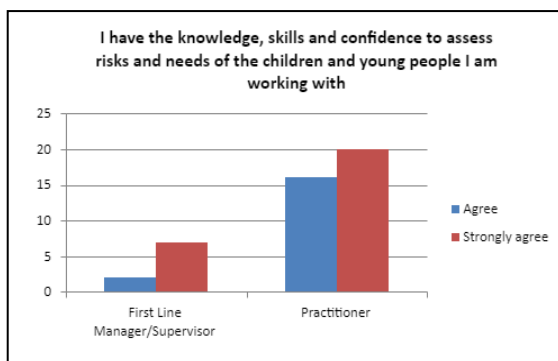
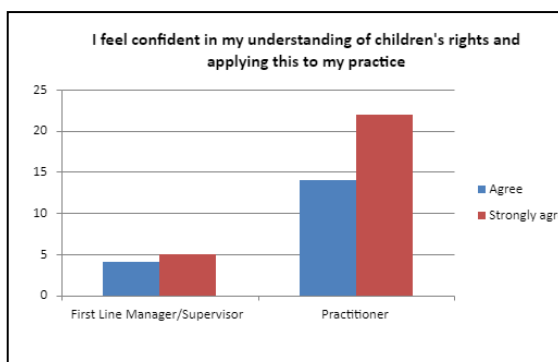
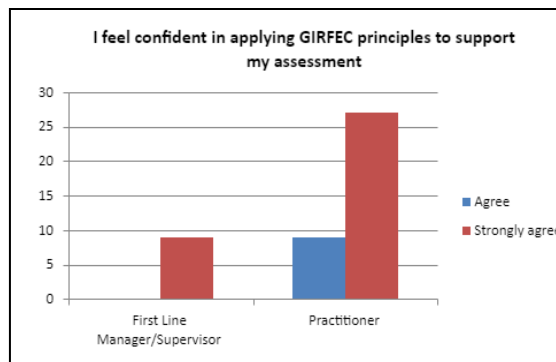
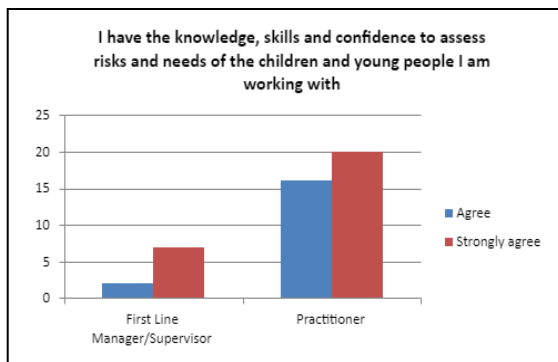
The successful implementation of the new training program and the transition to the TURAS platform signify significant strides in our commitment to child protection training. By equipping our workforce with essential knowledge and skills and centralising training data. We aim to equip the workforce to be able to identify and manage child protection cases and escalate appropriately to ensure the children of Fife are safe and protected from harm and abuse.

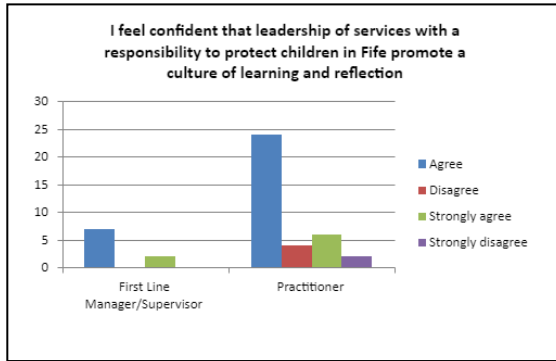
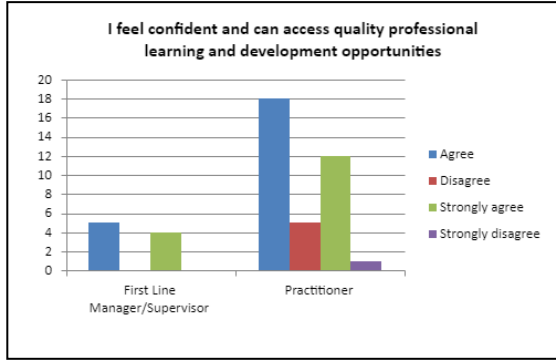
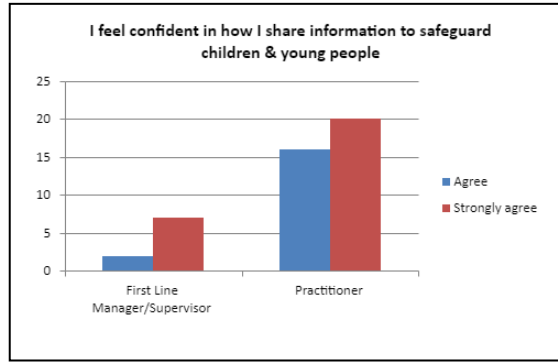
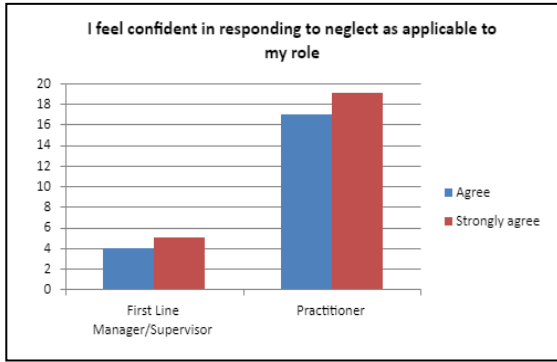
Contributing To a Confident & Competent Workforce

The 'so what?'

Ensuring we have a health workforce that feels confident and competent in their role to protect and promote the wellbeing of children and young people is our priority.

The 2023–2024 Child protection Committee (CPC) workforce survey was circulated to all health practitioners within Health Visiting, Family Nursing, Vulnerable in Pregnancy (VIP) Midwives, Child Protection Paediatricians and a sample of GPs. Results from the 45 practitioners who completed the survey, (9 of those first line managers) demonstrates a self-evaluated skilled, knowledgeable, and confident workforce where there is visible leadership within services to protect children and improve outcomes with a focused culture on learning and reflection.





Innovation and Improvement

To shape and support a culture of learning and continuous improvement in child protection across Children's Service, our achievements of the past year include the progression and introduction of new posts within the service to support our workplan and new Children's Services vision and mission statement.

Vision Children and Young People in Fife will be safe, healthy and will reach their full potential.

Mission Statement Our Children's Service Vision will be delivered through a skilled, competent and valued, workforce who are committed to working with Children, Young People and their families to improve health and wellbeing.

Collette Milne
Child Protection Team Lead

The Child Protection team is currently undergoing significant structural changes in line with the vision for children across Scotland. The Team Leader Role supports the Lead Nurse in delivering the strategic priorities operationally. The Team Leader role supports the Senior Child Protection Nurse Advisors, the wider NHS work force and multi agencies working in mapping out and delivering the key priorities operationally. Another focus of the Team Leader role is to support the Senior Child Protection Nurse Advisors in delivering all core functions of the Child Protection team with a focus of delivering high quality practice to empower all NHS Fife employees in relation to all aspects of Child Protection, through opening up links, communication and resource to aid safe, child focused practice.



Laura Cuthell
Child Protection Clinical Effectiveness Co-ordinator

Laura joined the Child Protection Team in August 2023 as our Child Protection Clinical Effectiveness Co-ordinator. Having worked for the previous 5 years within the East of Scotland Regional Planning Team providing Project Support to the Managed Clinical Network for Child Protection, Laura brings a broad range of experience and knowledge at both regional and national level to this new role.



Since commencing her secondment, Laura has been working on improving governance and data collection around the teams 4 Core Functions; developing and supporting data collection for pre-birth IRDs; National reporting on child sexual abuse; data collection and submission for the HIS Indicators for People Who Have Experienced Rape and Sexual Assault or Child Sexual Abuse ([Healthcare and forensic medical services standards – Healthcare Improvement Scotland](#)); contributing to the development of a child protection Training Needs Analysis; supporting the Learning and Development Co-ordinator with the roll out, evaluation and planning of child protection training; supporting the ongoing implementation of the National Guidance and has recently project managed the

roll out of our Pre-School IRD Implementation project.

Laura is currently undertaking an Audit and Improvement Course via Dundee University and looks forward to continuing to develop her new skills around Quality Improvement in 2024–2025.

Multi Agency Improvement Team (MAIT)

The initial work of the Multi Agency Improvement Team (MAIT) was to reduce the number of inappropriate Notification of Child Concerns (NOCCs) being submitted to social work.

The health representatives for the (MAIT) have been in post since 29th May 2023. The initial focus of their work was to identify any gaps in health personnel knowledge or training and aim to reduce the number of inappropriate NOCCs that are submitted to the Social Work Contact Centre from health professionals. It was envisaged, this would have a subsequent positive impact of the effectiveness and efficiency of services.

An initial 6-week scoping exercise of NOCCs submitted from health practitioners was completed. This highlighted 30% of NOCCs submitted from health professionals were inappropriate with a high number of NOCCs submitted by CAMHS staff. A pilot was commenced, in December 2023, to include training for CAMHS staff and subsequent data collection from social work colleagues to determine if the training had reduced the percentage of inappropriate referrals from CAMHS. The training to CAMHS was received very positively. The plan thereafter was to rollout the training to all services who submit NOCCs. However, the Child Wellbeing Pathway Working Group is currently developing a single referral form to social work that aims to replace the NOCC form. The work of the MAIT will shift slightly to scope and progress this work, alongside health raising IRDs.

Despite the change in direction from a multi-agency perspective, the health representatives have supported improvement work from a health perspective. One of the health representatives has also been involved in the health project work in relation to the new Interagency Referral Discussion process including training and supporting health professionals.



Debbie Wilson and
Lisa Bertram - MAIT
health representatives

Rebecca Saunders

Child Protection Learning & Development Co-ordinator

Rebecca joined the Child Protection team in June 2023 from Maternity services where she led their child protection training and development so the move to the Child Protection team felt like a very natural one as she already had close ties with the team. She was only in the Child Protection team from June 2023 to December 2023 due to service redesign when her role was realigned to become a wider children's services role but continuing to support and deliver the Child Protection learning and development function. During her short six months in the team, she developed the Child Protection learning and development workforce guidance/requirements, re-wrote and delivered chronology training alongside various member of the Child Protection team, produced a new training programme for 2024 and developed new training presentations for Risk Assessment and Analysis, Fabricated and Induced Illness and Neglect training.



Child Protection administrative support

In 2023 and 2024 we welcomed Donna Comrie and Danni Newlands to temporary positions within our Child Protection administration team. These additional posts support the new health administration role we have undertaken in respect of pre-birth IRDs, Bairnshoose and IRD scheduling on behalf of the partner agencies.

Donna Comrie

Child Protection Administration Support

I am still in my first year as part of the Child Protection Team, having joined in August 2023. I'm responsible for the training administration of courses provided by the team, working with the Training and Development Team Lead.

Another part of my job is to undertake the admin duties required for the weekly pre-birth IRD process as well as the evolving, daily IRDs. This includes: requesting information from GPs, named person and other health professionals who have involvement with the children/young person. We also ensure health professionals are updated on the multi-agency decisions made at the IRD meetings. Health have taken on the administrative responsibility for the pre-birth IRD process which means the requesting, collation, and distribution of multi-agency information within a short timescale. In the case of Pre-Birth IRDs I also attend the MS Teams meeting to complete the IRD form whilst discussions take place. The whole IRD process has been subject to recent changes and there is now the element of scheduling included for a more robust process.

The Admin Team also provide the administrative duties for all emails received through the generic inboxes. This work includes National Missing Family Alerts both national and local and NHS 24 Alerts.

The job I perform is very varied and interesting with no two days the same. Admin are the first point of contact for anyone phoning or emailing the Team. Other duties include taking minutes of meetings including internal, Multi Agency Improvement Team and project meetings.



The work undertaken by the team requires being measurable and as such, databases are an important tool for the team to measure the service they provide and the targets to reach and these require accurate, regular updating by admin. These include IRDs, Pre-birth IRDs and Advice calls. The Advice call feedback is now a quicker process as I compiled an MS Forms document which allows me to update the information automatically on the database.

Danni Newlands
Child Protection Administrator



I joined the Child Protection admin team at the end of January 2024 having worked within children's services since 2018. I provide admin for the Child Protection team on a part time basis 3 days a week. It was evident very quickly the workload, at times can be heavy and fast paced and no two days will be the same. It was obvious that this was not a job you could just walk into and know what you're doing, very much a role where continuous learning is required.

Day to day I have been mainly focussing on the IRD process as there are so many elements from start to finish. I feel I am now confident with the IRD process, scheduling and all other background work. However there are always new situations which arise but help is never too far away. I also pick up NHS 24 emails and Missing person alerts as well as child protection message requests. I am supporting the Child Protection winscribe typing for consultants which, in comparison so the short clinic letters of my previous post are very lengthy and detailed.

My previous roles have helped as I can lend a hand when it comes to general admin tasks and annual leave sheets/flexi sheets for the team as well as orders and roster systems if need be. Answering Incoming calls and prioritising workloads as appropriate.

Since joining the team I have been supported by the other two admin staff, bringing me up to speed on their processes as well as being welcomed by the wider team. The team is very small in comparison to the workflow, complexity and essential service they provide, however it was evident early on that they are dedicated and passionate about the service they provide. Very happy to now be a part of the Child Protection team.

Child Protection Team Staff Development

Professional development is supported and actively encouraged within the Child Protection team to foster a culture of learning and continuous improvement in Child Protection and Leadership. Despite such a busy and challenging time for our service, our staff have showed tremendous commitment to their professional development and in turn the development of the service in the past 12 months;

- Senior Child Protection Nurse Advisors Adele Stuart and Anne Taylor successfully completed the Professional Supervision Course at the University of Stirling
- Senior Child Protection Nurse Advisor, Mandy Stevenson commenced the Child Welfare & Protection Modules at the University of Stirling
- Child Protection Learning & Development Coordinator, Rebecca Saunders commenced the MSc Leadership in Healthcare at Dundee University
- Child Protection Clinical Effectiveness Coordinator, Laura Cuthell commenced an Audit and Improvement course at Dundee University
- Child Protection Team Leader, Colette Milne commenced the NHS Fife Clinical Leadership Programme
- Child Protection Lead Nurse, Lindsay Douglas commenced the NES Managing Quality in Complex Systems programme



SCPNA's, Adele Stuart & Anne Taylor

Bairnshoose

Fife were successful in our bid to become a Bairnshoose Pathfinder. Bairnshoose is based on the Icelandic model of Barnahus (children's house.) A key aspect of Barnahus is the 4 rooms approach to bring together child protection, health, justice and recovery services in one child friendly setting. The Bairnshoose standards were published by Health Improvement Scotland and the Care Inspectorate in May 2023. As successful pathfinders, we have the opportunity to design and implement new ways of working to deliver meaningful trauma-informed outcomes, with benefits to both community and workforce. We have the opportunity to engage with Scottish Government and influence policy development. We have national Peer support with other Pathfinders to share learning and to work with pathfinders together as a community of practice. As pathfinders, we have been able to access an amount of funding from the Pathfinder fund.

We have formed a project team with a clear governance structure. We have a project support officer in place and a participation and engagement officer who will enable us to include Children and Young People in our design model. Our next stages are working with partners on structuring our 4 rooms in a way that works for Children and Young People and those who will be working within Bairnshoose.

Learning Reviews

The Lead Nurse Child Protection and Child Protection Clinical Effectiveness Coordinator have been reviewing Child Protection adverse event reporting to support robust data capture and ensure timely and effective learning from events and near misses. In 2023–2024 complex case reviews and multiagency Learning Reviews have evidenced many areas of good practice in health, supported targeted development plans for individual practitioners and where a need has been identified, identified common thematic learning for renewed emphasis in Child Protection training and education. They have also supported the development of new or updated health guidance and standard operating procedures, devised in partnership with Child Protection, Children’s Services and Emergency Department Leads and the Child Protection Specialist Midwife. Action plan trackers and governance has improved and is now progressed via the new Child Protection Team’s Children’s Services Governance reporting and the established Child Protection Health Steering Group.

Child Protection Scottish National Clinical Guidelines Group

The Child Protection Scottish National Clinical Guidelines Group is a multidisciplinary network which works to develop national guidance to support consistency across health boards. Our Child Protection Clinical Effectiveness Co-ordinator represents NHS Fife at this group. The group have developed guidance on Bruising in Pre-Mobile Infants, Genital Bleeding in Pre-Pubertal Girls, Out of Area Guidance and Fractures Raising Child Protection Concerns (www.cpscottishclinicalguidelines.scot.nhs.uk)

Moving Forward

As we move into 2024–2025 we will work towards our developing workplan with a focus on our new Children’s Services vision and mission statement and supporting our co-produced Children’s Services priority areas of improving shared learning, improving communication and improving relationships. We look forward to building upon the Children’s Service Development Days which took place throughout 2023 as we move forward with a more cohesive way of working.

In the final quarter of 2023–2024, we have been planning for progressing the final stages of the Child Protection Guidance Implementation plan to include;

- Continued review of our health IRD operating model with progression of our IRD pilot
- Review of health Information Sharing Guidance
- Scoping and improvements in cross Border Working
- Progression of an Electronic IRD system (EIRD)
- Progress the wider definition of a child to include 16-17 years olds
- Siblings having an IRD in their own right
- Gatekeeping and supporting wider health services requests for an IRD to be raised when health professionals have concerns of significant harm

Additional areas of focus planned for 2024–2025;

Self-evaluation and improvement

- Continual review of our new data collection systems and performance reporting
- Scoping and progressing a Child Protection supervision model
- A 2024 Training Needs Analysis which will help to inform our plan of training going forward and identify gaps in training requirements in order to continue to provide relevant and suitable training to our workforce. We hope to achieve over 80% compliance for our named person training by this time next year.
- Building on our work from 2023, with multiagency partners in obtaining feedback from families, children and young people undergoing Scottish Child Interview Model (SCIM) interviews to include feedback on CP medicals to guide our service upholding the United Nations Conventions on Rights of the Child on including the voice of the child in shaping our service. We have had limited feedback on medicals however we are confident with the recruitment of our new participation and engagement officer as part of our Bairnshoose pathfinder work we will harness the voice of the child around the medicals process.
- We have been working alongside our mental health and sexual health colleagues to improve pathways for vulnerable Children & Young People who have experienced trauma. Ongoing work will take place within the Bairnshoose project.
- Progressing a new co-produced Children’s Services record keeping audit tool.

- Continued work in relation to Child Protection adverse event reporting in NHS Fife and robust processes for when allegations/concerns are identified against NHS and private sector health care staff. This will also now correlate to work progressing nationally.
- We will continue to be robust in our response to Learning Reviews, embedding learning in line with 6 for safety and highlighting good practice alongside identified areas for learning and supporting staff throughout this difficult and emotive process.
- Improved visibility and communication including 7-minute briefings on key themes, review and restructure of our Child Protection Blink pages, contribution to the new Children's Services SWAY to promote and update on the Child Protection service, progression of allocated SCPNA portfolios.
- Implement the requirements of the NHS Public Protection Accountability and Assurance Framework (2022) into practice in Fife assessing the adequacy and effectiveness of our Public Protection arrangements at strategic and operational levels with the support of the national toolkit approved by Scottish Executive Nurse Directors (SEND) in March 2024.

The Child Protection Learning & Development post, the Child Protection Clinical Effectiveness Coordinator and MAIT posts have recently transferred to the new Children's Services Quality Improvement team where they will broaden their remit within Children's Services, and we look forward to continuing to maintain our close working relationships as part of our wider Child Protection Team. Building on the wealth of work that has been commenced these past 12 months in relation to training, quality improvement, data capture, governance and audit to protect unborn babies, children and young people.

This year's annual report demonstrates the huge amount of work that the team have progressed this past 12 months both within our own service, wider health services and with our partners. Whilst it is amazing to reflect on the achievements and successes of this past year, it has not been without significant challenge. We would like to therefore take this opportunity to thank the members of the Child Protection team, our Child Protection Administrative Team and our wider Child protection team for their direct or indirect role in enabling us to progress not only our core work, but this huge volume of progressive improvement work in such a short period of time. They have shown dedication and commitment to protecting and promoting the safety and wellbeing of children and young people in Fife and improving their outcomes.

Appendix 1

Glossary of terms

ACRA	Age of Criminal Responsibility (Scotland) Act 2019
AHP	Allied Health Professionals
ANP	Advanced Nurse Practitioners
CAMHS	Child & Adolescent Mental Health Services
CARM	Care And Risk Management
CP	Child Protection
CPC	Child Protection Committee
CPPM	Child Protection Planning Meeting
CSA	Child Sexual Abuse
CSE	Child Sexual Exploitation
CWLN	Child Wellbeing Liaison Nurses
CYPCNS	Children & Young People Community Nursing Service
DA	Domestic Abuse
EIRD	Electronic IRD system
FII	Fabricated Induced Illness
FNP	Family Nurse Partnership
FHSCP	Fife Health & Social Care Partnership
GBV	Gender Based Violence
GCP2	Graded Care Profile 2
HCSW	Health Care Support Workers
ISP	Inter-Agency Referral Discussion
IRD	Interim Safety Plan
JPFME	Joint Paediatric Forensic Medical Examinations
MAIT	Multi Agency Improvement Team
MCN	Managed Clinical Network

NES	NHS Education for Scotland
NOCAP	National Child Abuse Investigations Unit
NOCC	Notification of Child Concerns
OOH	Our Of Hours
PDSA	Plan, Do, Study, Act
PF	Procurator Fiscal
PPU	Public Protection Unit
SALT	Speech & Language Therapy
SCPNA	Senior Child Protection Nurse Advisor
SEND	Scottish Executive Nurse Directors
SCIM	Scottish Child Interview Model
SUDI	Sudden Unexplained Death of an Infant
SWCPT	Social Work Child Protection Team
VIP team	Vulnerable in Pregnancy team

Appendix 2

Summary of the NHS Fife/FHSCP Child Protection Annual Report 2023/24

Publication date May 2024



The NHS Fife/Fife Health & Social Care Partnership's second annual report¹ covers the Child Protection team's work from April 2023 to March 2024. This report outlines our core functions, staff support, innovation and improvement, and future plans.

Our annual report summarises our findings, including:

- the current context and challenges for Child Protection in Scotland
- data for the 4 core functions of the Child Protection team
- the 'so what?' – informing learning for practice
- the Child Protection team's work and future priorities

References

1. NHS Fife/Fife Health & Social Care Partnership (2023) Child Protection Annual Report 2022/2023. Fife: Child Protection Team.

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

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fife.EqualityandHumanRights@nhs.scot or phone **01592 729130**

www.fifehealthandsocialcare.org



Meeting:	Public Health & Wellbeing Committee
Meeting date:	1 July 2024
Title:	Annual Immunisation Report, including Immunisation Strategic Framework 2024 - 2027
Responsible Executive:	Joy Tomlinson, Director of Public Health NHS Fife; Nicky Connor, Director of Fife Health & Social Care Partnership
Report Author:	Esther Curnock, Consultant in Public Health Medicine / Immunisation Coordinator; Chris Conroy, Senior Portfolio Manager Primary and Preventative Care Services

1 Purpose

This report is presented for:

- Assurance

This report relates to:

- Annual Delivery Plan
- Government policy / directive
- NHS Board Strategic Priorities:
 - To Improve Health & Wellbeing
 - To Improve Quality of Health & Care Services

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

The 2024 Annual Immunisation Report and a refreshed Fife Immunisation Strategic Framework for 2024-2027 are being brought jointly to the **Public Health & Wellbeing Committee** for **assurance**.

The purpose of the Annual Immunisation Report is to provide an overview of vaccine preventable disease surveillance data and vaccine uptake data vaccine in Fife. The previous

Fife Immunisation Strategic Framework 2021-2024 has been reviewed and a refreshed version developed for 2024-2027.

2.2 Background

Immunisation is a global health success story, saving millions of lives every year. Monitoring the proportion of the eligible population vaccinated enables continuous improvement, and is complemented by monitoring of vaccine preventable disease surveillance data.

In 2021, NHS Fife and Fife HSCP worked collaboratively to develop a 3 year Immunisation Strategic Framework 2021-2024, which was supported by Fife IJB, with direction given in September 2021 to deliver the Strategic Framework. The Strategic Framework set out the shared vision of NHS Fife and Fife HSCP for a Fife where everyone, everywhere, has confidence in and equitable access to high-quality, safe, sustainable immunisation services throughout their life course. Through implementation of the strategy, the aims were to:

- Protect the people of Fife from vaccine preventable disease by maximising uptake across all immunisation programmes
- Contribute towards improved wellbeing and reducing health inequalities
- Ensure immunisation services are safe, effective and of a consistent high quality
- Raise people's awareness of the public health benefits and people's trust in vaccinations

To realise this vision and ambitions four priorities for action were identified:

1. Optimise immunisation coverage ensuring equitable access for all eligible groups.
2. Enhance the monitoring & evaluation of immunisation programmes.
3. Support & empower a sustainable skilled workforce to deliver safe and effective immunisation services.
4. Community engagement and promotion.

The delivery of the Strategic Framework was and continues to be overseen by the Community Immunisation Services (CIS) Programme Board, with further scrutiny of vaccine uptake across Fife by the Area Immunisation Steering Group, who seek assurance that Fife's population is protected from vaccine preventable disease.

2.3 Assessment

Fife Annual Immunisation Report 2024 (appendix 1)

Surveillance data demonstrate low incidence rates of vaccine preventable disease during 2023 in Scotland and in Fife. However, some infections saw ongoing increases from the very low rates when transmission pathways were disrupted by pandemic restrictions. Emerging concerns relating to vaccine preventable disease included the increased

numbers of measles cases seen in the final quarter of 2023 in England. Provisional data indicates increase in cases of TB in 2023 compared with 2022 in Scotland.

There have been declines in vaccination uptake across childhood vaccinations in both Fife and Scotland over the past 10 years, and these continued in 2023. Annual uptake rates in Fife for the 6-in-1 vaccine were slightly below the 95% target for children aged 12 months in 2023 but children aged 24 months reach this target. Uptake by deprivation category shows that Fife has similar uptake to the rest of Scotland in the least deprived quintiles, but has lower uptake among the most deprived than the equivalent population elsewhere in Scotland. MMR2 coverage evaluated at age of 5 years was unchanged from 2022 in Fife. Uptake by ethnicity, early uptake rates and data by Fife locality were available for the first time for the childhood programme in 2023 and these are described in the full report.

Fife uptake of the teenage boosters in both S3 and S4 has seen a decline in school year 2022/23 compared to 2021/2. A decline in uptake was also seen in the rest of Scotland in S3. Uptake of the HPV vaccine has fallen across all SIMD quintiles in the school year 2022/23, with the gap in uptake between the least and most deprived widening. Vaccination coverage for adult pneumococcal vaccine (PPV23) is higher in Fife than the rest of Scotland. The coverage of the shingles vaccine is lower than the rest of Scotland. During the 2023/24 season, uptake of adult flu and COVID vaccinations were similar in Fife to that reported for Scotland.

Fife Immunisation Strategic Framework 2024 – 2027 (appendix 2)

During the review of the 2021-2023 CIS Strategic Framework and in developing the next iteration of this Framework, it was clear that original Vision, Aims and Priorities were not only still relevant but that they were more critical than ever, with a need for continuity in our strategic ambitions for future years. The transformational changes we are striving to make involve cultural and behavioural changes in our staff, across our Health and Social Care system, and our population in terms of the importance of vaccine uptake across the life cycle. Cultural change of this nature requires consistency in strategic intent over an extended period of time – therefore the vision and aims described within the framework are anticipated to have longer term relevance, with the current 3-year cycle reflective of the need to balance in consistency in approach with the priorities identified based on changes to local and national contexts within this period.

As such, the Vision, Aims and Priorities of the revised CIS Strategic Framework for 2024-2027 are unchanged but have been updated to reflect the progress made over the past 3 years and the current context and anticipated future challenges over the next 3 years. The table below summarises these in brief, whilst the context is explored further in the full strategic framework document appended.

<i>Priority</i>	<i>What we achieved 2021 - 2024</i>	<i>Building on this 2024 - 2027</i>
1. Optimise immunisation coverage ensuring	<ul style="list-style-type: none"> Detailed review of Childhood Vaccine delivery 	<ul style="list-style-type: none"> Integrate inclusion work and quality

<p>equitable access for all eligible groups.</p>	<ul style="list-style-type: none"> • CIS led QI group focussed on improving MMR2 uptake by 5 years • MMR mop-up programme all children to age 18 • HPV improvement project • Inclusion group established with 3rd sector & localities representation 	<p>improvement under new transformation group structures</p> <ul style="list-style-type: none"> • Move to locality based service delivery model • Embed best practice into local service delivery from national SVIP inequalities action plan, utilising national expert advisory group recommendations
<p>2. Enhance the monitoring & evaluation of immunisation programmes.</p>	<ul style="list-style-type: none"> • Establishment of Quality Matters Assurance Group and reporting into HSCP structures • Development of annual workplan for Area Immunisation Steering Group, including review of selective programmes e.g. delivered through sexual health & maternity 	<ul style="list-style-type: none"> • Robust 12 month system planning & monitoring • Strengthened financial monitoring & governance • Timely operational performance monitoring utilising local data and where available on Discovery appropriate peer comparator data
<p>3. Support & empower a sustainable skilled workforce to deliver safe and effective immunisation services.</p>	<ul style="list-style-type: none"> • Completion of full transfer of immunisation programmes from General Practice under the Vaccine Transformation Programme, including travel health • Agile & flexible workforce • Integration into single Community Immunisation Service (CIS) team across infant, teenage and adult programmes • Comprehensive workforce planning 	<ul style="list-style-type: none"> • Resilient workforce where staff wellbeing prioritised • Strengthen workforce beyond CIS • 3 x regional based service delivery teams, aligned to 7 Localities • Ongoing agility to respond to known and unknown changes to vaccine programmes

4. Community engagement and promotion.	<ul style="list-style-type: none"> • Cohort specific communications utilising national and local material • Promotion activity focussed led within CIS workforce 	<ul style="list-style-type: none"> • Wider system engagement strategy to mitigate vaccine fatigue & misinformation • Utilise long-term trusted relationships within communities • Wider health and social care system engagement, utilising national SVIP action plan & resources
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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 Fife Area Immunisation Steering Group (AISG) has a remit to ‘provide assurance to the NHS Fife Board that the Fife population is protected from vaccine preventable disease and to escalate any public health risks as appropriate’. The group meets 3 x / year to review the data across immunisation programmes. Quarterly childhood uptake data relating to uptake of the 6-in-1 vaccine at 12 months of age (3 doses offered at age 8, 12 & 16 weeks) and uptake of the second MMR vaccine at 5 years of age (offered at 3 years 4 months) are reported regularly through the NHS Fife IPQR report as indicators of performance within the childhood programme. The seasonal flu & COVID adult vaccination programmes are also reported regularly through the IPQR assurance mechanism.

2.3.2 Workforce

The development of a sustainable skilled workforce to deliver safe and effective immunisation services is a key priority of the revised CIS Strategic Framework 2024-2027. Staff wellbeing is a critical focus of the revised Framework, recognising the level of flexibility and agility required to deliver Community Immunisation Services.

2.3.3 Financial

Robust financial governance to underpin delivery and sustainability of the programme is paramount. As with any funding source, we require to demonstrate appropriate use of specific funding. Funding for the programme historically comprises a number of funding sources, some of which have clear caveats and constraints on their use. Our objective is to deliver the programme within the financial envelope whilst delivering additionality and value for money. Our processes involve strong financial management, planning, monitoring and reporting through the respective governance groups; and docks to our formal Scottish Government monthly Financial Performance Reporting process, along with cross checking financial values to the number of respective vaccination doses.

2.3.4 Risk Assessment / Management

The management of risk in delivery of the refreshed CIS Strategic Framework will be overseen by the CIS Programme Board, with escalations through SLTs, EDG and to IJB and NHS Fife Board, as appropriate.

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

The annual report includes analysis of the uptake of immunisation programmes by socio-economic deprivation and other equality data where possible. Inequalities in vaccine uptake are monitored where data is available and inform improvement actions.

2.3.6 Climate Emergency & Sustainability Impact

There is significant planning involved in how vaccines are delivered, which includes locations and the transfer of vaccines to and between centres. This is constantly reviewed to consider more sustainable models, which includes locations which are easier to access via public transport to reduce impact on environment.

2.3.7 Communication, involvement, engagement and consultation

The development of the revised Strategic Framework has been overseen by the CIS Programme Board, with wide range of stakeholders across the Health and Social Care System. The development of ambitious Communication and Engagement plans are critical deliverables as part of the revised framework.

2.3.8 Route to the Meeting

- The Annual Immunisation Report were shared at the Area Immunisation Steering Group on 3rd June 2024 and at the Public Health Assurance Committee meeting on 13th June 2024.
- The recommendations on the re-focused priorities of the Strategic Framework for 2024-2027 were presented and endorsed by the CIS Programme Board on 11th June 2024.
- This paper and appendices were tabled with EDG 20th June 2024.

2.4 Recommendation

The priorities within the Fife 2021-2024 Strategic Framework have been progressed over across all immunisation programmes. However, we recognise more needs to be done and

our priorities for 2024-2027 reflect this. It is recognised that to achieve our ambitions and reverse longer term trends of declining uptake we will need to be innovative and seek support to test different approaches to improve uptake by those within our population who currently are not engaging.

The Public Health & Wellbeing Committee are asked to:

- **Note** the findings of the NHS Annual Report
- Note refreshed Fife Immunisation Strategic Framework and outlined priorities for 2024-2027, for a **moderate level of assurance**

3 List of appendices

The following appendices are included with this report:

- Appendix No. 1, Fife Annual Immunisation Report 2024
- Appendix No. 2, Fife Strategic Framework 2024-2027

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NHS FIFE ANNUAL IMMUNISATION REPORT 2024

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June 24

Contents

1. Executive Summary	3
2. Introduction	5
3. Vaccine Preventable Disease	7
4. Vaccine Uptake	17
5. Conclusions	43
6. Acknowledgements	44
7. Vaccine Abbreviations.....	45
8. Appendices	46

ANNUAL IMMUNISATION REPORT 2024

1. Executive Summary

- 1.1. Delivery of effective population immunisation programmes is an NHS Scotland priority. Vaccination programmes aim both to protect the individual and to prevent the spread of these diseases within the wider population and are very effective in reducing the burden of disease. This report highlights the findings from surveillance data on vaccine preventable disease in Fife, as well as vaccine uptake rates across childhood, teenage and adult immunisation programmes.
- 1.2. Surveillance data demonstrate low incidence rates of vaccine preventable disease during 2023 in Scotland and in Fife. However, some infections saw increases from the very low rates observed when transmission pathways were disrupted by pandemic restrictions. Emerging concerns relating to vaccine preventable disease included the increased numbers of measles cases seen in the final quarter of 2023 in England. Provisional data indicates increase in cases of TB in 2023 compared with 2022 in Scotland, and the highest incidence since 2017.
- 1.3. There have been declines in vaccination uptake across childhood vaccinations in both Fife and Scotland over the past 10 years, and these continued in 2023. Annual uptake rates in Fife for the 6-in-1 vaccine were slightly below the 95% target for children aged 12 months in 2023 but children aged 24 months reach this target. Uptake by deprivation category shows that Fife has similar uptake to the rest of Scotland in the least deprived quintiles, but has lower uptake among the most deprived than the equivalent population elsewhere in Scotland. However, the decline in Fife previously seen among children at 12 months living the most deprived areas appeared to stabilise in Fife between 2022 and 2023. Uptake of MMR1 (offered at 1 year) at 24 months improved slightly from 2022 to 93.2%. By 5 years uptake of the vaccines offered at 1 year of age meet the 95% uptake target and are similar to rates seen elsewhere in Scotland. Rates of pre-school vaccinations (offered from 3 year 4 months) remain below 90% in Fife. MMR2 coverage evaluated at age of 5 years was unchanged from 2022 in Fife. Rates at 5 years elsewhere in Scotland were higher than Fife but the gap narrowed due to a declining trend between 2022 and 2023 in the rest of Scotland.
- 1.4. Management data on uptake of the childhood programme by ethnicity was made available to health boards for the first time in 2023. Whilst cohort numbers for some ethnic groups are very small, the data suggest those with lower uptake in the childhood programme mirror uptake patterns by ethnicity seen in adult vaccinations programmes. Early uptake data (at time points earlier than the standard published 12 month, 24 month and 5 year evaluation points, i.e. closer to the time of the initial vaccine offer) is now also available and has demonstrated an improvement in early uptake of childhood vaccinations in Fife in 2023 across all deprivation quintiles. Childhood vaccination uptake by locality area is also reported for the first time.
- 1.5. Fife uptake of the teenage boosters in both S3 and S4 has seen a decline in school year 2022/23 compared to 2021/2. A decline in uptake was also seen in the rest of Scotland in S3 but not in S4. The teenage booster programme in Fife demonstrates marked

socioeconomic gradient in vaccination uptake that is similar to that seen in the rest of Scotland. Uptake of HPV vaccine at both S1 and S2 is lower in Fife than elsewhere in Scotland. In general, uptake is lower in males than females. Uptake of the HPV vaccine has fallen across all SIMD quintiles in the school year 2022/23, with the gap in uptake between the least and most deprived widening. This is true for both uptake in girls and boys, with the uptake between the least and most deprived boys being the widest.

- 1.6. Vaccination coverage for adult pneumococcal vaccine (PPV23) is higher in Fife than the rest of Scotland. The coverage of the shingles vaccine is lower than the rest of Scotland. During the 2023/24 season, uptake of adult flu and COVID vaccinations were similar in Fife to that reported for Scotland.
- 1.7. In relation to selective programmes, comparisons with the rest of Scotland are not readily available, and denominator definitions can differ over time and between area. Uptake of pertussis vaccination among pregnant women 23-24 was 86% in Fife. There were no babies born to mothers with hepatitis B infection in 2023 in Fife. BCG uptake among at-risk children turning 12 months had improved in 2022 and 2023 from a previous fall in 2021, but remained below the Scottish average. However, this data does not reflect a new pathway for newborns introduced in February 2024. Provisional data from the new pathway suggests uptake comparable with the rest of Scotland.
- 1.8. Vaccinations carried out within sexual health services include HPV, hepatitis A&B, and mpox. Whilst cumulative coverage of HPV since 2017 for patients attending Fife sexual health services appears lower than the rest of Scotland, it is not possible to examine recent data only reflecting current service delivery.

2. Introduction

2.1. This is the sixth Annual Immunisation Report for NHS Fife¹. The purpose of the report is to provide an annual monitoring report of vaccine preventable disease surveillance data, along with uptake data for the NHS immunisation programmes delivered within Fife.

2.2. Immunisation is a global health success story, saving millions of lives every year. Vaccination programmes aim both to protect the individual and to prevent the spread of these diseases within the wider population. A recent major study published in the Lancet in May 2024 found that in the 50 years since the launch of the WHO 'Expanded Programme on Immunisation' in 1974, vaccinations have saved 154 million deaths globally, and have accounted for 40% of the observed decline in infant mortality over that period². When a large proportion of a population have immunity to a particular disease which is normally spread from person to person, chains of transmission are disrupted and the spread of diseases to those not immune can be prevented ('herd immunity'); this protects those who are unable to build up immunity such as those who are immunosuppressed.³ As a public health measure, they are very effective in reducing the burden of disease and underpin global health security.

2.3. Monitoring the proportion of the eligible population vaccinated enables continuous improvement and is complemented by monitoring of vaccine preventable disease surveillance data. Inadequate coverage makes the possibility of disease transmission and outbreaks of vaccine preventable disease more likely. High levels of coverage are needed to eliminate highly infectious diseases such as measles. The Scottish Government, as with the rest of the UK, have adopted recommendations made by the World Health Organisation (WHO) that at least 95% of children should be immunised against vaccine preventable diseases on the routine schedule. The United Nations Convention on the Rights of the Child (Incorporation Scotland) Act 2024 will become law in Scotland in July 24 and includes the right to good quality healthcare.

2.4. The routine childhood & adult schedule in the UK (appendix 1) is based on advice from the independent Joint Committee on Vaccination and Immunisation (JCVI) and provides protection against the following vaccine preventable infections:

- Haemophilus influenza type b (Hib)
- Hepatitis B
- Human Papilloma Virus (HPV)
- Influenza
- Meningococcal disease
- Mumps
- Pertussis (whooping cough)
- Pneumococcal disease
- Polio
- Rotavirus

¹ Previous Annual Reports submitted 2018, 2019, 2021, 2022, 2023 (no submission 2020 due to COVID pandemic).

² Shattock et al. Contribution of vaccination to improved survival and health: modelling 50 years of the Expanded Programme on Immunization. Lancet May 2024: [https://doi.org/10.1016/S0140-6736\(24\)00850-X](https://doi.org/10.1016/S0140-6736(24)00850-X)

³ Herd immunity does not protect against all vaccine-preventable diseases; exposure to tetanus for example is from the environment rather than another person

- Rubella
- Shingles
- Tetanus

2.5. Additional vaccinations that are not on the routine schedule are offered to specific high-risk groups. For example, BCG vaccine which protects against tuberculosis (TB) is offered to those babies who are more likely than the general population to come into contact with someone with TB. In addition, certain travel vaccinations are provided via the NHS such as hepatitis A and typhoid. Vaccination to protect against COVID-19 was introduced in December 2020 and JCVI policy for eligibility for booster programmes continuing to be regularly updated.

2.6. The most recently published data has been used throughout the report. Variation in data release timings and reporting intervals mean that the period covered in this report varies by programme. There are time lags between when a vaccination is first offered within the routine childhood schedule and when uptake is routinely evaluated, for example MMR2 appointments are scheduled from 3 years 4 months but uptake is evaluated based on the cohort of children who reach 5 years in the 2022 reporting period. Therefore, uptake data in a particular reporting year reflect delivery practices over a longer period of time preceding this. Early uptake data is now available as management information for the childhood programme, and where appropriate has been referenced in this report.

Summary of period covered in this report

Cohort	Reporting Period
Childhood routine programme	1 January 2023 – 31 December 2023
Teenage routine programme	2022 – 2023 School Year
Adult Shingles programme	September 2022 – August 2023
Adult Pneumococcal programme	September 2022 – August 2023
Seasonal Flu Programme	September 2023 – March 2024
COVID Winter Booster	September 2023 – March 2024

3. Vaccine Preventable Disease

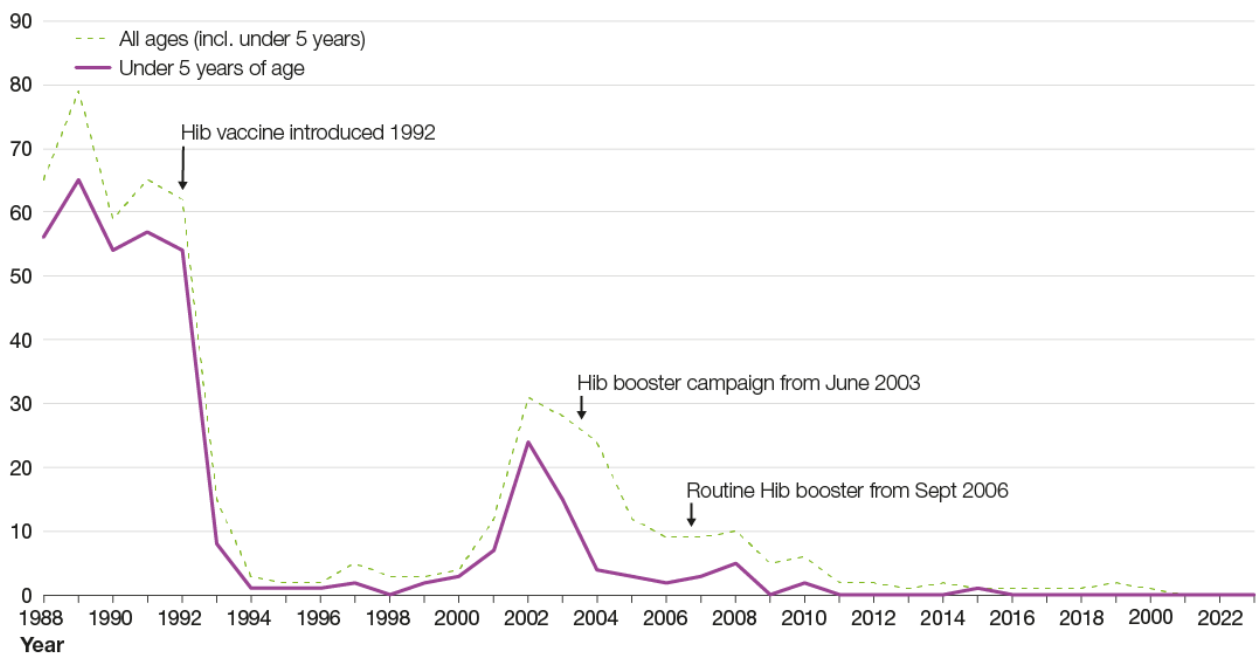
3.1. Data for vaccine preventable diseases are summarised at both a national and Fife level where data is available. Cases notified to Public Health, meeting clinical case definitions but without laboratory confirmation are not included, and individuals may not present to healthcare, or be tested if they have milder presentations of diseases.

3.2. The number of reported cases of vaccine-preventable diseases in Scotland increased in 2023 for some infections from the low rates seen in 2020 & 2021 over the period of COVID restrictions. Figures 1 to 9 show trends in selected vaccine preventable diseases across Scotland over time based on Public Health Scotland surveillance data⁴.

Haemophilus influenza

3.3. Haemophilus influenzae can cause acute invasive disease including meningitis and septicaemia. Across Scotland there were 102 H.influenzae cases in Scotland in 2023, which is higher than the pre-pandemic years of 2018 (82 cases) and 2019 (83 cases).. Vaccination provides the most effective strategy for prevention of the most severe type (*H. influenzae* type b) having a significant impact on disease rates across Scotland since it was introduced in 1992 (figure 1). In Fife, there have been <5 cases of invasive *H. influenzae* type b infection since 2009, and there were no cases in 2023 .

Figure 1: Laboratory reports of invasive Haemophilus influenza type b disease in Scotland, 1988 to 2023



⁴ Source: Public Health Scotland Immunisation and vaccine-preventable diseases quarterly reports, published March 2023

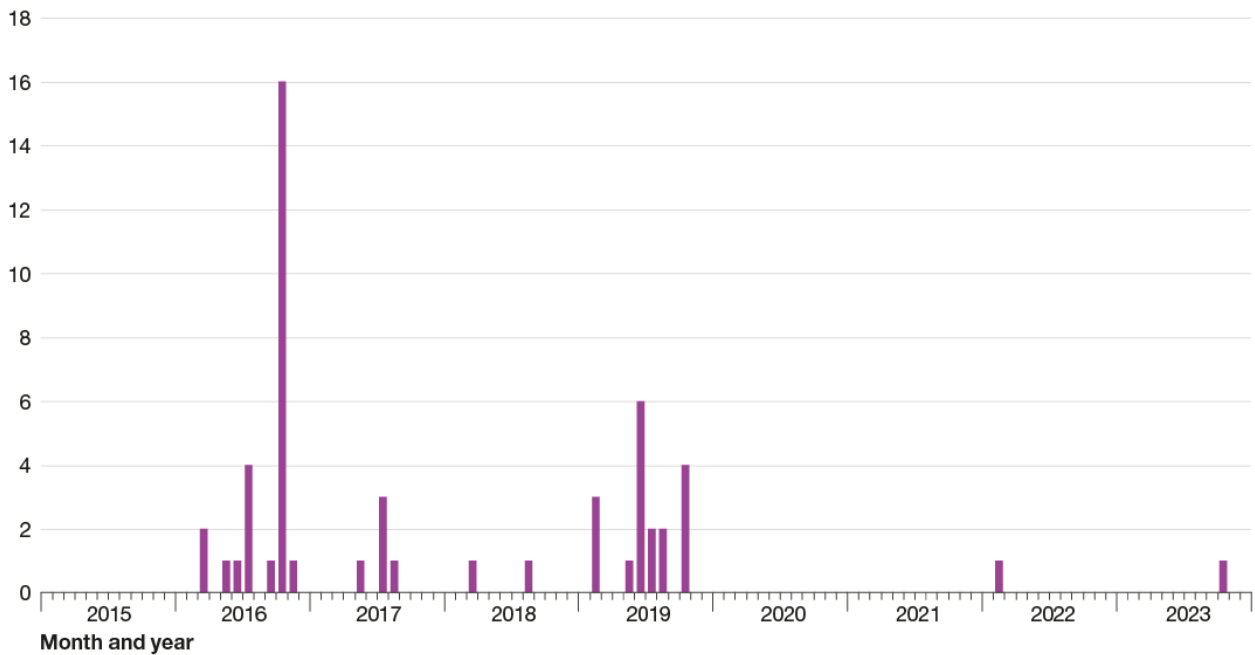
Measles

- 3.4. Measles is highly infectious and can lead to serious complications, particularly in immunosuppressed individuals and young infants. It is also more severe in pregnancy, and increases the risk of miscarriage, stillbirth or preterm delivery. Measles is a vaccine-preventable disease targeted for elimination in most WHO regions, including the European Region. Sustaining at least 95% routine coverage with 2 doses of a measles-containing vaccine will interrupt transmission of the virus and prevent the return of large outbreaks.

- 3.5. After briefly achieving measles elimination status in the UK in 2016 and 2017, by 2018 measles virus transmission had re-established in the UK. An alert issued by WHO Europe in February 2023 identified that missed doses of measles vaccines during the pandemic due to disruption of routine immunisation programmes was resulting in increasing measles activity in some European countries. Across Europe cases steadily increased since June 2023 with outbreaks in Austria, France & Romania. A CMO letter '*Averting the Resurgence of Measles in Scotland 2023*' was issued in August 2023 highlighting the WHO Europe call to action, an updated UKHSA risk assessment and the risk of imported cases and onward transmission within Scotland. An updated UKHSA alert was issued in February 2024 regarding a measles outbreak focused on the West Midlands that emerged from October 2023 and since spread to elsewhere in the England. Between 01/10/23 and 30/05/24 there have been 1,666 laboratory confirmed measles cases reported in England

- 3.6. There were no cases in Fife or elsewhere in Scotland during 2020 & 2021. There was a single laboratory-confirmed case in Scotland in October 23 and 0 cases within Fife in 2023 (figure 2). The position in Scotland changed with cases emerging in the first quarter of 2024; 2024 cases in Fife and Scotland will be reported in full in the 2025 annual report next year.

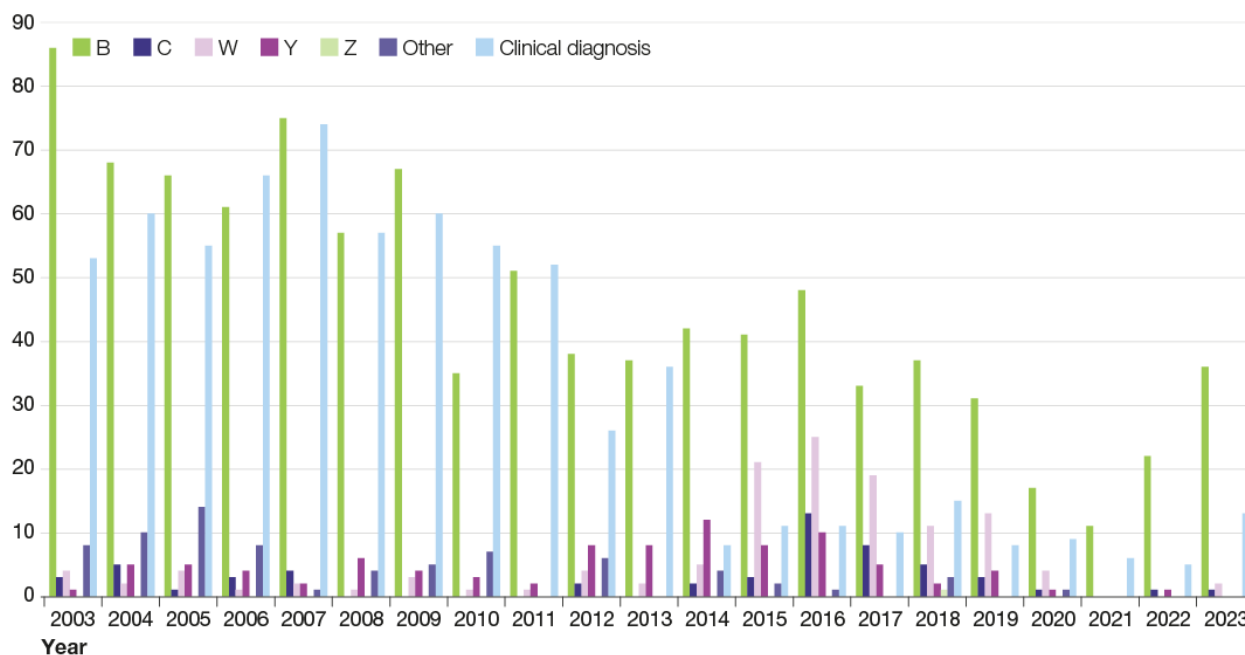
Figure 2: Laboratory confirmed cases of measles in Scotland, 2015 to 2023



Meningococcal disease

3.7. Meningococcal disease can be a significant cause of morbidity and mortality in children and young people. Across Scotland, the number of cases of meningococcal disease increased in 2023 across Scotland from the low case numbers in 2020 & 2021 (figure 3). There were four confirmed invasive meningococcal case in Fife in 2023, and a total of 52 across Scotland, of which 31 were in those aged under 25 years. There were 4 deaths from meningococcal disease across Scotland in 2023 (2 serogroup W, 2 clinical diagnosis) The serogroup data shows the impact of the MenACWY programme introduced in 2015 as part of the teenage secondary school programme and to those attending university for the first time.

Figure 3: Confirmed meningococcal cases by serogroup in Scotland, 1999 – 2023



Pneumococcal disease

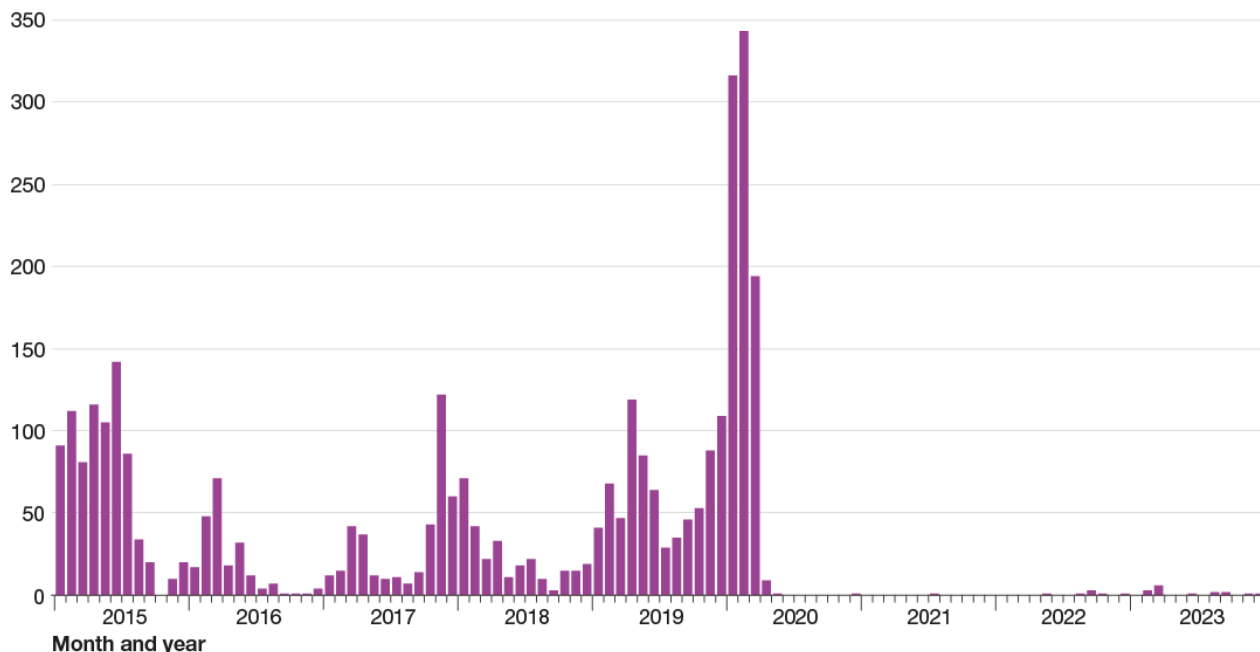
3.8. Invasive pneumococcal disease is caused by infection with the bacterium Streptococcus pneumoniae in normally sterile sites (mainly blood and cerebrospinal fluid) and can be a cause of morbidity and mortality among the very young, the elderly and those with impaired immunity. The total number of cases across Scotland in 2023 was 462, which is higher than the numbers in 2020, 2021 & 2022, but remains lower than 2019. Within this total, 52 were aged <5 years (3 of which in Fife).

Mumps

3.9. Whilst mumps infection may be mild, it can lead to serious complications. Following the introduction of the MMR vaccine in 1988, the incidence of mumps substantially decreased. However, since 2004, there had been ongoing widespread increased incidence of mumps throughout the UK until the introduction of lockdown restrictions in 2020 (figure 4). There was one confirmed cases of mumps reported in Fife in 2023, and only 16 across the rest of Scotland. Laboratory reports will represent an underestimate of mumps cases, as some

cases will only be diagnosed clinically without laboratory confirmation, and cases may not attend healthcare settings for diagnoses.

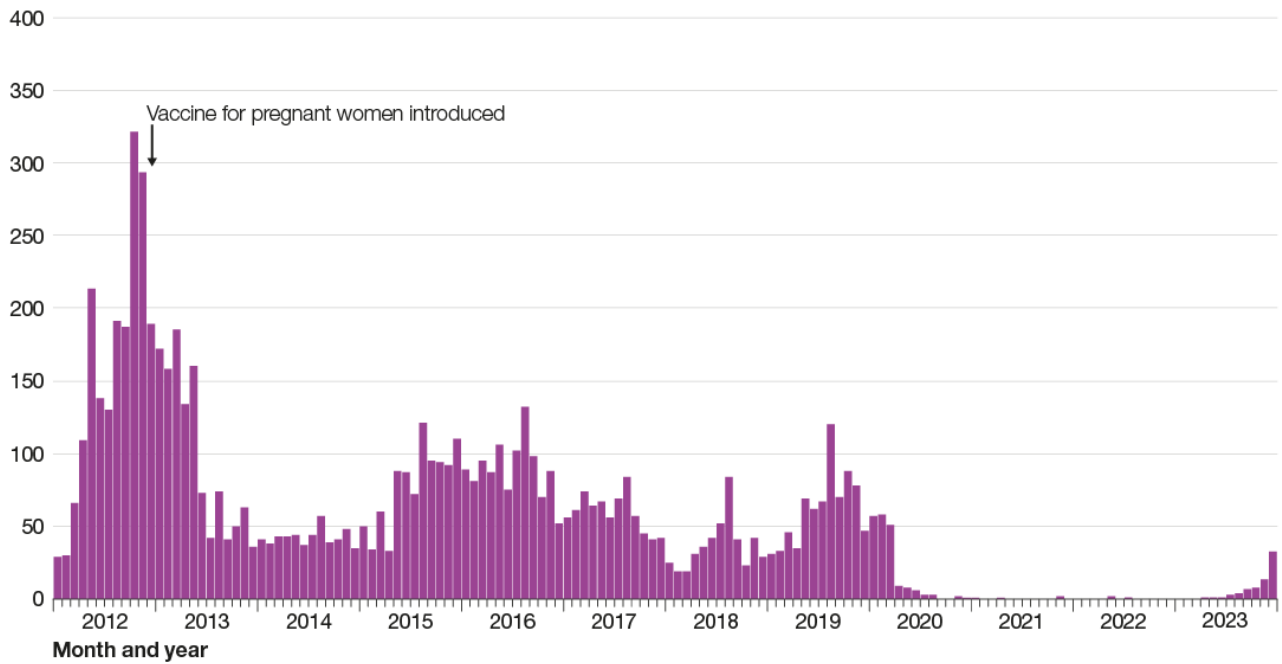
Figure 4: Number of laboratory confirmed cases of mumps in Scotland by month & year, 2015 to 2023



Pertussis (whooping cough)

3.10. Young infants are at particular risk of complications from infection with pertussis which can require hospital treatment and can sometimes be fatal. Since 2012 pertussis vaccination has been offered to all pregnant women. There were no laboratory confirmed cases of *Bordetella pertussis* reported in Fife in 2023, and a total of 73 across the whole of Scotland, most of these were in the final quarter of 2023 (figure 5). The first quarter of 2024 has seen a significant rise in cases across the UK with numbers in Scotland already exceeding those seen in 2012. Scotland and Fife 2024 cases will be included in the 2025 annual report next year.

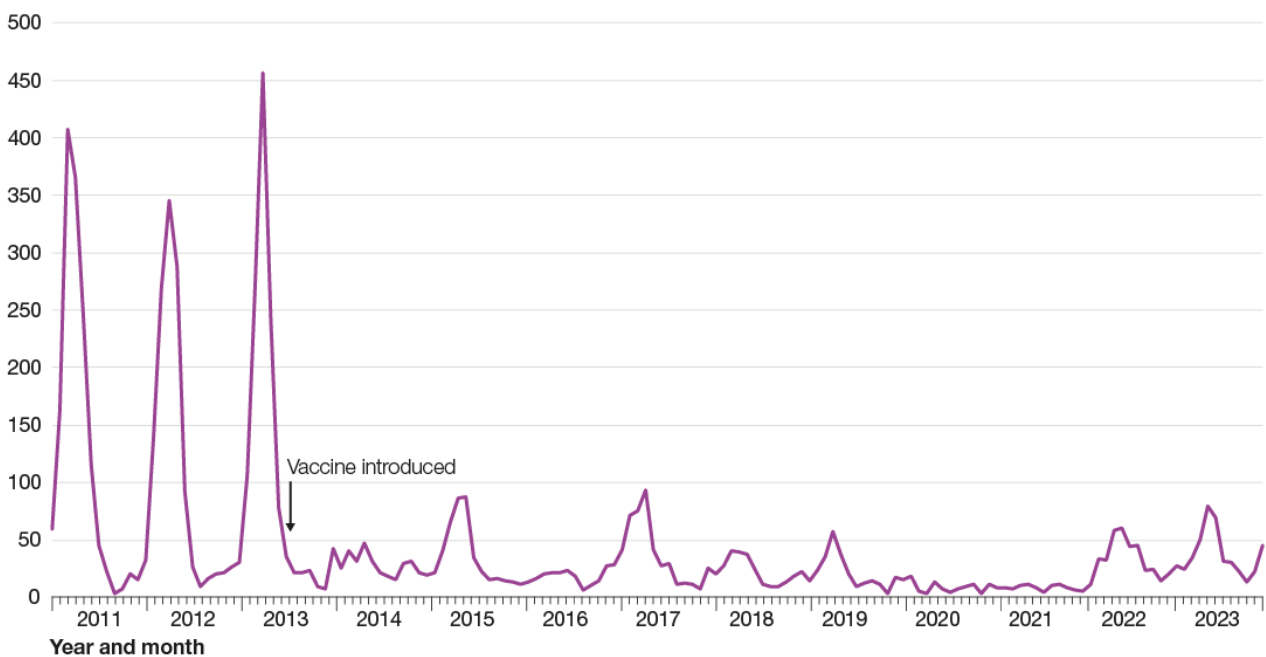
Figure 5: Number of laboratory reports of Bordatella pertussis in Scotland by month & year, 2012 to 2023



Rotavirus

3.11. Rotavirus infections can cause severe diarrhoea, vomiting, stomach cramps and mild fever. Rotavirus infections have reduced significantly across Scotland since the introduction of the immunisation programme in July 2013 (figure 6). Hospitalisation rates for children <5 years and GP consultations gastrointestinal illness for infants <1 year are also monitored and have reduced since introduction of the vaccine.

Figure 6: Laboratory reports of rotavirus in Scotland, 2011 to 2023



Polio

- 3.12. Poliomyelitis (polio) is an acute viral illness where most infectious cause no symptoms. However, in a small number of people infection can cause temporary or permanent paralysis and can be life threatening. Poliovirus is targeted by the World Health Organization (WHO) for eradication and, due to the efforts of countries worldwide, polio is now eliminated from four of the six WHO regions. Polio outbreaks do occur in countries when the disease is spread amongst people who may not be fully vaccinated. The last imported case of polio in the UK as 1993.
- 3.13. Vaccine-derived poliovirus type 2 (VDPV2) was detected in sewage samples from London sewage works in 2022, suggesting spread between linked individuals. This led to an offer to all children in London aged 1 year to 9 years of an additional dose of polio-containing vaccine, irrespective of vaccine status in order to prevent cases of paralysis and interrupt transmission. No associated cases of paralysis or human infections of poliovirus have been reported in the UK, but wastewater surveillance activity has increased and there is enhanced surveillance in place for clinical presentations of acute flaccid paralysis.

Diphtheria

- 3.14. Diphtheria is an acute bacterial infection caused by the diphtheria toxin produced by toxogenic *Corynebacterium diphtheriae* and toxogenic *Corynebacterium ulcerans*. Symptoms of upper respiratory tract diphtheria infection include membranous pharyngitis, which can lead to life-threatening airway obstruction. Cutaneous diphtheria may cause pus-filled blisters on legs, hands and feet and ulceration of the skin. There were two cases of toxigenic diphtheria in Scotland in 2023. The UK Health Security Agency reported an increase in cases of confirmed toxigenic *C.diphtheriae* among asylum seekers newly arriving into England in 2022 & 2023 (total 86 Jan 22 – Dec 23), with similar increases reported in Europe.

Rubella

- 3.15. Rubella is generally a mild illness, but if acquired by women in early pregnancy (in the first 16 weeks) can cause congenital rubella syndrome leading to serious birth defects. Before the introduction of rubella vaccination, more than 80% of adults had evidence of previous exposure to rubella. The UK has achieved eliminated status under WHO criteria in 2016 and this has been maintained since. There have been no cases across Scotland since 2017.

Human Papilloma Virus

- 3.16. Human papillomavirus (HPV) infections are very common and over 225 types of HPV have been identified, 40 of which infect the genital tract. In Europe HPV types 16 and 18 are responsible for approximately 75% of cervical cancer cases, 90% of anal cancer cases, 85% of head and neck cancers and 50% of penile cancers; HPV types 6 and 11 are responsible for approximately 90% of genital wart cases. A recently published study based in Scotland has shown that no cases of cervical cancer have been detected in women who

have been fully vaccinated following the introduction of the HPV immunisation programme in 2008 for girls in S1 in school⁵.

Shingles

3.17. Herpes zoster or shingles is caused by reactivation of latent varicella zoster virus. The main complication of shingles is post-herpetic neuralgia which can persist and severity increases with age. The vaccination programme was introduced in 2013 with a routine offer to those aged 70 and opportunistic offer to those aged 71 to 79 who have not been immunised. The vaccine reduces the risk of developing shingles by over 70%. From 1st September 2023 the 2-dose non-live Shingrix vaccine has been used for all those eligible (previously this had been available only for those where the live vaccine was contraindicated), and the eligibility criteria also expanded. However, these changes were introduced after the 2022/23 reporting period within this report which runs 01/09/22 to 31/08/23. Shingles is not a notifiable disease, so the number of hospital admissions are used for surveillance purposes. The latest surveillance data published by Public Health Scotland shows a gradual downward trend for the oldest age groups. In 2022, there were 268.6 hospital admissions per 100,000 population for shingles and related complications across Scotland.

Tetanus

3.18. Tetanus is a disease resulting from a neurotoxin produced during infection with *Clostridium tetani*. Immunisation against tetanus is the most effective method of disease prevention, and has been part of the childhood immunisation schedule since 1961. No cases have been reported in Scotland since 2014.

Tuberculosis

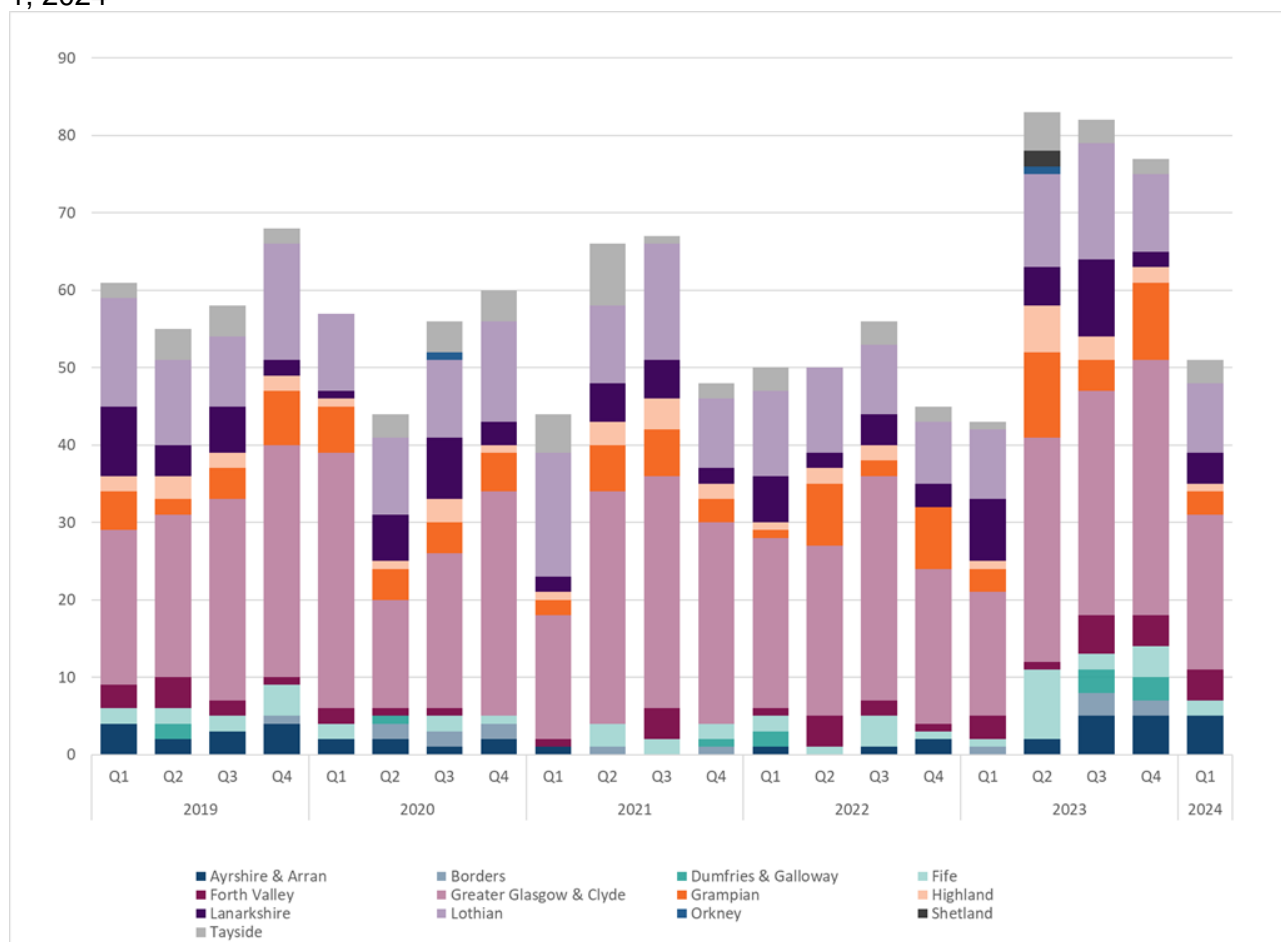
3.19. Transmission of tuberculosis (TB) is by inhalation of infected droplets. After infection, the bacteria can remain latent in the body for a long time causing no symptoms of disease. The latest release of the annual national surveillance report was December 2023 which included data to 2022⁶. The number of TB notifications in Scotland showed a consistent downward trend during the period 2010 to 2020, then increased slightly in 2021. In 2022, 201 tuberculosis cases in Scotland were reported, which was a small decrease from 2021. In 2022 72% were born outside the UK and the most reported risk factor was being a refugee or asylum seeker. 38% of cases live in the most deprived quintile on the Scottish Index of Multiple Deprivation. Incidence in Fife in 2022 was 2.1 per 100,000 which is lower than the Scottish average (3.7 per 100,000). Although final data for 2023 will not be published until later in 2024, provisional data released by Public Health Scotland shows an approximately 40% increase in cases of TB in 2023 compared with 2022 (285 cases), and the highest incidence since 2017. This increase has been seen across the country (figure 8). This has led to the recent publication of a quarterly surveillance report⁷ and increased efforts nationally to raise awareness of tuberculosis symptoms.

⁵ <https://doi.org/10.1093/jnci/djad263>

⁶ <https://publichealthscotland.scot/publications/tuberculosis-annual-report-for-scotland/tuberculosis-annual-report-for-scotland-2022/>

⁷ [National quarterly report of tuberculosis in Scotland: quarter 1, 2024 - National quarterly report of tuberculosis in Scotland - Publications - Public Health Scotland](#)

Figure 7: Number of TB notifications in Scotland by NHS board by quarter, January 2019 to quarter 1, 2024



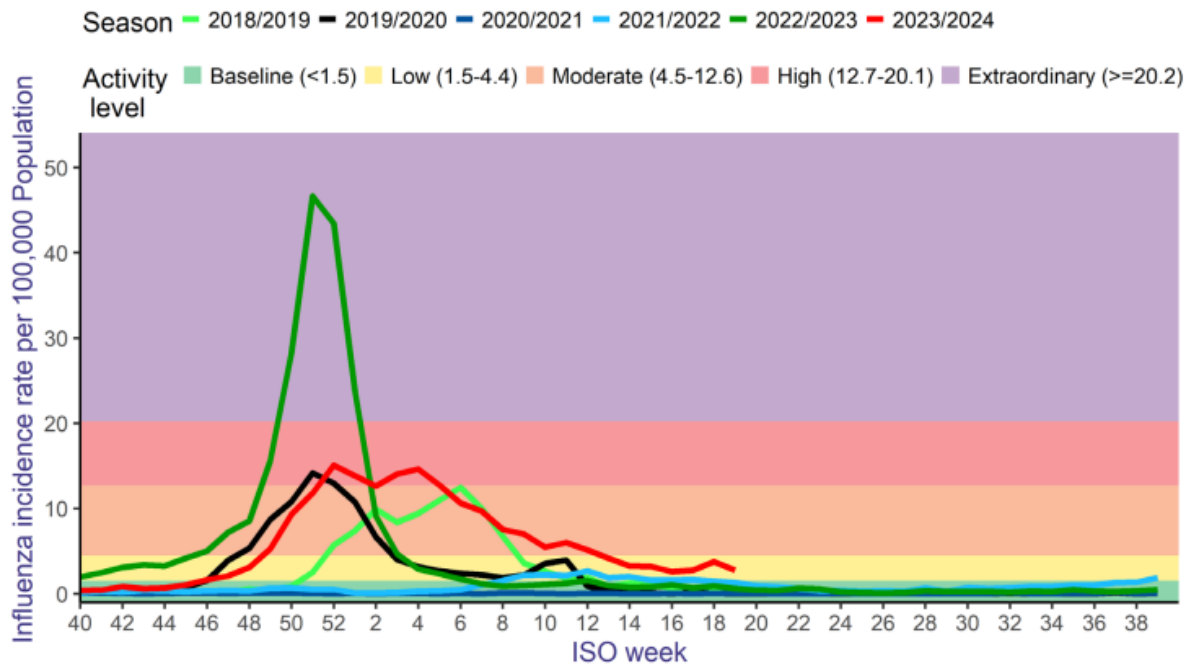
Influenza

3.20. Influenza is associated with significant morbidity and mortality during the winter months, particularly in those at risk of complications of flu, e.g. the elderly, those with chronic health problems, and pregnant women. The spectrum of influenza illness varies from asymptomatic illness to mild/moderate symptoms to severe complications, including death. Spread can occur rapidly in the community, and especially in hospital and institutional settings. The most effective means of prevention is flu vaccine, which is tailored to the likely viruses in circulation each season. The annual UK influenza surveillance report for the 2023-24 season has recently been published⁸. Influenza activity in the 2023 to 2024 season was more prolonged than the 2022 to 2023 season, but peak activity was lower (figure 9). The influenza hospitalisation rate peaked between week 51 2023 and week 4 2024 and were lower than the previous influenza season. Across Scotland, 89% of laboratory confirmed samples to date have been influenza A⁹.

⁸ [Surveillance of influenza and other seasonal respiratory viruses in the UK, winter 2023 to 2024 - GOV.UK \(www.gov.uk\)](https://www.gov.uk)

⁹ [Viral respiratory diseases \(including influenza and COVID-19\) in Scotland surveillance report 16 May 2024 - Viral respiratory diseases \(including influenza and COVID-19\) in Scotland surveillance report - Publications - Public Health Scotland](#)

Figure 8: Influenza incidence rate (per 100,000 population) in 2023/24 compare with previous seasons, Scotland.

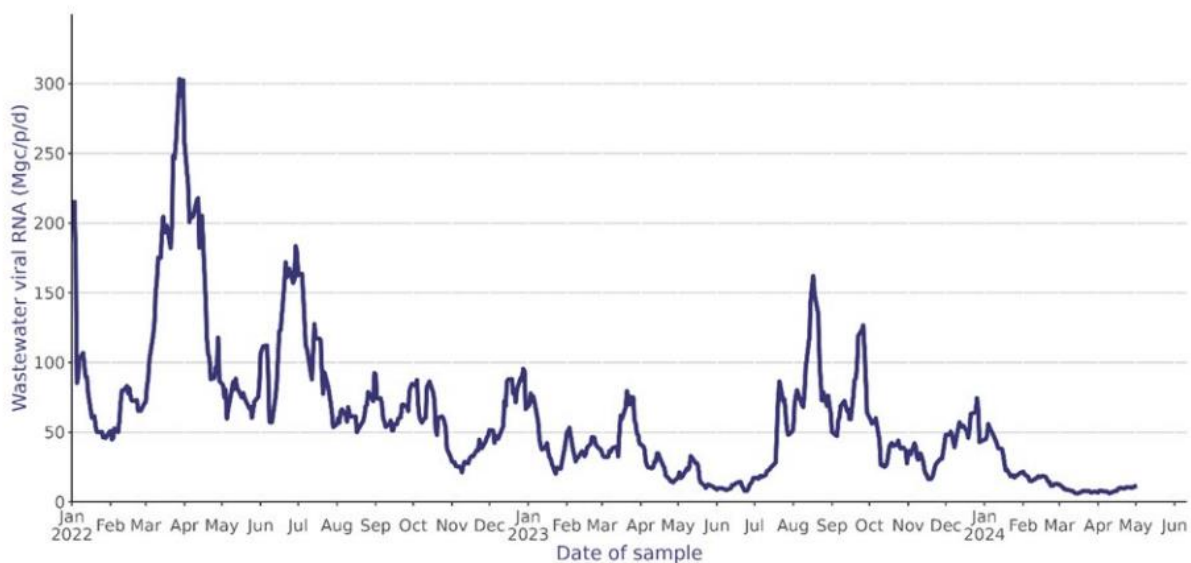


Source: PHS-ECOSS

COVID

3.21. Changes in testing policy since 2022 mean that trend data for COVID infection based on samples taken from community or hospital data are difficult to interpret. An estimate of community prevalence can be derived from analysis of wastewater concentrations of the virus, taken from sites across Scotland (figure 10). COVID transmission continues to occur in waves throughout the year and has not yet settled into a clear seasonal pattern.

Figure 9: National average trends in COVID-19 identified in wastewater from January 2022 to May 2024



Source: These analyses of the levels of SARS-CoV-2 detected in wastewater in Scotland are produced by PHS Wastewater Analysis Group for the Wastewater Monitoring Programme in Scotland which is operated by Scottish Government in partnership with Scottish Water and the Scottish Environment Protection Agency.

Mpox

- 3.22. Mpox is a zoonotic infection, caused by the monkeypox virus, that occurs mostly in West and Central Africa. Prior to 2022, cases diagnosed in the UK had been either imported from countries where mpox is endemic or contacts with epidemiological links to imported cases. Between 2018 and 2021, there had been 7 cases of mpox in the UK. There was no documented community transmission in previous outbreaks.
- 3.23. Detection of cases of mpox infection acquired within the UK were confirmed in England from May 2022 with 3,732 confirmed and highly probable mpox cases reported in the UK up to the end of that year. Of these, most were in England, with 97 in Scotland. In 2023 and 2024 (up to 30 April 2024) there have been a total of 196 cases of mpox in the UK. Of these, only 6 were in Scotland, of which 4 were imported cases acquired outside the UK¹⁰.

¹⁰ [Mpox \(monkeypox\) outbreak: epidemiological overview, 9 May 2024 - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/news/mpox-monkeypox-outbreak-epidemiological-overview-9-may-2024)

4. Vaccine Uptake

4.1. Vaccination coverage is the percentage of people from the target population who have received a specific vaccine. The risk to public health increases if immunisation rates fall below herd immunity levels as this makes the possibility of communicable disease transmission more likely. In line with the WHO target, the standard for routine childhood immunisations up to five years of age is set at 95% uptake.

Childhood routine immunisations

4.2. In 2023 (babies born 1 Jan 2022 to 31 December 2022), the 95% target for uptake at 12 months for the primary immunisations delivered at the 8 week, 12 week and 16 week appointments was met in Fife for PCV (1 dose; 12 weeks), but not for the 6-in-1 DTP/Pol/Hib/Hep B vaccine (3 doses; 8,12 & 16 weeks), MenB (2 doses; 8 & 16 weeks) and Rotavirus vaccinations (table 1, figure 10). In 2023 Fife rates continue to see a small decline in uptake. This has also been seen in the rest of Scotland. Uptake is below 95% for all vaccines delivered during the first 12 months, other than PCV.

4.3. Uptake of the completed two dose course of rotavirus vaccine is lower than completed courses of the other vaccines offered in the first year of life because it is given within strict age limits, with the first dose before 15 weeks and second dose before 24 weeks of age. It is also a live vaccine and so may be contraindicated if a child has other health conditions.

4.4. Scottish Index of Multiple Deprivation (SIMD) data is available based on GP practice level data, these are matched onto national reference files to obtain information on SIMD, with SIMD quintile assigned based on the postcode of the practice. A socioeconomic gradient can be seen in uptake at 12 months, with lower uptake in quintile 1 (most deprived). In 2023 the 95% target is met across all vaccines, except Rotavirus for quintile 5 (least deprived), which is a pattern seen across Scotland. Uptake of the 5-in-1/6-in-1 vaccine at 12 months follows this trend (figure 11), however the difference in uptake between the most deprived and least deprived in Fife is wider than that seen in Scotland.

Table 1: Immunisation uptake rates by 12 months of age in NHS Fife, by year 2019 to 2023

	2019	2020	2021	2022	2023
5-in-1/ 6-in-1	95.7	95.3	94.6	94.6	93.8
PCV	96.2	96.0	96.0	95.9	95.7
Rotavirus	94.0	94.3	92.7	92.1	91.4
MenB	95.9	95.7	94.4	94.2	93.4

Figure 10: Immunisation trend by 12 months for 5-in-1/6-in-1 and Meningitis B, NHS Fife (solid lines) & Scotland (dashed lines); 2013 to 2023

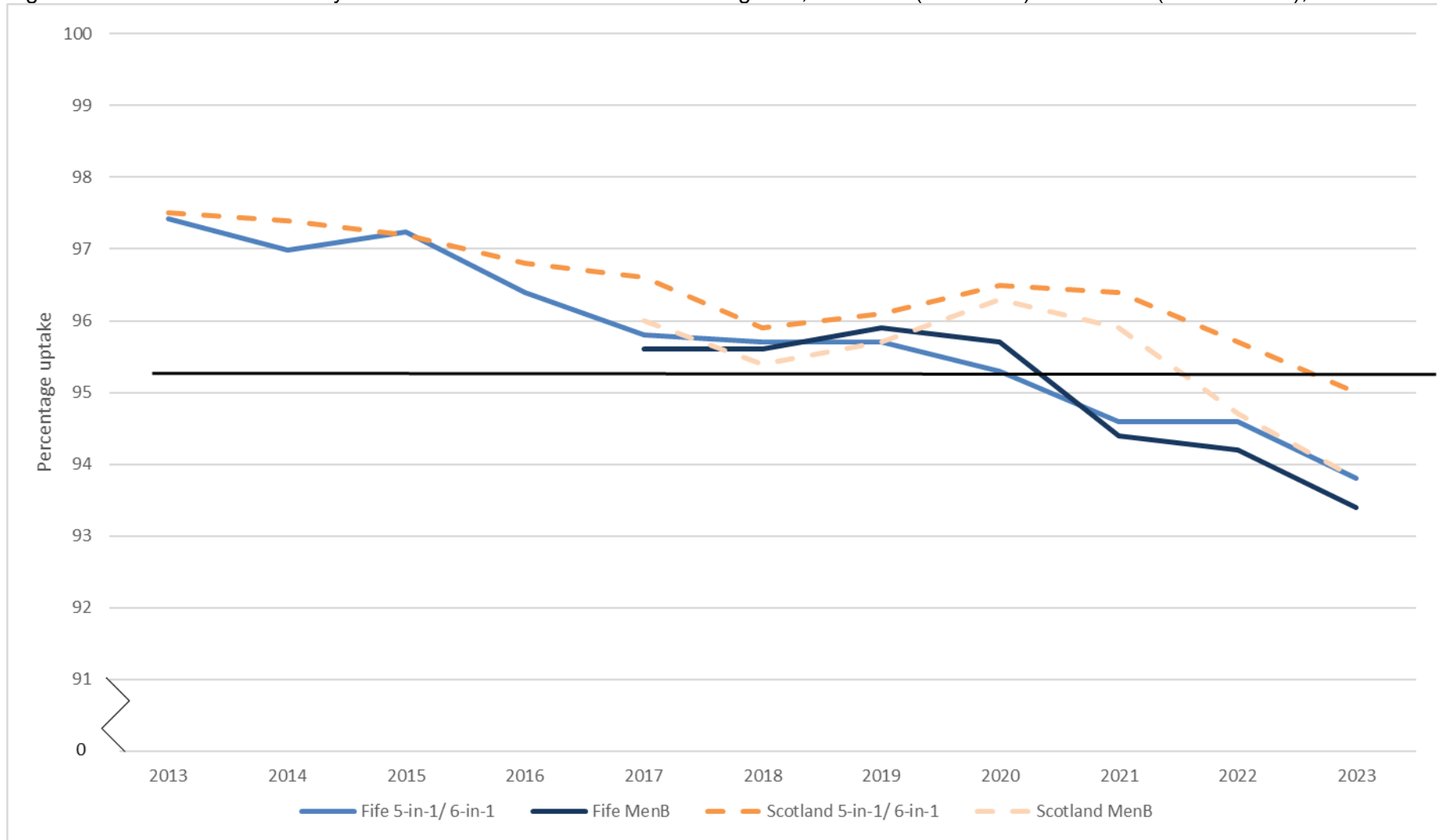
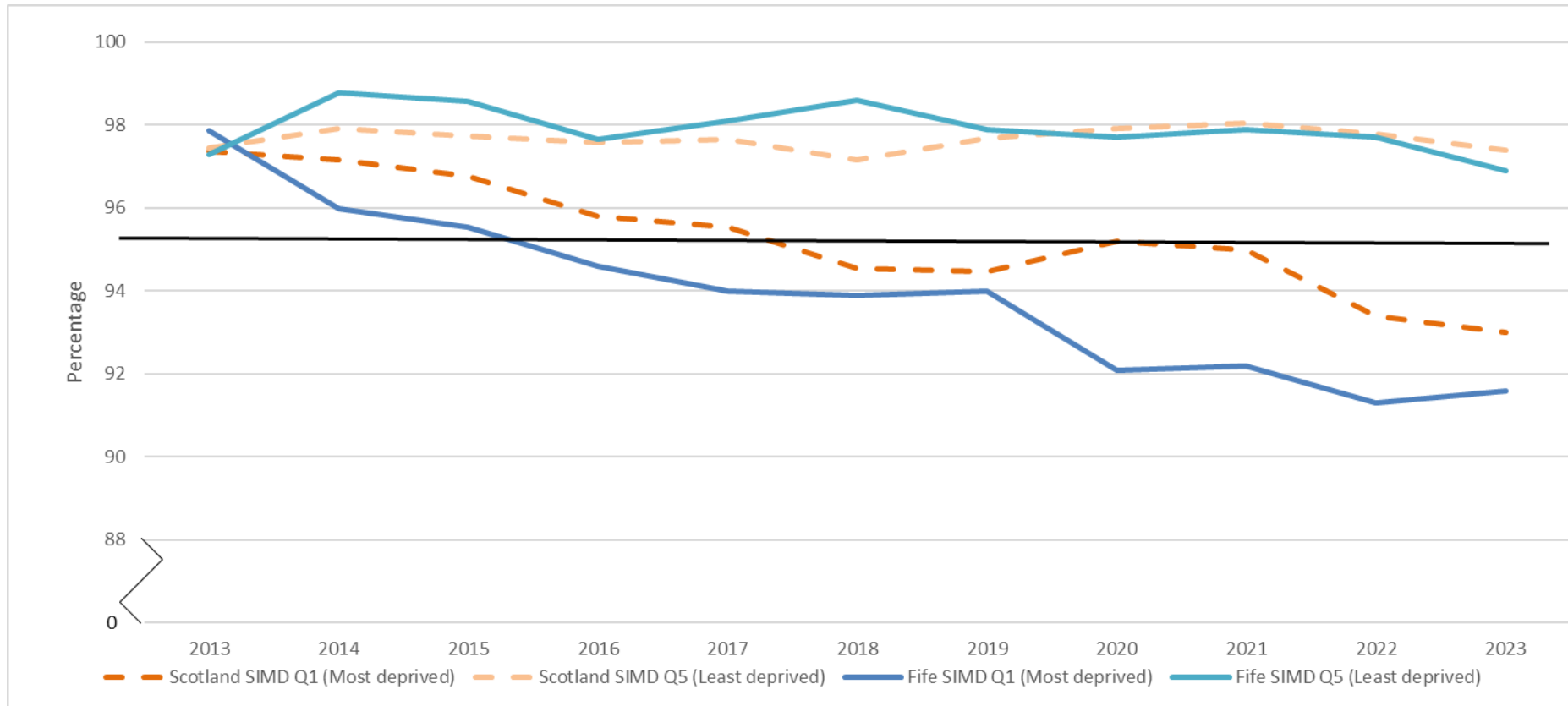


Figure 11: Immunisation trend by 12 months for 5-in-1/6-in-1 by SIMD, NHS Fife (solid lines) & Scotland (dashed lines); 2013 to 2023



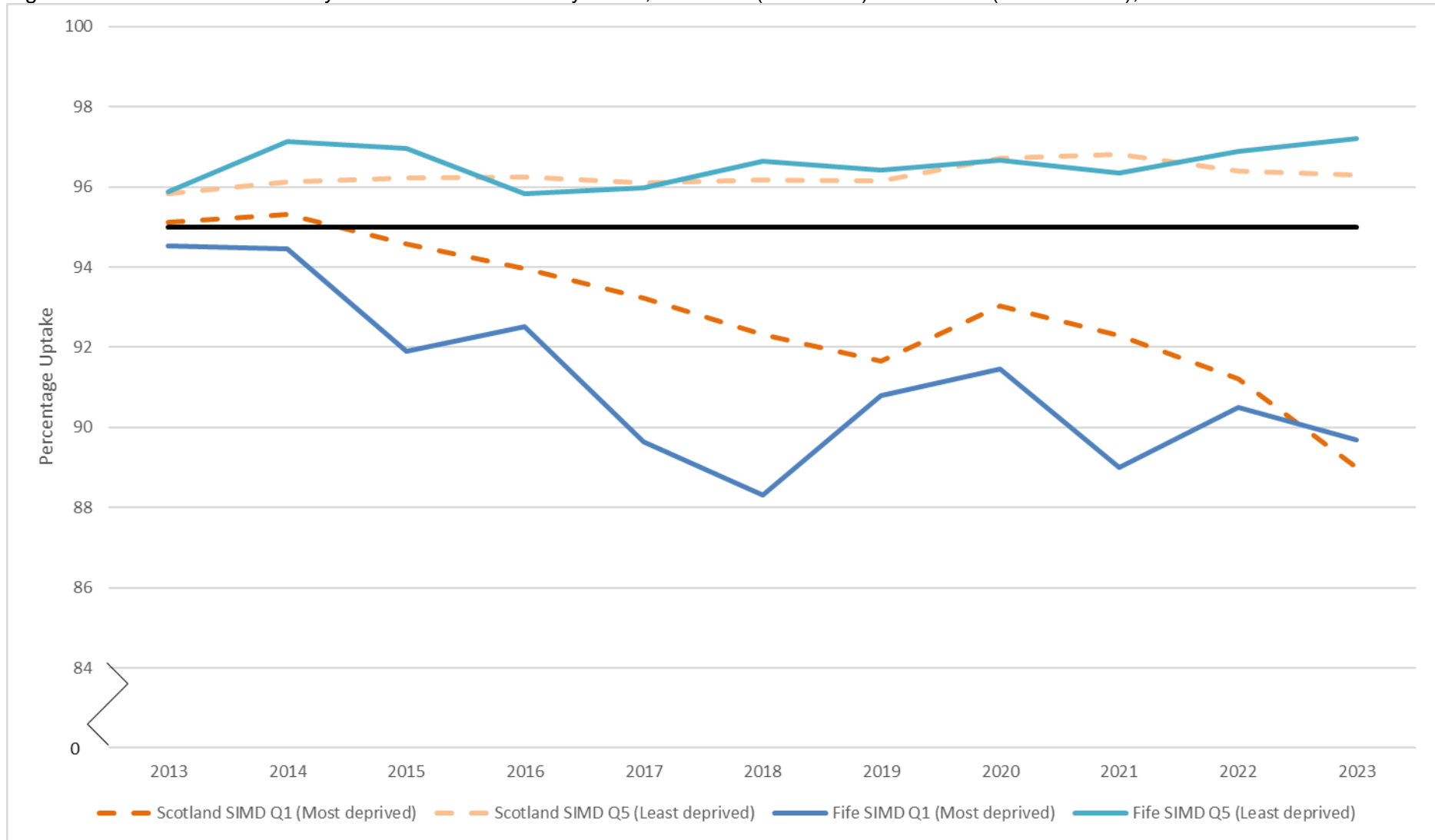
4.5. Uptake rates by 24 months of age (children born 1 January to 31 December 2021) show that by 24 months, uptake of the primary 6-in-1 vaccine are above the 95% target (table 2). However, rates are below 95% for the vaccine doses given on or after a child’s first birthday: first dose of MMR vaccine, Hib/MenC, PCV boosters, and Men B booster are below 95% at 24 months, which is a trend also seen in the rest of Scotland. Fife has seen very small rises in vaccination uptake since 2022. This small rise is different from the rest of Scotland where a small decrease in uptake has been seen.

4.6. Again, uptake of immunisations at 24 months of age is lowest in the most deprived areas (quintile 1) compared to the least deprived (quintile 5). This trend is in line with the trend across Scotland. However, the 95% target is met by SIMD quintiles 3 to 5 for all vaccines at 24 months. Uptake rates in 2023 for MMR 1 in Fife were similar to those in Scotland with a 7 percentage point difference in uptake between the least and most deprived. (figure 12).

Table 2: Immunisation uptake rates by 24 months of age in NHS Fife, by year 2019 to 2023

	2019	2020	2021	2022	2023
Primary:					
5-in-1/ 6-in-1	96.8	96.5	96.4	95.8	95.5
MMR1	93.9	93.7	93.2	92.9	93.2
Booster:					
Hib/MenC	94	93.7	93.0	92.6	93.0
PCVB	93.7	93.6	93.3	92.8	92.9
MenB Booster	93.3	93.2	92.7	92.1	92.3

Figure 12: Immunisation trend by 24 months for MMR1 by SIMD, NHS Fife (solid lines) & Scotland (dashed lines); 2013 to 2023



4.7. By 5 years, the Hib/MenC and MMR1 vaccines (given at 1 year) are similar in uptake in Fife to elsewhere in Scotland, suggesting that catch-up activity has taken place between 2 and 5 years (table 3). However, uptake of the vaccines normally given around three years four months of age (4-in-1¹¹ and 2nd dose MMR) remains below 95% at 5 years in Fife. This is also the case elsewhere in Scotland; Fife has continued below the Scottish average since 2017 on MMR2, but the gap appears to have narrowed in the second half of 2021 (figure 13).

4.8. SIMD data was made available for the 4-in-1 and MMR2 vaccine in 2022. As with SIMD trends at earlier reporting ages uptake is lower for quintile 1 (most deprived) compared to quintile 5 (least deprived) (figure 14).

Table 3: Immunisation uptake rates by 5 years of age in NHS Fife, by year 2019 to 2023

	2019	2020	2021	2022	2023
MMR1	96.4	96.1	96.1	95.4	95.7
Hib/MenC	96.1	95.6	95.8	95.2	95.3
4-in-1	87.6	88.7	89.7	88.3	87.8
MMR2	87.4	88.4	89.3	88.0	88.0

¹¹ Diphtheria, tetanus, pertussis (whooping cough), and polio

Figure 13: Immunisation rates by 5 years for MMR1 and MMR2, NHS Fife (solid lines) & Scotland (dashed lines); 2013 to 2023

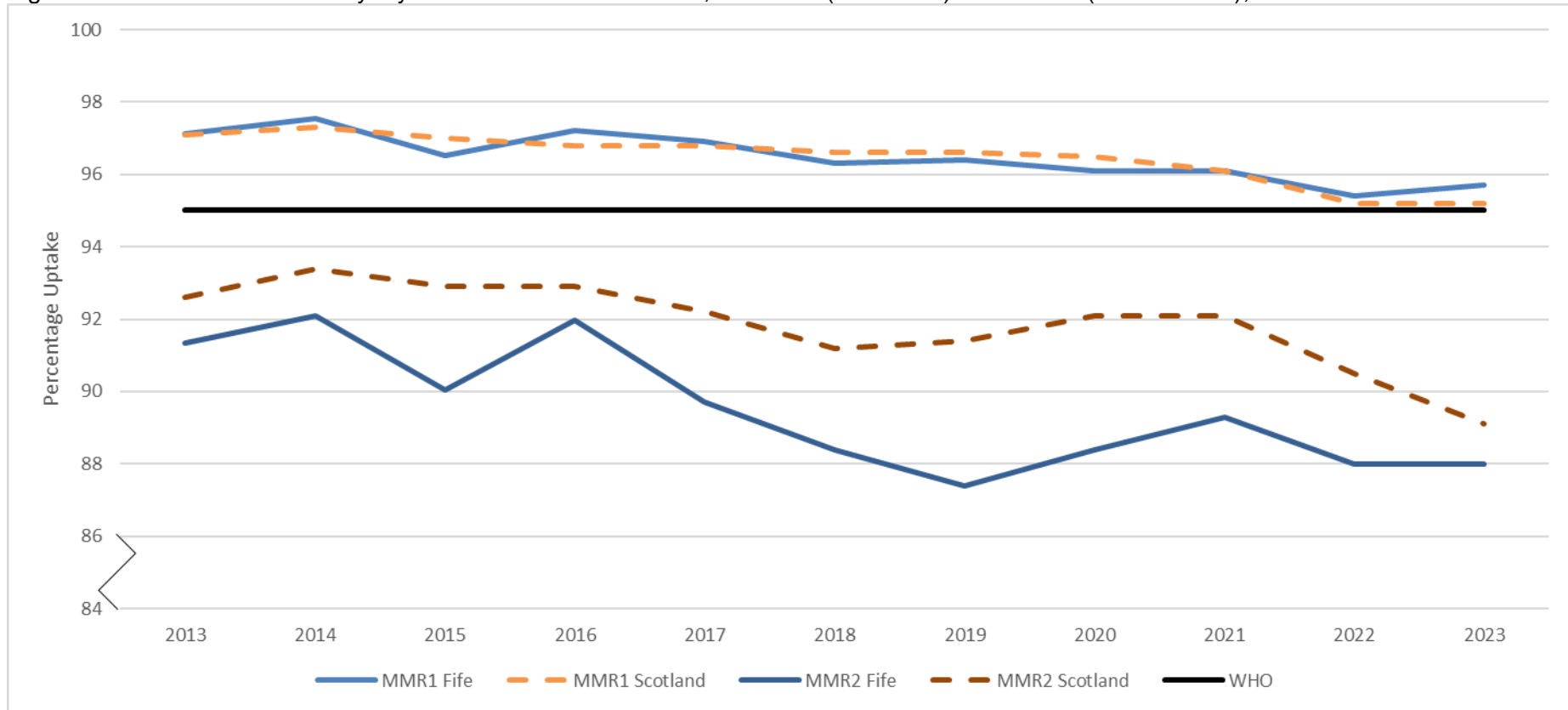
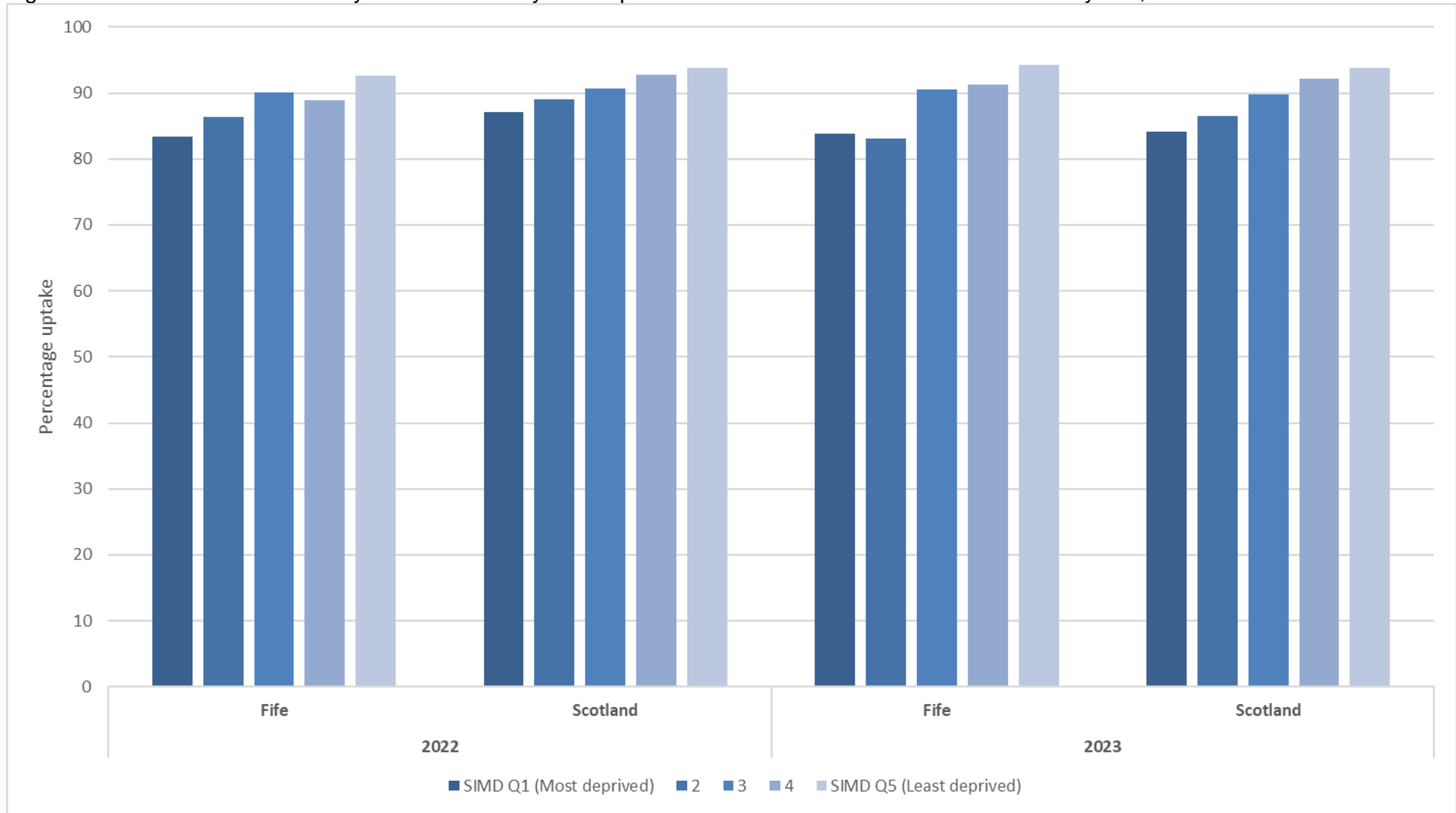


Figure 14: Immunisation rates at 5 years for MMR2 by SIMD quintile for NHS Fife and Scotland for available years, 2022 and 2023



4.9. Data is also available at six years of age (prior to 2006 this was the standard reporting age instead of five years); rates are slightly improved at this age indicating that some children are receiving pre-school immunisations after 5 years (table 4). At 6 years MMR 1 (delivered at 1 year) is similar to that seen elsewhere in Scotland, but MMR2 and the 4 in 1 booster remain below the Scottish average.

Table 4: Immunisation uptake rates by 6 years of age in NHS Fife, by year 2019 to 2023

	2019	2020	2021	2022	2023
MMR1	96.4	96.2	95.6	95.6	94.8
4-in-1	91.6	90.9	91.4	91.5	89.3
MMR2	91.2	90.7	91.1	91.3	88.9

Ethnicity

4.10. Health boards have access to data on ethnicity and vaccination uptake for the first time this year. In Fife lower uptake is seen in some ethnic groups across the stages where childhood vaccinations are offered. These groups are within the African communities, Indian communities, and Gypsy/Traveller communities. A similar trend is seen with adult vaccinations in Fife and nationally, however numbers in Fife are relatively small.

Early uptake

4.11. Early uptake data shows a consistent trend across all stages, with a significant uptake in the vaccine when children first become eligible. In 2023 uptake was quicker after becoming eligible compared to previous years (figure 15). Children living in the least deprived areas of Fife are more likely to be vaccinated when first eligible compared to those who live in the most deprived areas, however in 2023 an increase in early uptake across all deprivation quintiles can be seen (figure 16).

Figure 15: Percentage early uptake of MMR1 vaccination for 2021-2023

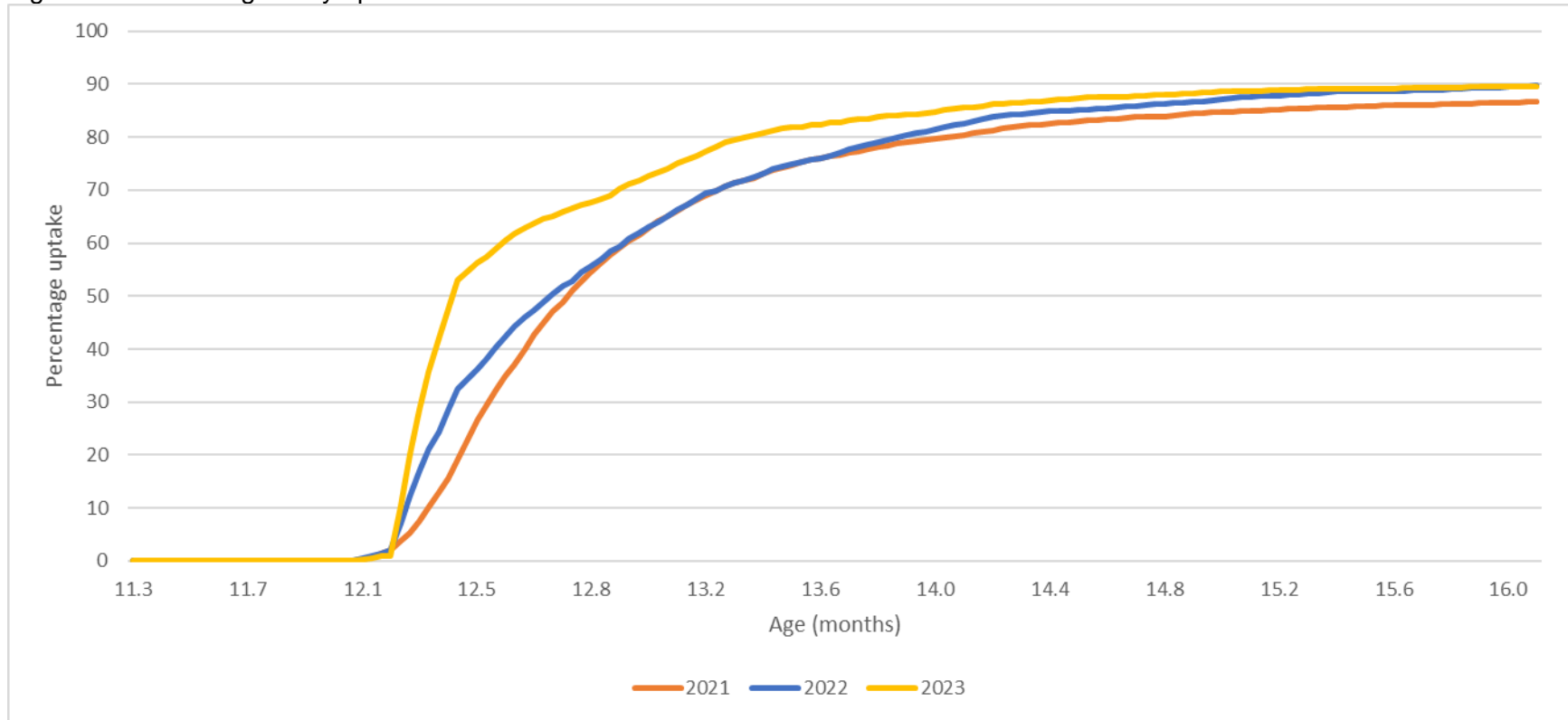
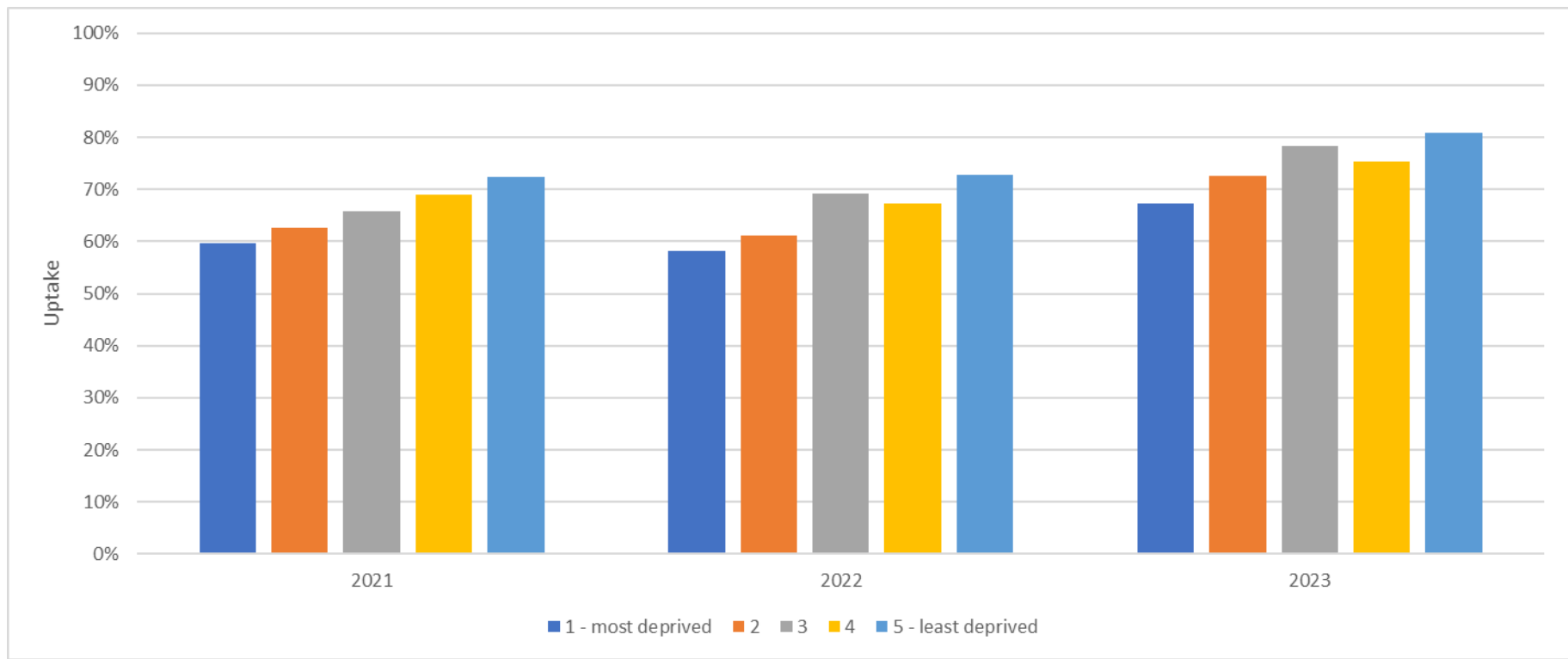


Figure 16: Percentage early uptake of MMR 1 at 12-13 months by SIMD quintile, 2021-2023



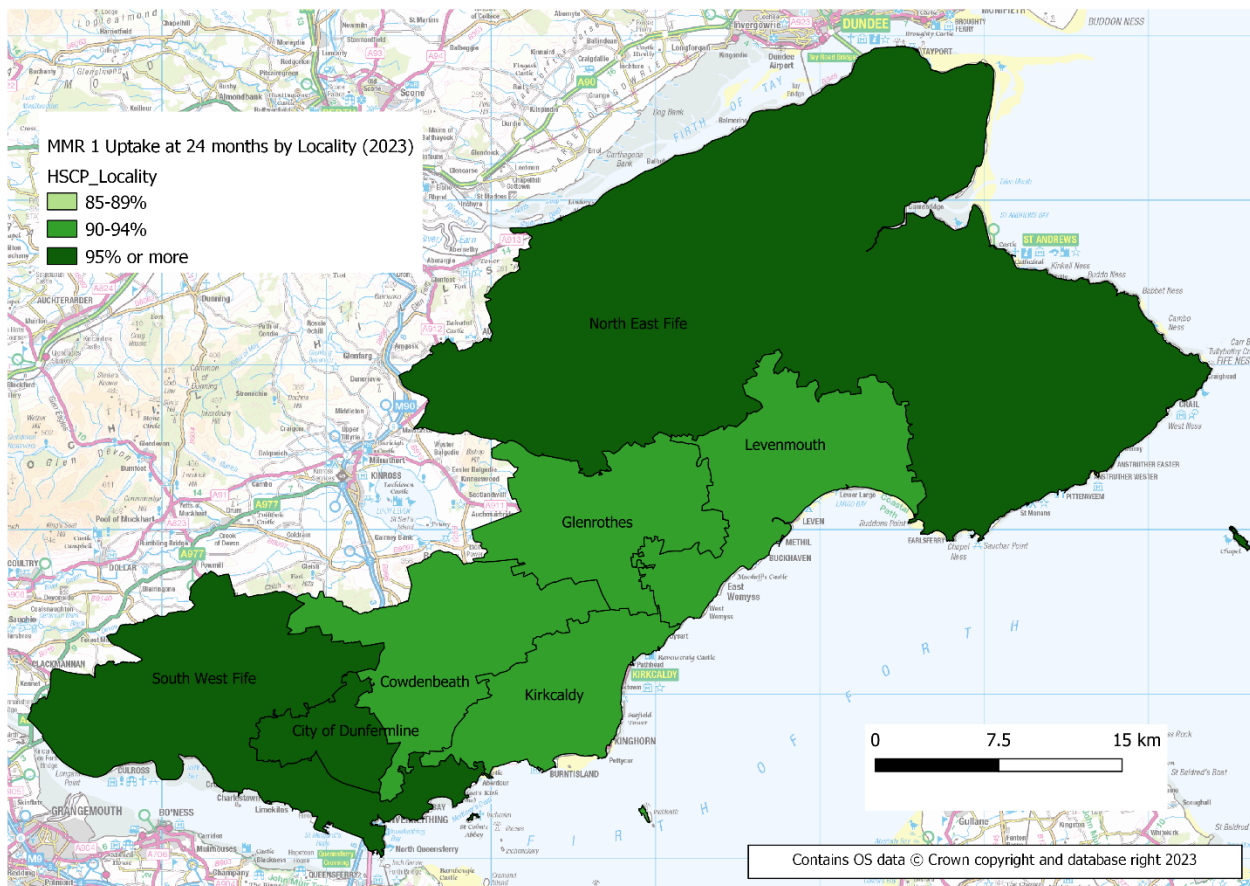
Locality uptake

4.12. Vaccination uptake by locality area shows that Levenmouth and Glenrothes have lower uptake rates compared to other areas in Fife. The City of Dunfermline and South West Fife tend to have higher uptake, achieving 95% for the 6-in-1 vaccine at 12 months and MMR 1 at 24 months.

Table 5: Percentage uptake by locality area, 2023

Locality	6-in-1 uptake 12 m	MMR 1 uptake 24m	MMR2 uptake 5yrs
City of Dunfermline	95.0	95.4	91.8
Cowdenbeath	94.4	91.5	89.0
Glenrothes	93.6	90.8	81.7
Kirkcaldy	89.3	92.3	84.6
Levenmouth	92.9	91.4	86.8
North East Fife	96.0	94.6	90.7
South West Fife	96.2	95.0	92.1

Figure 17: MMR1 at 24 months by locality within Fife, 2023



Teenage immunisations

Teenage Booster

4.13. A combined booster immunisation is delivered for tetanus, diphtheria and polio (Td/IPV, given around 14 years of age) along with an immunisation protecting against four strains of meningococcal bacteria (MenACWY). Fife uptake of these boosters in both S3 and S4 has seen a decline in school year 2022/23 compared to 2021/22, a decline in uptake was also seen in the rest of Scotland in S3 but not in S4. Due to the pandemic, delivery of the teenage programme was disrupted to varying degrees across health boards in Scotland depending on where they were in their delivery plans at the time of lockdown. This should be considered when comparing the Fife data to the Scottish average (figure 18) where it is clear that the 2020-21 school year delivery was disrupted to a far greater extent in the rest of Scotland than in Fife.

4.14. The teenage booster programme in Fife demonstrates clear socioeconomic gradient in vaccination uptake that is similar to that seen in the rest of Scotland (figure 19). Mop-up activity means that by the end of S4 the uptake rates are slightly higher.

Table 6: Td/IPV and MenACWY uptake rates by end of S3 and end of S4, Fife & Scotland, 2022-23

	S3		S4	
	Fife	Scotland	Fife	Scotland
Td/IPV	59.0	68.6	72.2	77.3
MenACWY	59.0	68.7	72.4	77.4

Figure 18: Immunisation rate for MenACWY uptake at S3 & S4, NHS Fife (solid lines) & Scotland (dashed lines); school year 2018/19 to 2022/23

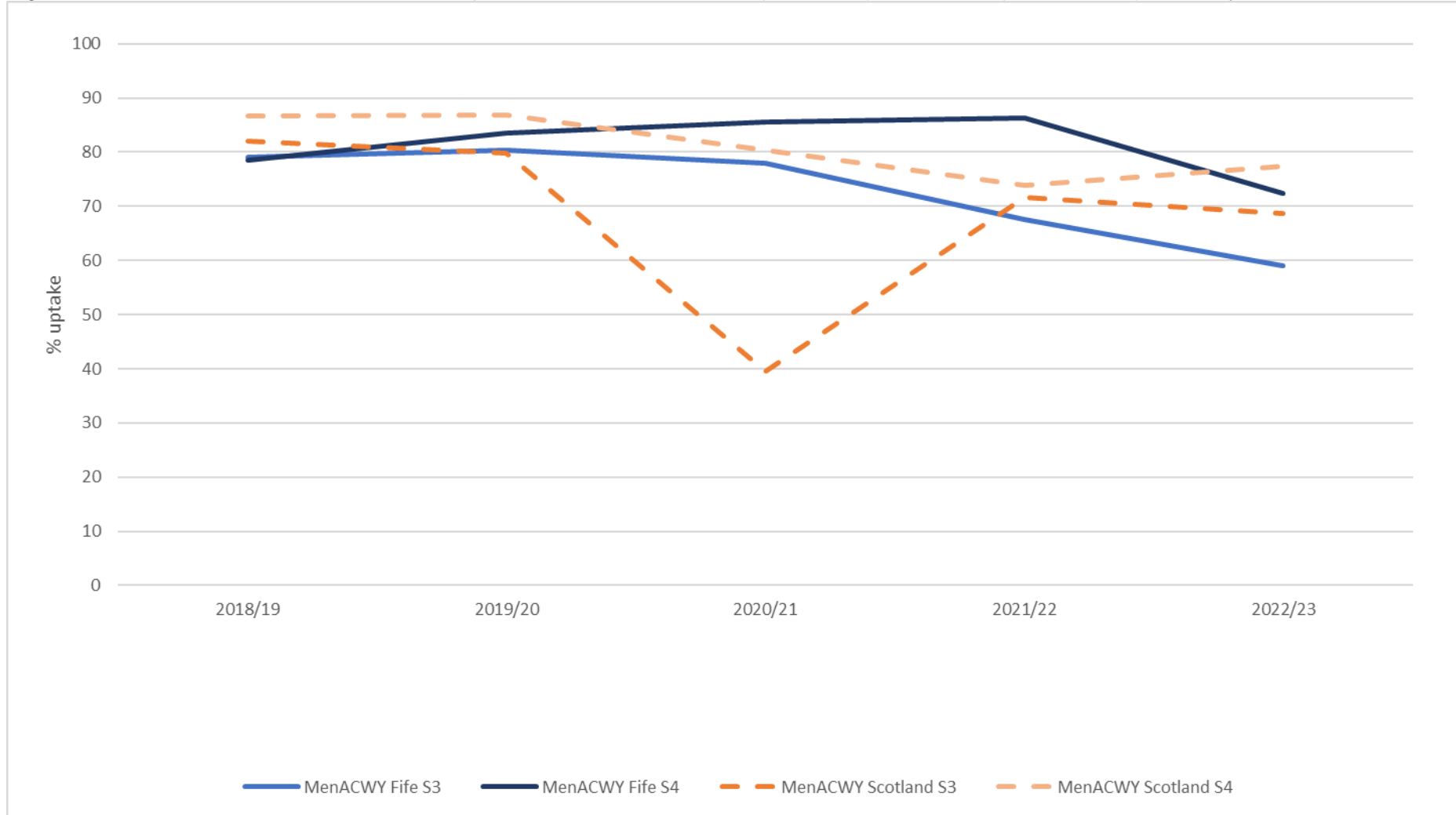
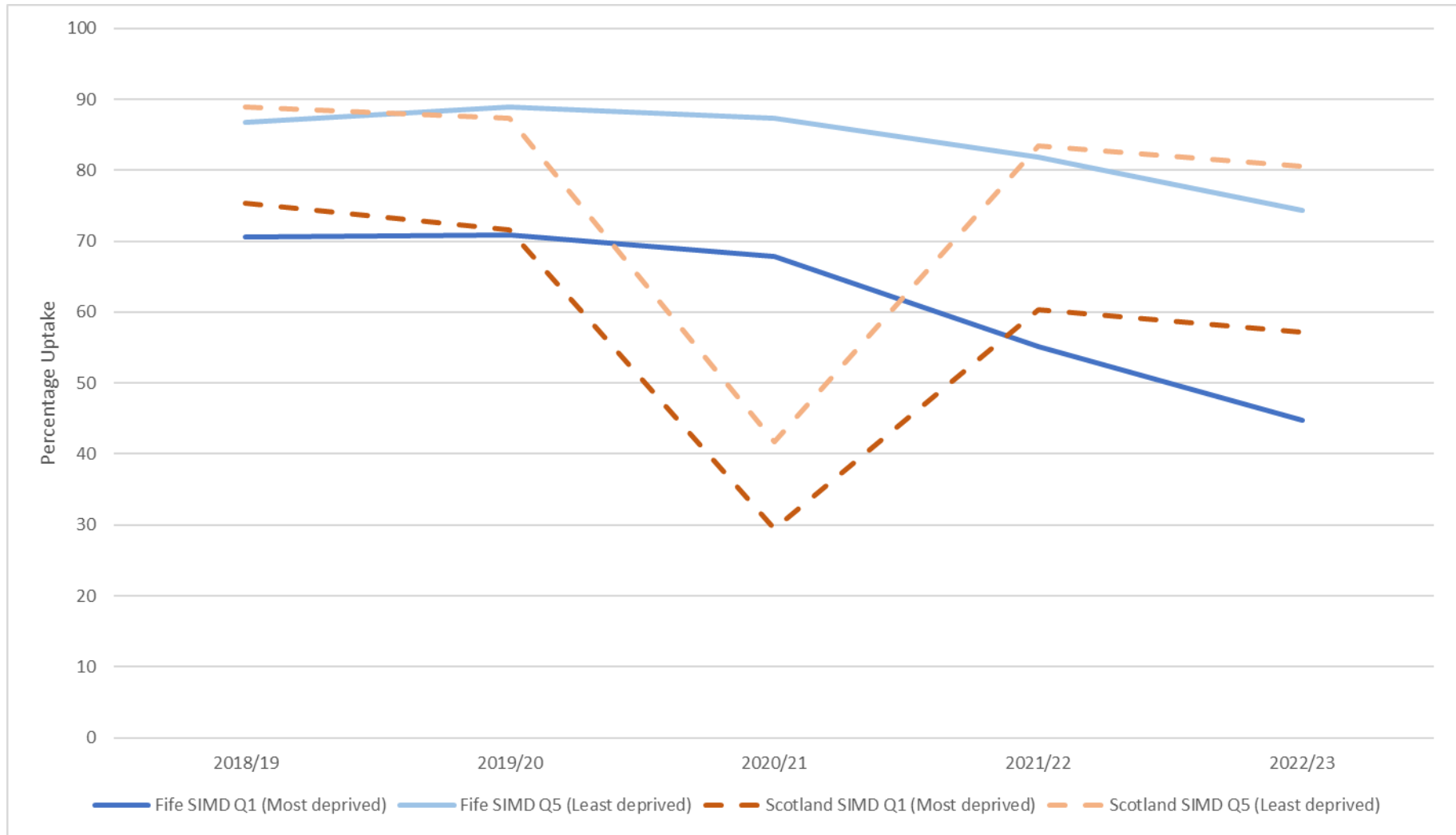


Figure 19: Immunisation rate for Td/IPV uptake at S3 by SIMD, NHS Fife (solid lines) & Scotland (dashed lines); school year 2018/19 to 2022/23



Human Papilloma Virus (HPV)

4.15. The Scottish HPV immunisation programme started in 2008, with inclusion of secondary school boys from 2020. Until January 2023 two doses of HPV vaccine were offered to all children (males & females) in Fife in S1 and S2, usually within the Spring term. Follow up opportunities are offered at S3 for those that miss their HPV vaccination at S1 or S2. Although the two-dose schedule was still being implemented during the 2021-22 school year, this report focuses on dose 1 uptake only given that a single dose programme has now been implemented based on JCVI advice.

4.16. HPV vaccination uptake in Fife at S1 and S2 for males and females is shown in table 6, figures 18 and 19. In general, uptake among males is slightly lower than females. Uptake of dose 1 at both S1 and S2 is lower in Fife than elsewhere in Scotland. There is a substantial socioeconomic gradient between the least and most deprived quintiles at S3 (figure 21). Uptake of the HPV vaccine has fallen across all SIMD quintiles in the school year 2022/23, with the gap in uptake between the least and most deprived widening. This is true for both uptake in girls and boys, with the uptake between the least and most deprived boys being the widest. This trend is also seen across the rest of Scotland.

Table 7: HPV uptake at S1 and S2 by sex, NHS Fife & Scotland, 2022-23

	Dose 1 S1		Dose 1 S2	
	Female	Male	Female	Male
Fife	70.4	59.9	75.3	65.2
Scotland	76.3	69.7	82.9	76.2

Summary of vaccine uptake inequalities in childhood and teenage programmes

4.17. Appendix 2 provides a summary of inequalities in vaccination uptake using four different measures of inequalities. Data from previous years are shown for comparison. The first two measures are straightforward calculations of the absolute range (difference between rates in the most and least deprived quintiles) and the relative range (the ratio of the uptake in the most deprived group compared to uptake in the least deprived group). These two measures overlook the changes in the intermediate groups and do not take into account the sizes of the groups being compared. As such, two alternative measures of absolute and relative inequality - the Slope Index of Inequality (SII) and Relative Index of Inequality (RII) are also calculated. The SII can be interpreted as the absolute effect on uptake of moving from the most deprived to the least deprived grouping. The RII is a measure of the relative inequality of uptake rates and compares ratios rather than absolute differences. Both the SII and RII suggest that inequalities increase in older childhood age groups and are greatest in the teenage booster programme.

Figure 19: 1st dose HPV immunisation uptake rates for girls by the end of the school year 2018/19 to 2022/23, at S1 and S4, NHS Fife (solid lines) and Scotland (dashed lines)

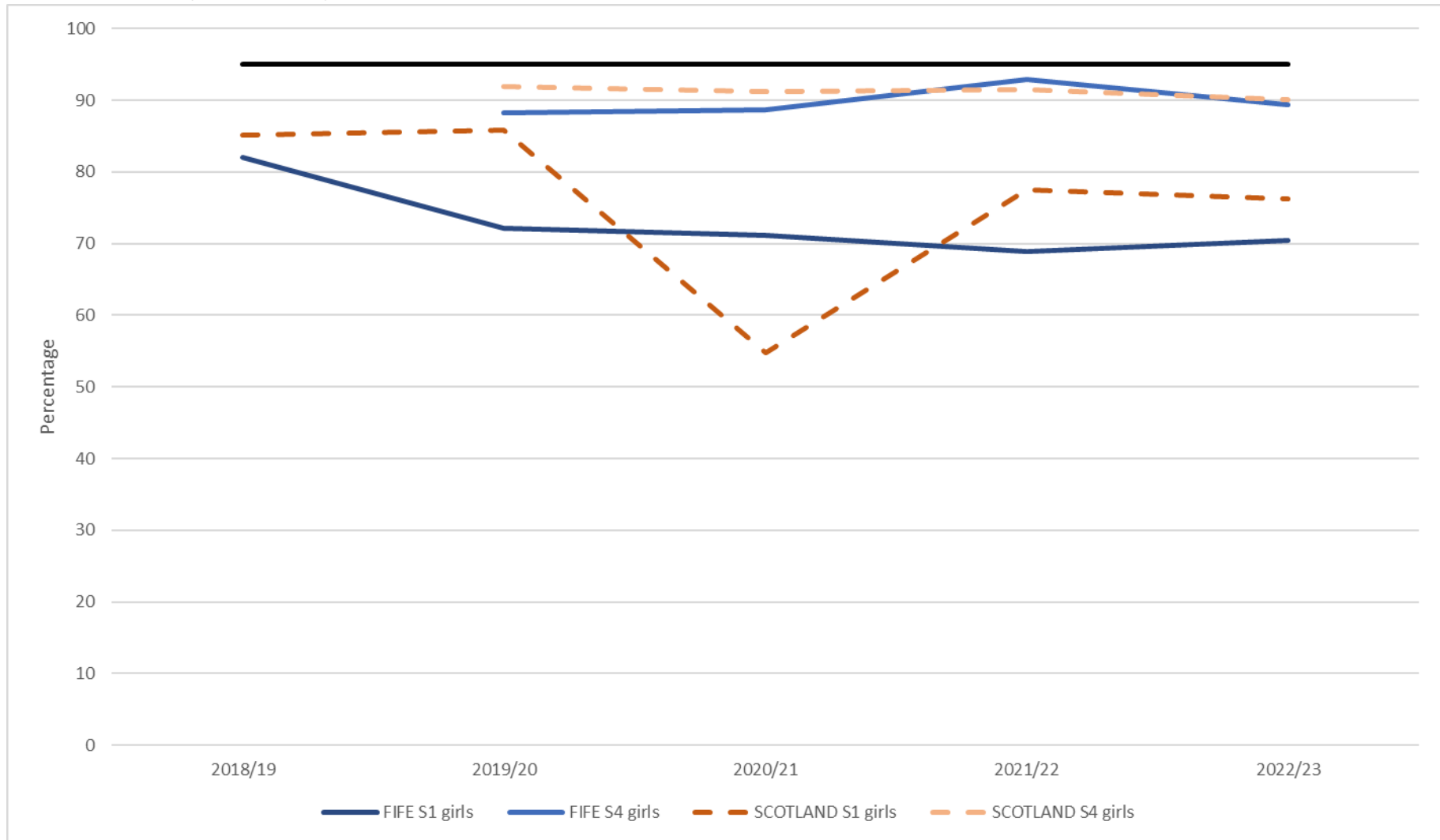


Figure 20: 1st dose HPV immunisation uptake rates for boys by the end of the school year 2019/20 to 2022/23, at S1 and S2, NHS Fife (solid lines) and Scotland (dashed lines)

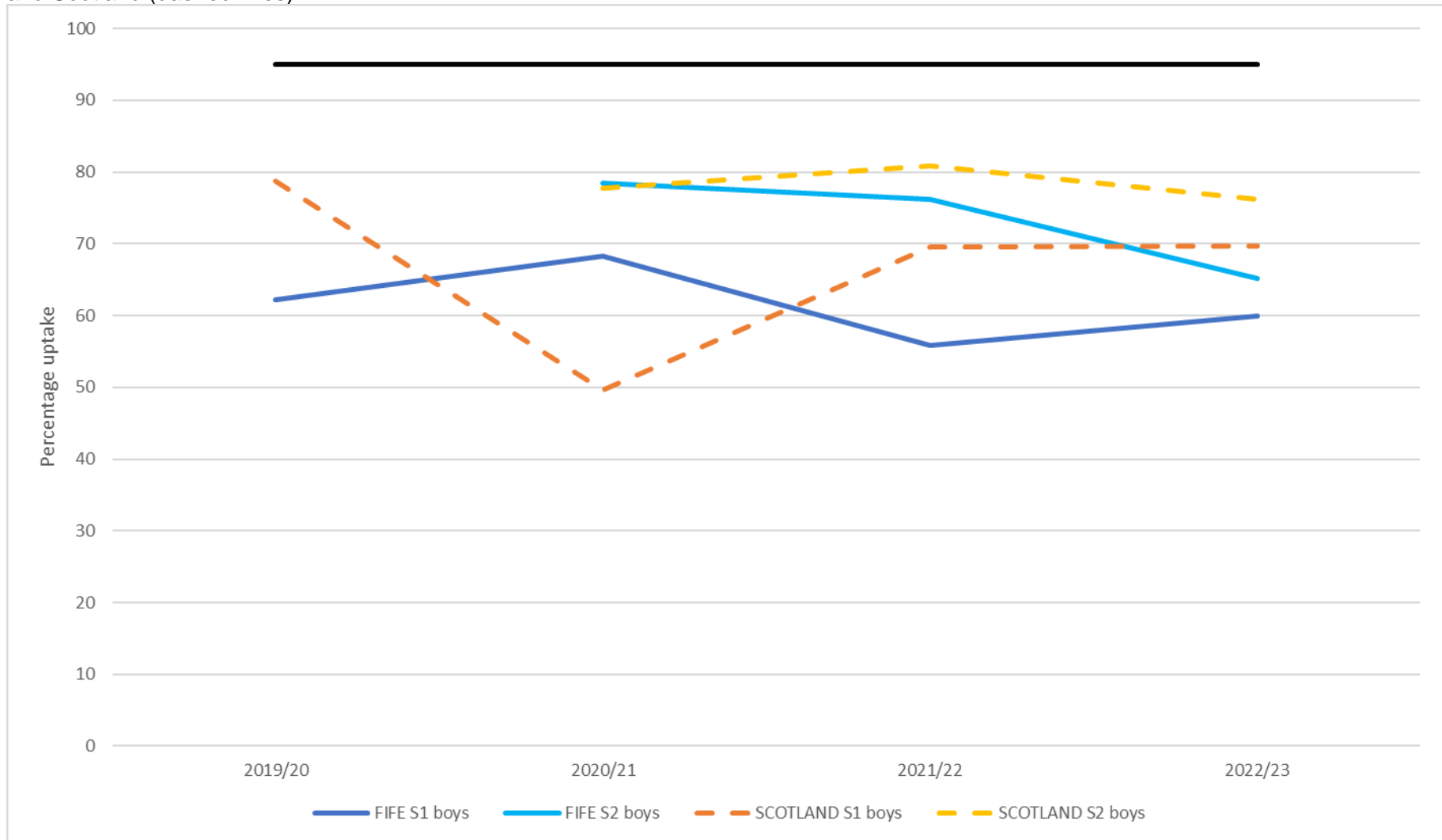
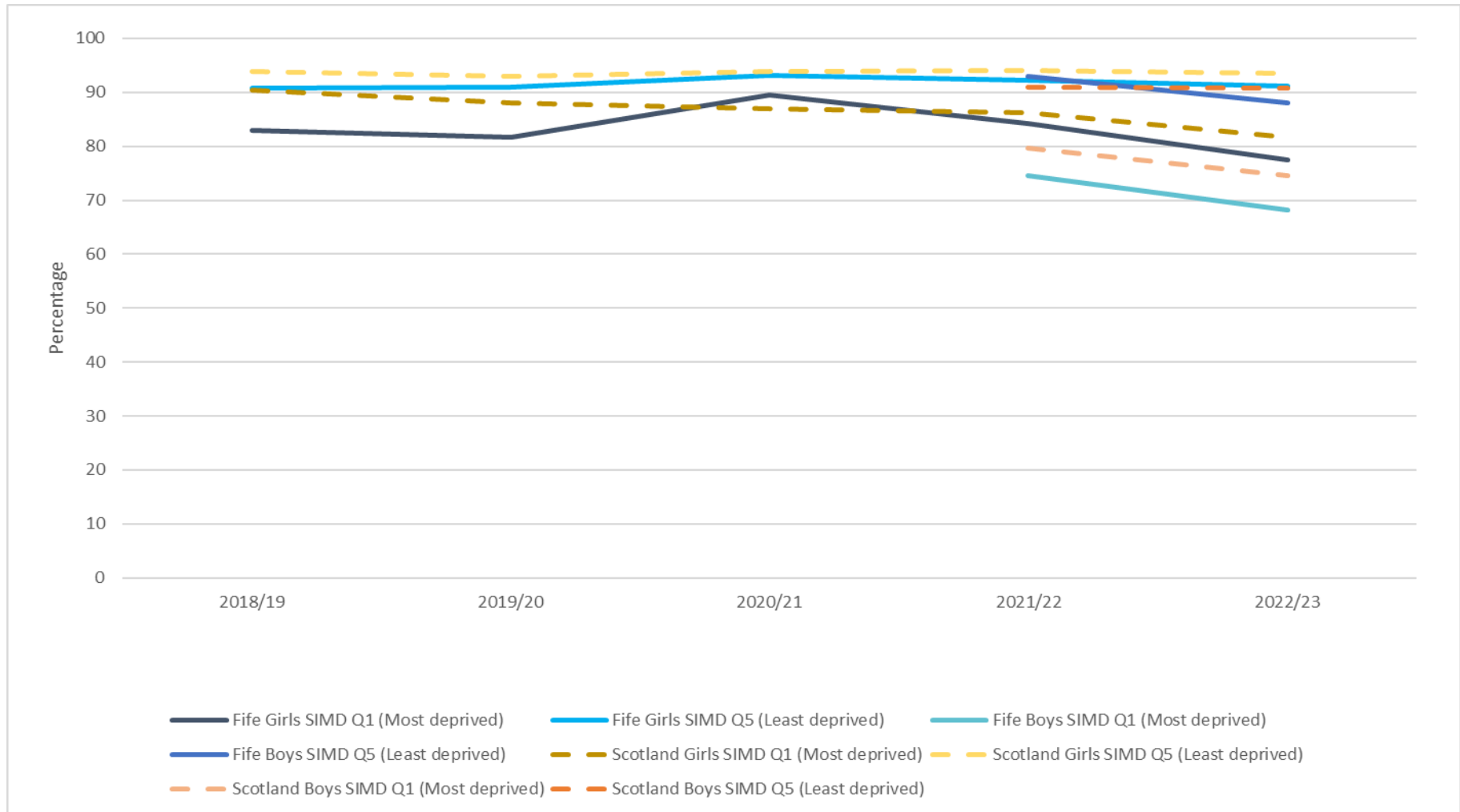


Figure 21: 1st dose HPV immunisation uptake at S3 by SIMD for girls and boy, NHS Fife (solid lines) and Scotland (dashed lines); school year 2018/19 to 2022/23



Adult and selective immunisation programmes

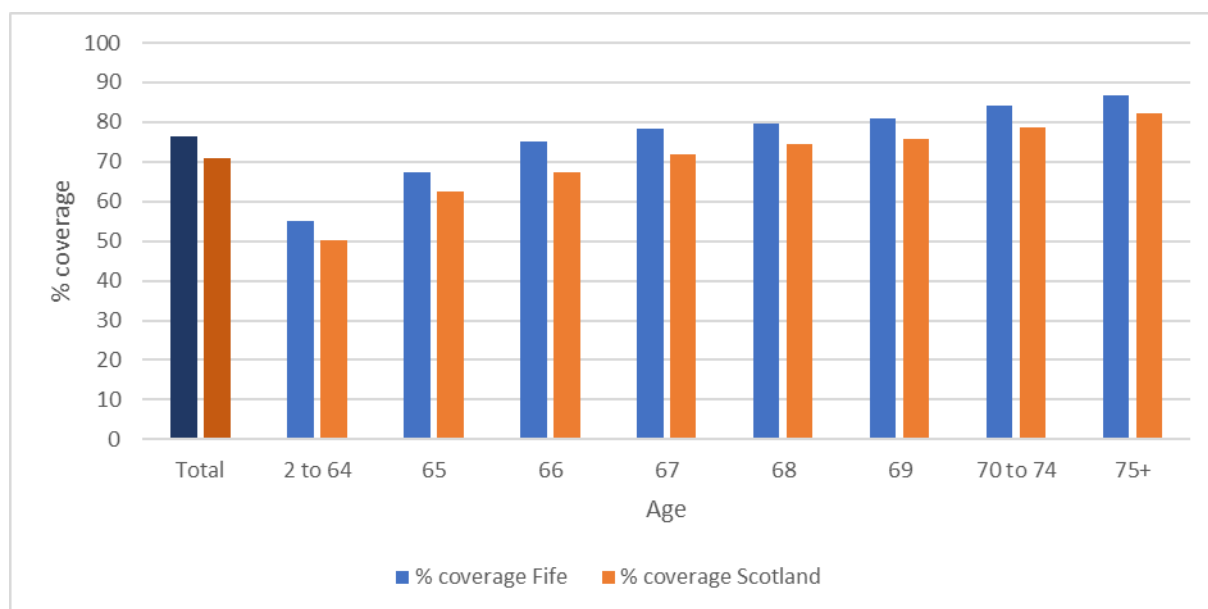
Pneumococcal (PPV23)

4.18. PPV23 is one-off vaccine for those aged 65 years and over and those under 65 with underlying conditions, that protects against 23 serotypes of pneumococcal disease. A small cohort require repeat vaccination every 5 years. Vaccination coverage data was published in December 2023 which provided vaccination coverage to the 30th of September 2023. Coverage data is based on the proportion of eligible individuals currently vaccinated. Vaccination uptake in Fife is higher than that of the rest of Scotland (Table 8, figure 23).

Table 8: Percentage coverage of the PPV23 vaccine by age groups for NHS Fife and Scotland, 2023

Age (yrs)	Percentage coverage	
	Fife	Scotland
All ages	76.4	70.8
2 to 64	55	50.2
65	67.5	62.5
66	75.1	67.3
67	78.5	71.9
68	79.7	74.4
69	81	75.6
70 to 74	84	78.6
75+	86.8	82.3

Figure 22: Percentage coverage of the PPV23 vaccination in eligible individuals, NHS Fife (blue bars) & Scotland (orange bars); 2023



Shingles

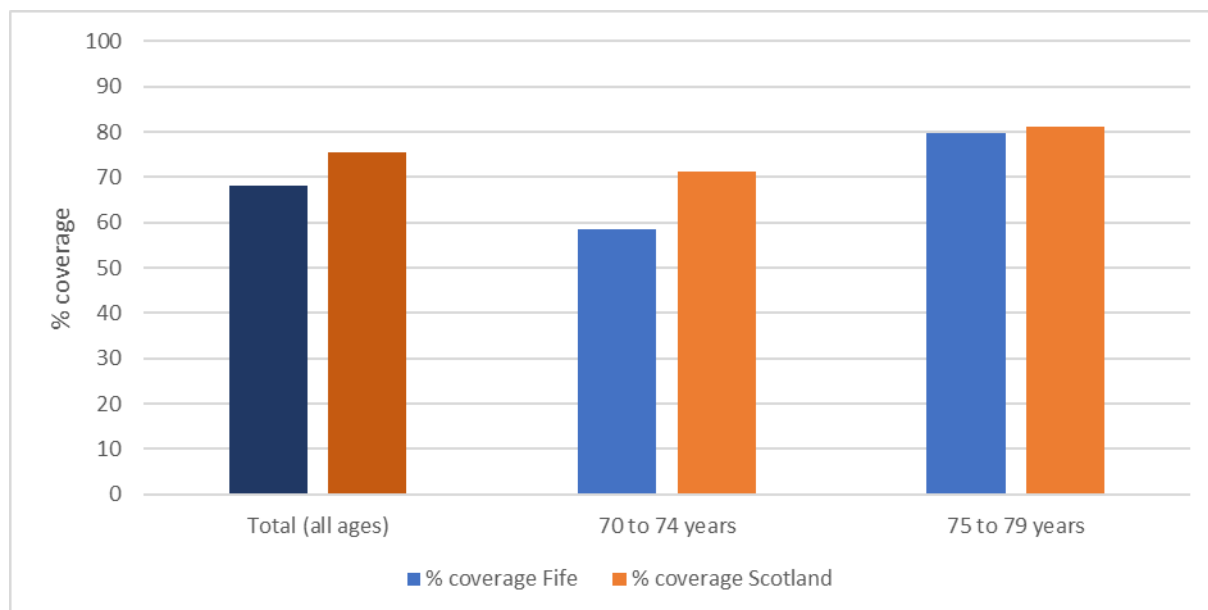
4.19. Shingles vaccine is offered routinely to those aged 70 years, and individuals aged between 71 and 79 who have not previously been vaccinated remain eligible for the one-off vaccine. The programme was first introduced in 2013 using Zostavax, however, as this was a live vaccine it could not be given to those who were severely immunosuppressed. From December 2021 a non-live vaccine, Shingrix, was introduced following recommendation from the JCVI, and from 1st September 2022 to 31st August 2023 could be given to those for whom Zostavax is contraindicated. From 1st September 2023 the 2-dose non-live Shingrix vaccine has been used for all those eligible and the eligibility criteria also expanded. However, these changes were introduced after the 2022/23 reporting period within this report.

4.20. Shingles vaccination data is reported annually by PHS starting in September each year. In December 2023 data for the period 1st September 2022 to 31st August 2023 was published. This release introduced new age ranges for published data, these are the total eligible individuals, individuals aged 70 to 74 years old and individuals aged 75 to 79 years old. In Fife the total uptake of the shingles vaccine is lower than the uptake in the rest of Scotland (Table 9, Figure 23).

Table 9: Percentage coverage of the shingles vaccine by age groups for NHS Fife and Scotland, 2023

	Percentage coverage	
	Fife	Scotland
Total (all ages)	68	75.6
70 to 74 years	58.5	71.2
75 to 79 years	79.7	81.1
70 to 79	68	75.6

Figure 23: Immunisation rate for shingles uptake in eligible individuals, NHS Fife (blue bars) & Scotland (orange bars); 2023



Influenza

4.21. For the 2023/24 flu season adults aged 50 and over, health and social care workers and individuals at risk aged 18 years or over were eligible to receive the flu vaccine between 4th September 2022 and 31st March 2023. Vaccination activity also took place in community pharmacies who offered a flu ‘mop-up’ offer to eligible groups.

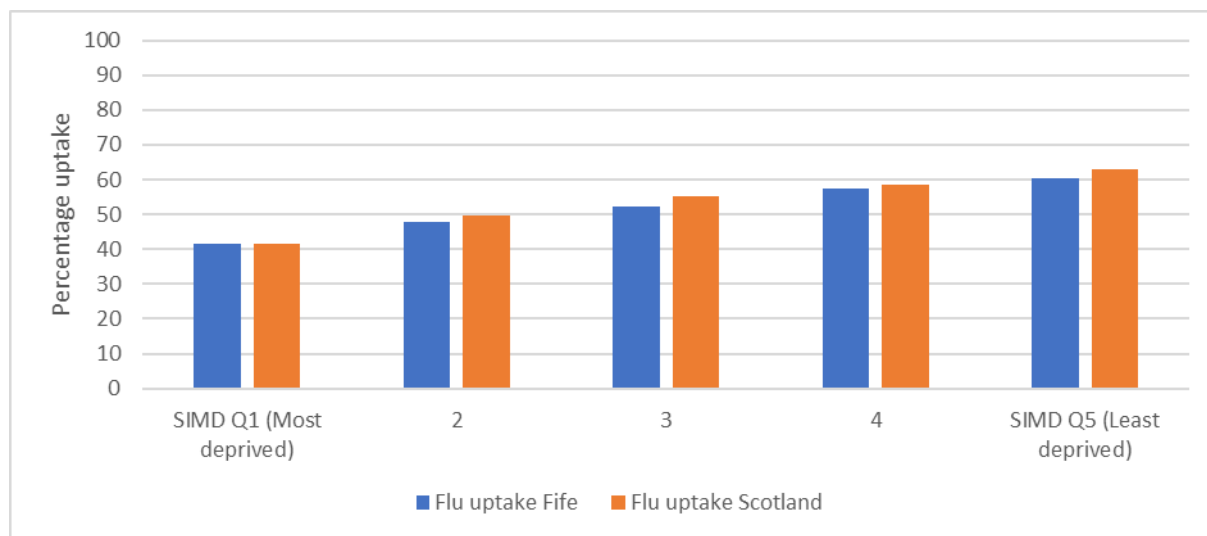
4.22. During the 2023/24 season, 108,127 adult flu vaccinations were administered, which is a 51.8% uptake in the total eligible population. This is similar to that reported for Scotland of 53.7% uptake in the total eligible population at the end of the programme. Vaccination uptake was highest amongst older adults (table 9). Uptake of the seasonal flu vaccine is highest in areas which are the least deprived in Fife (figure 24).

Table 10, Uptake Seasonal Flu Vaccine Adults 2023/24

	18-64 at risk	50-64	65 - 74	75+
Fife	39.4%	37.6%	75.9%	85.0%
Scotland	42.2%	42.7%	75.7%	84.7%

(Source: PHS Vaccination Surveillance dashboard)

Figure 24: Uptake of seasonal flu vaccination by SIMD decile for eligible groups 2023/24 programme.



(Source: PHS Discovery)

COVID-19

4.23. As with the seasonal flu vaccine the COVID-19 winter booster programme ran from 4th September 2022 to 31st March 2023. Eligible groups for the 2022/23 COVID-19 winter booster programme included adults aged 65 years or over, residents of a care home for older adults, frontline health and social care workers, and at-risk individuals aged 5 years and over.

4.24. A total of 88,617 vaccines were administered during the programme, 56.6% uptake among the total eligible cohort, which is the same uptake reported for the rest of Scotland. During the 2023/24 season the uptake rates in Fife were similar to those seen elsewhere

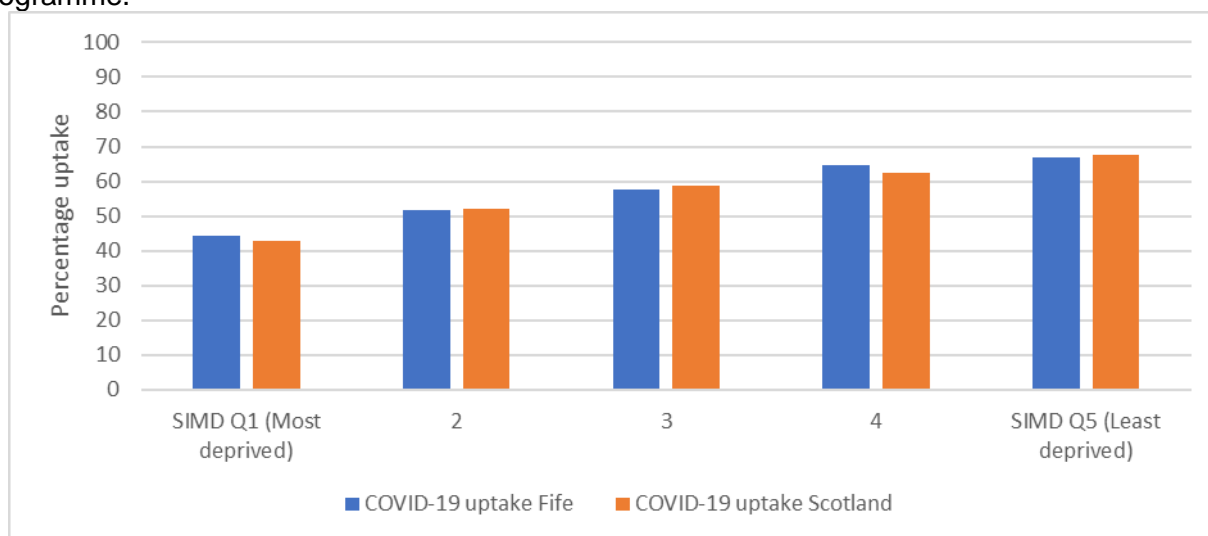
in Scotland for adults aged 65 years and older (table 11). Uptake amongst the at-risk cohort was comparable in Fife with elsewhere in Scotland. Uptake is lower in areas which are most deprived (figure 25).

Table 11: Uptake COVID-19 Winter Booster Vaccine 2023/24

	12-64 at risk	65 - 74	75+
Fife	34.8%	75.0%	84.8%
Scotland	36.8%	74.7%	84.1%

(Source: PHS Vaccination Surveillance dashboard)

Figure 25: Uptake of COVID-19 winter booster vaccine by SIMD decile for eligible groups 2023/24 programme.



(Source: PHS Discovery)

Ethnicity and uptake of COVID-19 and flu vaccines

4.25. In Fife the highest uptake of both the COVID-19 and flu vaccines are seen within the white ethnic group, and lowest uptake is seen within the African communities. When broken down further into ethnicities uptake is lower in some of the ethnic minority groups, specifically the Polish, African and Gypsy/Traveller communities. This is the case for both vaccines and is similar to the findings for the rest of Scotland.

Other selective vaccination programmes

Pertussis in pregnant women

- 4.26. Uptake of pertussis was 86% among pregnant women who registered a birth between 1/4/23 to 31/3/24 (badgernet data). Due to different approaches to recording data across Scotland it is difficult to make a direct comparison with the rest of Scotland. Uptake of seasonal vaccinations among this cohort are challenging, however uptake of COVID vaccination among this cohort is indicated to be significantly lower. Plans are in place for Winter 24 to transfer delivery of COVID vaccination for pregnant women to the maternity service.

Babies born to mothers with Hepatitis B

- 4.27. The risk of developing chronic hepatitis B infection depends on the age at which infection is acquired. Chronic infection occurs in 90% of those infected perinatally but is less frequent in those infected as children (e.g. 20 to 50% in children between one and five years of age)¹². Post-exposure immunisation is provided to infants born to hepatitis B infected mothers, identified through antenatal screening, to prevent mother to child transmission at or around the time of birth. Immunisation of the infant should start as soon as possible after birth, and no later than 24 hours, and be followed by a dose four and eight weeks later and a further dose at one year of age. From August 2017, as hepatitis B is included in the routine childhood immunisation programme, the dose at eight weeks in the selective neonatal programme is provided in DTaP/IPV/Hib/HepB as part of the routine programme, as well as additional doses given at 12 and 16 weeks.
- 4.28. Over the 5-year period 2019 to 2023 inclusive, a total of 15 babies turned 12 months who were born to mothers infected with hepatitis B resident in Fife, and all newborns received the first dose of vaccine within 1 day of their DOB (100% dose 1 delivered on schedule). There were no babies in this cohort within 2023.

BCG for newborn at risk

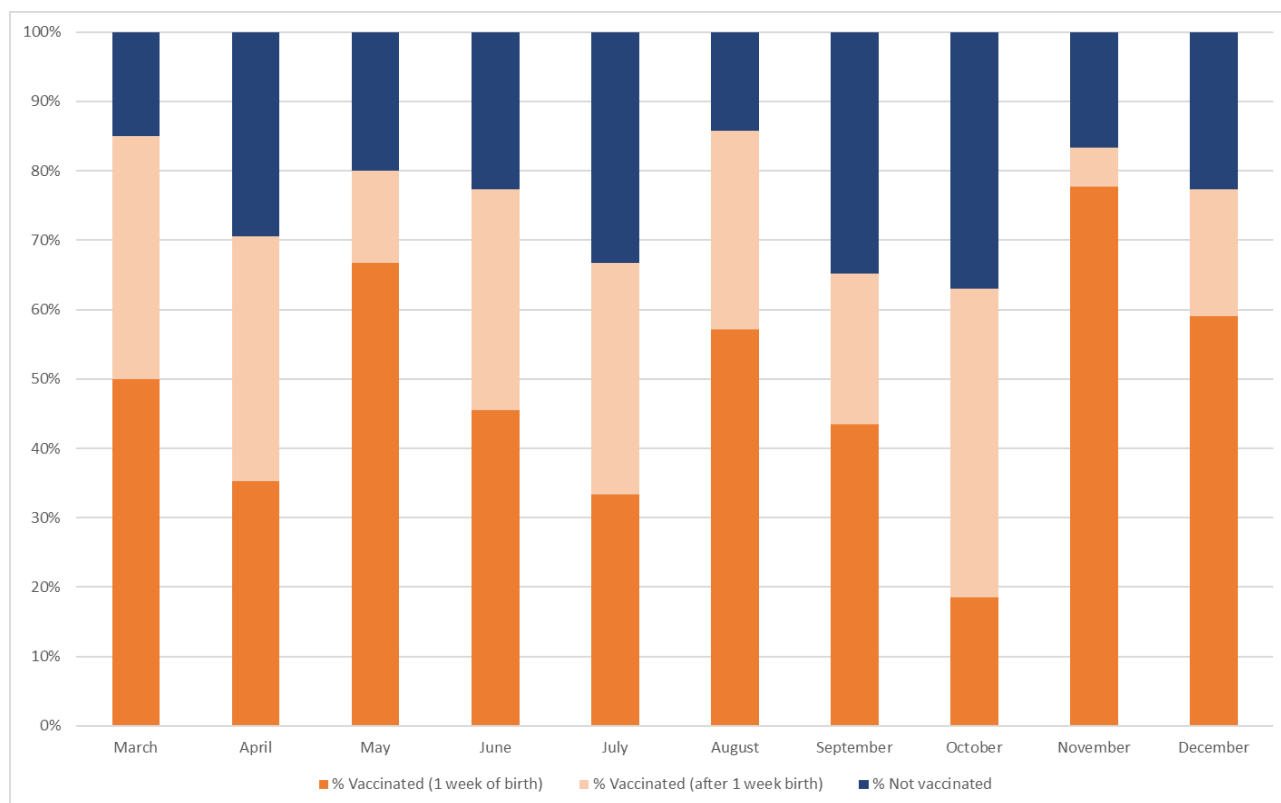
- 4.29. The existing pathway for delivery of BCG vaccination for at risk children below 1 year was disrupted in 2021 and 2022; this is reflected in the lower uptake rates in 2021. Mop-up clinics have been running to ensure catch-up for this group and a new pathway was implemented in February 2023. Whilst the dates and cohorts are not directly comparable to previous years in table below, uptake from 1st March 2023 to 31st December 2023 was 75% for at risk babies born in Fife (figure 26).

Table 12: BCG uptake for at risk children turning 12 months, 2017 - 2023

	2017	2018	2019	2020	2021	2022	2023
Fife	70.3	72.3	70.6	75.0	48.3	63.3	62.9
Scotland	76.0	78.6	80.6	78.9	73.5	75.3	77.6

¹² <https://www.gov.uk/government/publications/hepatitis-b-the-green-book-chapter-18>

Figure 26: BCG uptake for at risk babies 01/03/23 – 31/12/23



Vaccination of men who have sex with men (MSM)

4.30. Over a 6-year reporting period July 2017 (when the programme was introduced) to June 2023 in total 45% of eligible individual’s attending Fife sexual health services over the five year period have either completed HPV course (as previous policy) or are in progress; across Scotland this figure is 65%. The percentage uptake is based on number of physical attendances made by males, identified as men who have sex with men, aged up to and including 45 years old. Denominator data are based on an individual's most recent treatment location within the reported 6-year period (July 2017 to June 2023), rather than board of residence.

4.31. In 2023 there were 478 MSM patients aged <=45 who had an appointment with Sexual Health in Fife, of which 206 of these patients already had the HPV vaccine prescribed. In 2023 72 MSM attendees at Sexual Health received Hepatitis A & B Vaccine. As with HPV vaccine it is likely that some eligible MSM will have received the Hep A and Hep B vaccine elsewhere. Further work is required to understand hepatitis A & B coverage among this cohort locally as currently it is unclear if the low rates reflect low uptake or incomplete recording of their vaccination status. No comparison with data at Scotland level is available.

4.32. In response to the emerging public concerns about mpox in 2022 an assessment of Fife patients within the MSM cohort in NASH was carried out against risk factors outlined in the guidance issued by Public Health Scotland guidance. This identified a priority cohort for mpox pre-exposure vaccination of 209 individuals. A series of vaccination clinics were set up from July 2022. Those not on the priority list can request an assessment and those

identified at high risk during sexual health appointments or contact tracing can be offered an appointment.

5. Conclusions

- 5.1. This report has highlighted the findings from surveillance data on vaccine preventable disease in Fife, as well as vaccine uptake rates across childhood, teenage and adult immunisation programmes. Surveillance data demonstrate ongoing low incidence rates of most vaccine preventable diseases during 2023 in Scotland and in Fife. Whilst Scotland continues to perform strongly for vaccination uptake rates of the childhood programme compared to the rest of the UK, there are growing concerns regarding the declining trend in the infant, pre-school and teenage programmes across Scotland in 2023, and also seen in Fife. In Fife, uptake is below the Scottish average. However, early uptake data has demonstrated improvements in 2023 across all deprivation quintiles in 2023 compared with previous years.
- 5.2. Actions progressed against the priorities and measures set out in the Fife Strategic Framework 2021 – 2024 have provided the platform for ongoing close monitoring of uptake rates and established governance structures to support for the improvement work required to ensure our immunisation services are as accessible and flexible as possible, and that inequalities are addressed.
- 5.3. Review of the Strategic Framework priorities is underway, with a strengthened focus on improving delivery in the context of the findings of this report and a strategic review of the delivery of childhood vaccination programme in Fife carried out in 2023. The refreshed Fife Immunisation Strategic Framework 2024 – 2027 is anticipated to be published alongside this report.

6. Acknowledgements

The provision of immunisation programmes in Fife is dependent on the ongoing support of the individuals and families within Fife and the combined continued efforts of all the staff involved in promoting and supporting the vaccine programmes, including:

- Fife Community Immunisation Service
- Child Health Department, Children's Services
- Pharmacy, Community Services
- Public Health Department, NHS Fife
- Maternity services, NHS Fife
- Sexual Health services, NHS Fife
- Digital & Information, NHS Fife
- East Region Health Protection Team
- Immunisation and Vaccine Preventable Diseases Team at Public Health Scotland
- Population Health Analytics and Intelligence, NHS National Services Scotland
- Scottish Vaccination & Immunisation Programme (SVIP)

7. Vaccine Abbreviations

DTP/Pol/Hib = the 5-in-1 vaccine which protects against diphtheria, tetanus, pertussis, polio and Haemophilus influenzae type b (Hib) [replaced by 6-in-1 as below]

DTP/Pol/Hib/Hep B = the 6-in-1 vaccine which protects against diphtheria, tetanus, pertussis, polio, Haemophilus influenzae type b (Hib) and Hepatitis B.

MenC = Meningococcal serogroup C conjugate vaccine

PCV13 = Pneumococcal conjugate vaccine (protects against 13 serotypes of pneumococcal)

PCVB = Pneumococcal conjugate vaccine booster

MenB = Meningococcal Group B

MenB (Booster) = Meningococcal Group B booster

MMR1 = Measles, mumps, and rubella vaccine (1st dose)

MMR2 = Measles, mumps, and rubella vaccine (2nd dose)

Hib/MenC = Hib/MenC booster vaccine

DTP/Pol = 4-in-1 booster vaccine which protects against diphtheria, tetanus, pertussis and polio

Td/IPV = Protects against Tetanus, Diphtheria and polio (teenage booster)

HPV = Human Papilloma Virus – protects against cancers and genital warts caused by HPV, including cervical cancer

MenACWY = Protects against Meningococcal Group A, C, W & Y

LAIV = Live Attenuated Influenza Vaccine

BCG = bacilli Calmette-Guerin vaccine which protects against tuberculosis (TB)

PPV23 = Pneumococcal polysaccharide Vaccine (protects against 23 serotypes of pneumococcal)

8. Appendices

Appendix 1: Routine childhood & adult immunisation schedule

The complete routine immunisation schedule			From September 2023	
Age due	Diseases protected against	Vaccine given and trade name		Usual site ¹
Eight weeks old	Diphtheria, tetanus, pertussis (whooping cough), polio, Haemophilus influenzae type b (Hib) and hepatitis B	DTaP/IPV/Hib/HepB	Infanrix hexa or Vaxelis	Thigh
	Meningococcal group B (MenB)	MenB	Bexsero	Left thigh
	Rotavirus gastroenteritis	Rotavirus ²	Rotarix ²	By mouth
Twelve weeks old	Diphtheria, tetanus, pertussis, polio, Hib and hepatitis B	DTaP/IPV/Hib/HepB	Infanrix hexa or Vaxelis	Thigh
	Pneumococcal (13 serotypes)	Pneumococcal conjugate vaccine (PCV)	Prevenar 13	Thigh
	Rotavirus	Rotavirus ²	Rotarix ²	By mouth
Sixteen weeks old	Diphtheria, tetanus, pertussis, polio, Hib and hepatitis B	DTaP/IPV/Hib/HepB	Infanrix hexa or Vaxelis	Thigh
	MenB	MenB	Bexsero	Left thigh
One year old (on or after the child's first birthday)	Hib and MenC	Hib/MenC	Menitorix	Upper arm/thigh
	Pneumococcal	PCV booster	Prevenar 13	Upper arm/thigh
	Measles, mumps and rubella (German measles)	MMR	MMRvaxPro ³ or Priorix	Upper arm/thigh
	MenB	MenB booster	Bexsero	Left thigh
Eligible paediatric age groups ⁴	Influenza (each year from September)	Live attenuated influenza vaccine LAIV ^{5,6}	Fuenz Tetra ^{3,6}	Both nostrils
Three years four months old or soon after	Diphtheria, tetanus, pertussis and polio	dTaP/IPV	Boostrix-IPV	Upper arm
	Measles, mumps and rubella	MMR (check first dose given)	MMRvaxPro ³ or Priorix	Upper arm
Boys and girls aged twelve to thirteen years	Cancers and genital warts caused by specific human papillomavirus (HPV) types	HPV ⁶	Gardasil 9	Upper arm
Fourteen years old (school Year 9)	Tetanus, diphtheria and polio	Td/IPV (check MMR status)	Revaxis	Upper arm
	Meningococcal groups A, C, W and Y	MenACWY	Nimenrix	Upper arm
65 years old	Pneumococcal (23 serotypes)	Pneumococcal Polysaccharide Vaccine (PPV23)	Pneumovax 23	Upper arm
65 years of age and older	Influenza (each year from September)	Inactivated influenza vaccine	Multiple	Upper arm
65 from September 2023 ⁷	Shingles	Shingles vaccine	Shingrix	Upper arm
70 to 79 years of age (plus eligible age groups and severely immunosuppressed) ⁷	Shingles	Shingles vaccine	Zostavax ^{3,7} (or Shingrix if Zostavax contraindicated)	Upper arm

Source: <https://www.gov.uk/government/publications/the-complete-routine-immunisation-schedule>

Appendix 2: Childhood and teenage vaccine uptake inequalities – Slope Index & Relative Index measures 2017, 2018, 2021, 2022, 2023

Vaccination	Age	Absolute range					Relative range					Slope Index of Inequality					Relative Index of Inequality				
		2017	2018	2021	2022	2023	2017	2018	2021	2022	2023	2017	2018	2021	2022	2023	2017	2018	2021	2022	2023
6-in-1*	12 months	4.15	4.67	5.66	6.4	5.3	0.96	0.95	0.94	0.9	0.9	5.2	6.0	5.7	9.1	6.6	0.05	0.06	0.06	0.10	0.07
MenB	12 months	3.96	4.11	4.95	5.81	4.82	0.96	0.96	0.95	0.94	0.95	4.7	4.9	5.1	7.9	6.3	0.05	0.05	0.05	0.08	0.07
PCV	12 months	4.58	3.99	3.86	3.06	3.14	0.95	0.96	0.96	0.97	0.97	5.6	5.1	3.9	4.8	3.7	0.06	0.05	0.04	0.05	0.04
Rotavirus	12 months	3.93	4.70	6.04	6.35	5.20	0.96	0.95	0.94	0.93	0.94	4.9	5.8	5.9	10.0	7.2	0.05	0.06	0.06	0.11	0.08
MMR1	24 months	6.35	8.34	7.34	6.44	7.53	0.93	0.91	0.92	0.93	0.92	8.3	10.8	10.8	7.5	10.7	0.09	0.12	0.12	0.08	0.11
Hib/MenC	24 months	6.19	7.30	7.16	7.27	7.21	0.94	0.92	0.93	0.93	0.92	8.3	9.3	10.4	8.6	11.0	0.09	0.10	0.11	0.09	0.12
PCV booster	24 months	6.68	6.88	6.05	6.03	6.89	0.93	0.93	0.94	0.94	0.93	8.6	8.9	8.9	7.2	10.4	0.09	0.10	0.10	0.08	0.11
Men B Booster	24 months		7.85	7.40	7.44	8.06		0.92	0.92	0.92	0.92		9.8	10.9	8.5	11.8		0.11	0.12	0.09	0.13
4-in-1	5 years				8.72	10.91					0.91	0.88			10.1	15.5				0.11	0.18
MMR2	5 years				9.21	10.57					0.90	0.89			10.9	14.7				0.12	0.17
HPV Dose1**	Teenage (S3)	8.26	0.43	3.68	13.25	16.97	0.91	1.00	0.96	0.86	0.81	10.3	2.6	4.0	16.5	22.4	0.11	0.03	0.04	0.19	0.27
Td/IPV booster	Teenage (S4)	10.59	19.07	15.49	12.80	26.29	0.88	0.78	0.83	0.86	0.70	15.8	24.2	18.2	16.1	32.4	0.19	0.31	0.21	0.19	0.45
MenACWY	Teenage (S4)	10.84	19.09	15.05	13.33	27.02	0.88	0.78	0.84	0.85	0.69	16.1	24.0	17.6	16.7	33.3	0.19	0.31	0.21	0.19	0.46
<i>*DTP/Pol/Hib (5-in-1) only in 2017</i>																					
<i>** Girls only 2017-2022; all 2022</i>																					

Appendix 3: Summary of childhood immunisation uptake

Immunisation	Year ending 2022 (%)	Year ending 2023 (%)	Change from previous year
Uptake by 12m			
5-in-1/6-in-1	94.6	93.8	↓ -0.8
PCV	95.9	95.7	↓ -0.2
Rotavirus	92.1	91.4	↓ -0.7
MenB	94.2	93.4	↓ -0.8
Uptake by 24m			
5-in-1/ 6-in-1	95.8	95.5	↓ -0.3
MMR1	92.9	93.2	↑ 0.3
Hib/MenC	92.6	93.0	↑ 0.4
PCVB	92.8	92.9	↑ 0.1
MenB Booster	92.1	92.7	↑ 0.6
Uptake by 5yr			
6-in-1	96.6	96.3	↓ -0.3
MMR1	95.4	95.7	↑ 0.3
Hib/MenC	95.2	95.3	↑ 0.1
4-in-1	88.3	87.8	↓ -0.5
MMR2	88.0	88.0	_ 0.0

Appendix 4: Summary of teenage immunisation uptake

Immunisation		Uptake at end of school year 2021/22 (%)	Uptake at end of school year 2022/23 (%)	Percentage point change from previous
HPV				
S1	Girls	68.9	70.4	↑ 1.5
	Boys	55.8	59.9	↑ 4.1
S2	Girls	83.6	75.3	↓ -8.3
	Boys	76.2	65.2	↓ -11.0
S3	Girls	88.9	84.5	↓ -4.4
	Boys	83.1	79.0	↓ -4.1
S4	Girls	92.9	89.4	↓ -3.5
	Boys		84.4	NA
Td/IPV booster				
S3		67.3	59.0	↓ -8.3
S4		86.7	72.2	↓ -14.5
MenACWY				
S3		67.5	59.0	↓ -8.5
S4		86.3	72.4	↓ -13.9

Fife Immunisation Strategic Framework 2024-2027



Contents

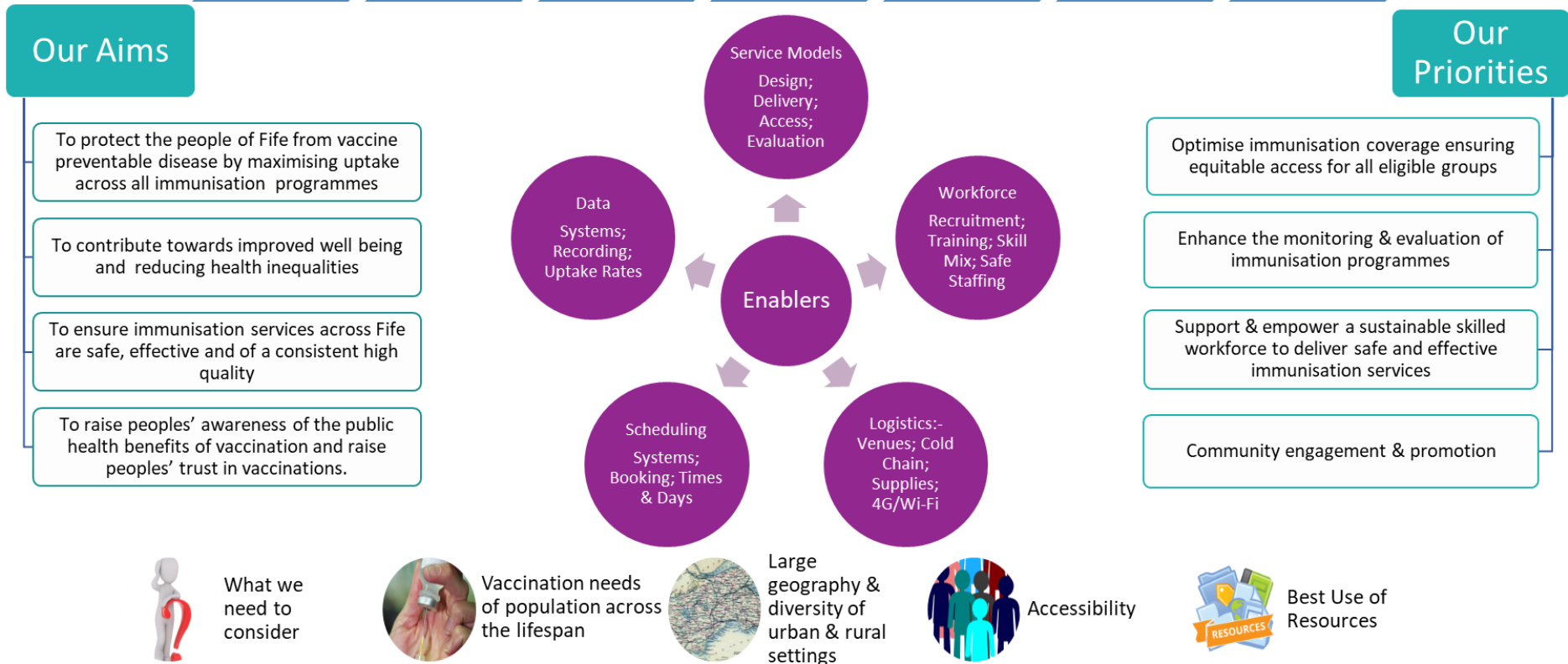
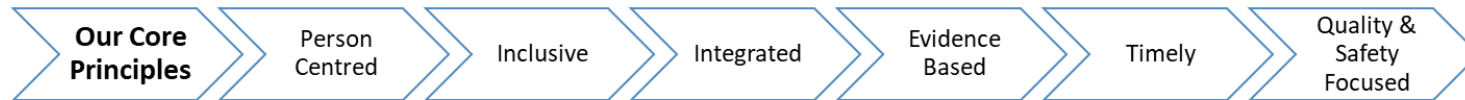
Executive Summary	3
Introduction.....	4
National Context.....	5
Vaccine Preventable Disease.....	7
Snapshot of Vaccine Uptake.....	8
Equity and Inclusion	12
CIS Strategic framework 2024-2027	13
Workforce.....	14
Our vision, refocused.....	15
Re-focused Priorities: Summary	16
Enablers	18
Governance	19
Monitoring, Reporting and Evaluation	20



Fife Immunisation Strategic Framework 2024-2027



A Fife where everyone, everywhere, has confidence in and equitable access to high-quality, safe, sustainable immunisation services throughout their life course.



Introduction

Immunisation programmes have been an integral part of health services and public health for over 200 years since the ground-breaking discovery by Edward Jenner of the smallpox vaccine. They are considered one of the greatest public health interventions in terms of measurable impact on population morbidity and mortality.¹

Immunisation is a safe and effective way to help protect the population from serious vaccine-preventable diseases. Since the initial focus on six childhood vaccine-preventable diseases over four decades ago, they have evolved rapidly and expansively in a relatively short space of time. The addition of new vaccines has increased the breadth of protection provided by immunisation, to include vaccinations for protection of older children, adolescents and adults. Immunisation not only provides protection for the individual, but also offers important benefits for the long-term health of the community. For immunisation to provide the greatest benefit a sufficient proportion of the population need to be vaccinated to stop the spread of bacteria and viruses that cause disease – this is known as herd immunity. The success of established vaccination programmes mean that most vaccine preventable diseases of childhood are now rarely seen however there remains a need to ensure the population understand the importance of protection across all age groups.

Immunisation uptake has been shown to be lowest in poorer families, those from minority ethnic backgrounds and those who may find it more challenging to access services².

In 2021, NHS Fife and Fife HSCP worked collaboratively to develop a 3-year Immunisation Strategic Framework 2021-2024, which was supported by Fife IJB, with direction given in September 2021 to deliver the Strategic Framework. The Strategic Framework set out the shared vision of NHS Fife and Fife HSCP for a Fife where everyone, everywhere, has confidence in and equitable access to high-quality, safe, sustainable immunisation services throughout their life course. The framework was developed at a time when the critical nature of vaccines was well understood across the world, with vaccines central to a global response to the COVID-19 pandemic. There has been great successes over the lifecycle of the Strategic Framework, in particular in developing an agile and integrated workforce across children and adult programmes. We have demonstrated our collective ability to deliver vaccines effectively, efficiently and flexibility. Over the course of the 2023 – 2024 financial year around 369,267 vaccinations have been administered in Fife.

More still needs to be done strategically to make sure that everyone is engaging with the vaccine programmes that they are eligible for. Some of those who were not engaged at the commencement of the previous framework remain disengaged – this revised Strategic Framework draws on the strength of the 2021-2024 iteration and commits to being ambitious to make sure we explore every opportunity to provide everyone equal access to the vaccines they are entitled to, recognising services need to be tailored to break down barriers to vaccine uptake.

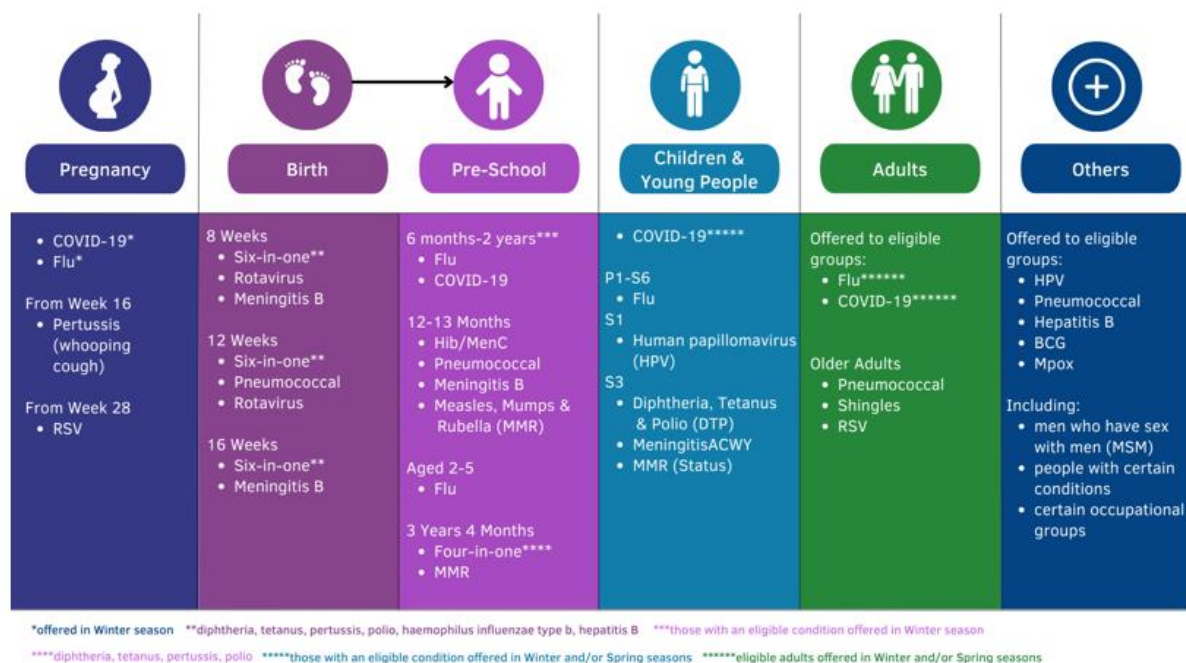
¹Shattock et al. Contribution of vaccination to improved survival and health: modelling 50 years of the Expanded Programme on Immunization. Lancet May 2024: [https://doi.org/10.1016/S0140-6736\(24\)00850-X](https://doi.org/10.1016/S0140-6736(24)00850-X)

² PHE Immunisation Inequalities Strategy, February 2021

National Context

Immunisation policy in Scotland is set by the Scottish Government Health Directorate who take advice from the UK Joint Committee of Vaccinations and Immunisation (JCVI). The JCVI provide advice on immunisations for the prevention of infections and/or disease following due consideration of the evidence on the burden of disease, on vaccine safety and efficacy and on the impact and cost effectiveness of immunisation strategies³. The UK immunisation schedule is continually reviewed and updated⁴.

Figure 1: Routine immunisation schedule



The Vaccine Transformation Programme (VTP) began in April 2018 and involved transfer for responsibility of all previously GP-led vaccine programmes in Scotland to NHS Boards, and additionally included travel vaccinations and travel health advice. The VTP transition period was extended by 1 year and completed in April 2022, i.e. within the period of the previous Fife Strategic Framework. In response to the pandemic situation, the mass-vaccination COVID programme began in December 2020, and since September 2021 the autumn/winter component has been delivered alongside the seasonal flu programme.

In autumn 2022, Scottish Government commissioned Public Health Scotland (PHS) to lead, plan, coordinate, deliver and evaluate a safe effective and equitable vaccination and immunisation service for Scotland, known as 'SVIP' (Scottish Vaccination and Immunisation Programme). In January 2024 oversight of national delivery aspects of SVIP were transferred fully to PHS, including the combined COVID and Flu programme which had been coordinated nationally within Scottish Government over the pandemic period to this date.

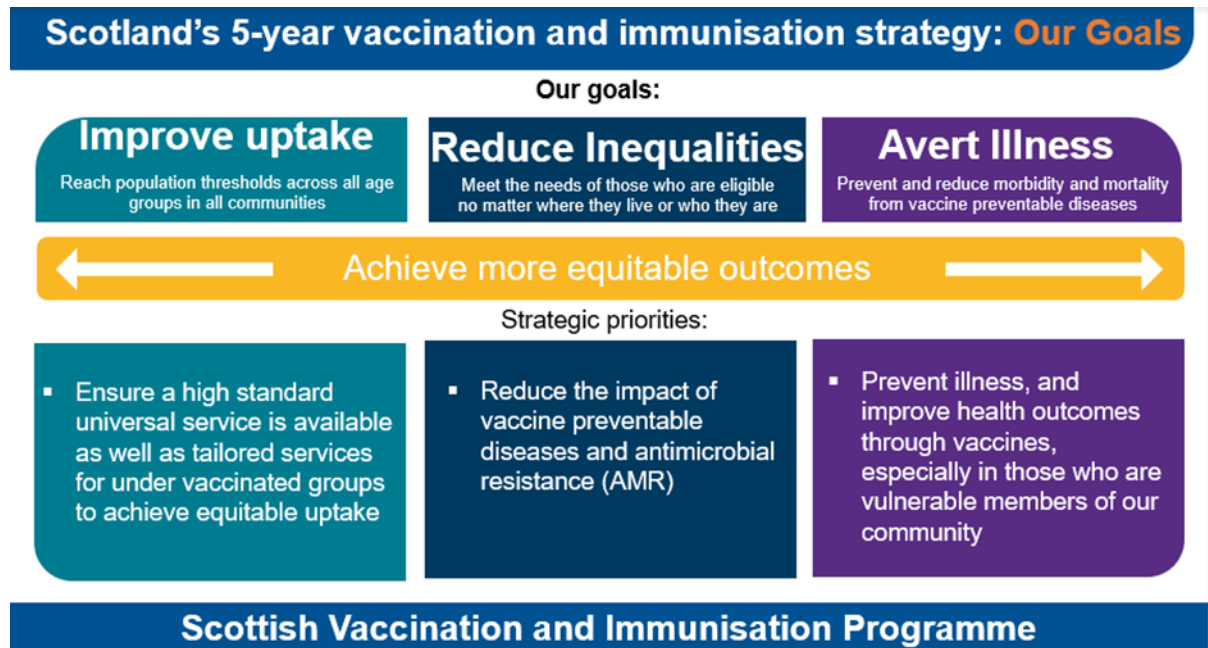
The SVIP governance structure was approved in March 2024 with a national Strategy & Planning Group overseeing a Delivery Board with eight substantive sub-groups. A 5-year Vaccination and Immunisation Strategy for Scotland (2024 – 2028) is currently in development led by PHS in

³ Joint Committee on Vaccination and Immunisation Code of Practice, June 2013

⁴ Complete schedule (children & adults): <https://www.gov.uk/government/publications/the-complete-routine-immunisation-schedule>

collaboration with Scottish Government, NHS territorial Boards, National Services Scotland and NHS Education for Scotland (See Figure 2 for proposed overarching goals of the Strategy). Workstreams covering governance, workforce, quality, finances, communications, digital and inequalities were tasked with development of strategic commitments with the expectation of publication of a final national strategy in July 2024.

Figure 2: High-level SVIP 5-year strategy goals



Vaccine Preventable Disease

National & Local Surveillance & Monitoring

Vaccine-preventable diseases are those that are notifiable for surveillance purposes and for which a vaccine is available. PHS publish a quarterly report of vaccine preventable disease surveillance data within Scotland. Within Fife, local notifications from clinicians and from the laboratories are monitored routinely by the health protection team and where required, public health response actions are carried out. Since December 2023, this function has been provided by the East Region Health Protection Team covering four health boards including Fife which has also enabled closer monitoring of emerging regional communicable disease activity. National and local vaccine preventable disease surveillance data trends are reviewed at the meetings of the Area Immunisation Steering Group (AISG) and an annual summary provided within the annual immunisation report submitted to the Public Health & Wellbeing Committee (PHWBC).

Review of 2021 – 2024 Vaccine Preventable Disease activity

Over the pandemic period from 2020, there were very low levels of many communicable disease circulating as a result of the social distancing and lockdown measures introduced over that period. Some vaccine preventable diseases have continued to see disruptions to usual activity, for example there continued into 2023 to be very minimal mumps activity across Scotland. Others have returned with very high levels of activity, for example, the re-emergence of Pertussis (whooping cough) in late 2023 has led to very high case numbers across Scotland, UK and elsewhere in Europe during 2024. A further example is the 2022-23 flu season which peaked at 'extraordinary' levels in late December 22. The period 2021 - 24 also saw diseases outbreaks within the UK of mpox (previously known as monkeypox) and gonorrhoea which each led to JCVI recommendations for new vaccination programmes preventing further cases among at-risk groups. Measles activity increased in Europe in 2022, and significant outbreaks were seen in regions of England in the final quarter of 2023 and into 2024. A small number of measles cases have been seen in Scotland in 2024, including within Fife.

Looking ahead

The longer-term impact of the COVID-19 pandemic measures on disrupting expected disease trends are difficult to predict, but there are likely some ongoing residual effects over the next 3 years. These could lead to UK wide expansions or changes to vaccine eligibility (as happened in 2012 when we last saw a peak of pertussis infection and the maternal vaccination programme was introduced), or the introduction of new vaccines. In addition, we know there are some diseases where there has not previously been a vaccination programme in the UK that will move into the 'vaccine preventable disease' category as new vaccines are developed and/or existing vaccines become more cost-effective and as such are added into JCVI recommendations.

Over the 2024-27 period, planning is already advanced for the introduction of the RSV vaccine into a routine older adult programme and a maternity programme to protect newborn babies from August 2024. Planning is also at the early stages for introduction of varicella vaccine into the routine childhood programme to protect against chicken pox, likely to commence in late 2025 with the introduction of a 12 month and 18 month 'MMRV' vaccine. The JCVI have also reviewed evidence for the introduction of a maternal Strep B vaccination programme. Whilst no formal recommendation statement has been issued to date on this, its introduction is anticipated within the next 3 years.

Snapshot of Vaccine Uptake

Monitoring vaccine uptake

Vaccine uptake data is published by Public Health Scotland for the childhood, teenage and main adult vaccination programmes (COVID, flu, shingles & pneumococcal). Whilst the childhood data is issued quarterly, the teenage and non-seasonal adult programmes are published annually. National and local data on the selective vaccination programme uptake data such as the newborn BCG programme and the newborn hepatitis B programme has become more accessible since the previous Fife strategic framework, though they are not yet release on a regular reporting cycle. The addition and expansion of immunisation data within the Discovery platform since 2023 has enabled health boards to access more detailed uptake information for management purposes, for example, data by geographies smaller than health board, more detailed deprivation breakdowns, and data by ethnicity in some programmes. Early childhood vaccination uptake data has also been made available via this platform in 2023, which has enabled enhanced local monitoring of uptake of the initial vaccine offer rather than just at the set evaluation points of 12 months, 24 months and 5 years which are used for the routinely published data and have a significant lag between date of eligibility (and therefore delivery for most children) and reporting of uptake, though these evaluation points remain useful for comparison of trends over time.

A detailed annual immunisation report is submitted to the Fife Public Health & Wellbeing Committee annually, and is published externally on NHS Fife website⁵. For the purposes of this framework an overview is provided on the main trends seen over the period of the last strategic framework at both a Fife and national level. Additional detail by year and information regarded selective programmes for at-risk groups can be found within the full annual reports.

Routine childhood programme

Childhood immunisation uptake rates in Scotland have historically been high, with the Scottish average remaining above the 95% target for most routine immunisations by 12 months of age. However, uptake in Fife has declined gradually over the last 10 years from over 97% uptake of the 5-in-1 /6-in-1 vaccine at 12 months in 2013 to 93.8% in 2023. This decline has also been seen in the rest of Scotland, but with a more rapid decline seen in the last 5 years in Fife than other areas of Scotland. Uptake by deprivation quintile shows the fastest rates of decline have been seen those children within the most deprived areas, and this trend holds both in Fife and elsewhere in Scotland, with rates for the most deprived quintile remaining below 95% in Fife since 2016, and in Scotland since 2018. The declining trend among those most deprived appears to have stabilised / slightly improved in Fife Between 2022 and 2023, though uptake remains just below 93% for this deprivation quintile. This trend is illustrated below in figure 3.

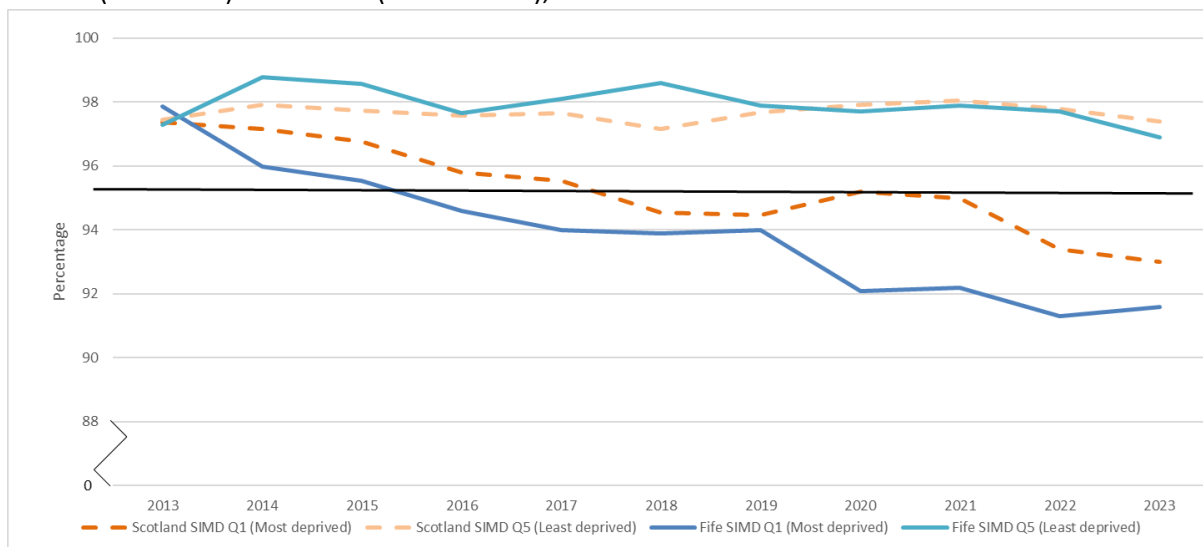
Similar trends across the last 10 years have been seen in the childhood programme at both the 24 month and 5 year evaluation points with inequalities being greater in the older ages. Uptake of the pre-school vaccines (first offered when a child is 3 years 4 months and evaluated when a child is turning 5 years) in Fife reached their lowest in 2019 and have fluctuated since. Whilst pre-school vaccine uptake rates in Fife remained slightly below the Scottish average in 2023, they have not seen the more sharply declining trend seen elsewhere in Scotland since 2021.

In May 2024 PHS issued a report 'Understanding and Addressing Declines in Childhood Immunisations' based on qualitative interviews with all 14 NHS boards in 2023. In parallel in Fife a

⁵ [Reports and publications | NHS Fife](#)

strategic review of the delivery the childhood programmes took place. The PHS study was commissioned on the back of the trend of declining rates of uptake in Scotland over the past decade. Their findings identified diverse delivery models prevalent in Scotland, and highlighted the pivotal role of behavioural factors such as opportunity and motivation in influencing uptake. It also identified system factors such as invitation issues, data inaccuracies and ineffective queue allocation as impacting uptake. The Fife report identified a wide range of recommendations falling into four themes which included strengthening engagement with parents to improve understanding and motivation; ensuring appointments were more convenient to attend and that communications with parents; and ensuring carers about appointments is effective.

Figure 3: Immunisation trend by 12 months for 5-in-1/6-in-1 vaccine uptake by deprivation quintile for Fife (solid lines) & Scotland (dashed lines), 2013 to 2023



Routine teenage programmes

A summary of uptake of the teenage vaccinations delivered in school is shown in the table below for the school years 21/22 and 22/23. Decline in uptake of the teenage boosters (Td/IPV and MenACWY) was also seen in the rest of Scotland in S3 but not in S4 in school year 22/23. The teenage booster programme in Fife demonstrates marked socioeconomic gradient in vaccination uptake that is similar to that seen in the rest of Scotland. Uptake of HPV vaccine at both S1 and S2 is lower in Fife than elsewhere in Scotland. In general, uptake is lower in males than females. Uptake of the HPV vaccine has fallen across all SIMD quintiles in the school year 2022/23, with the gap in uptake between the least and most deprived widening. This is true for both uptake in girls and boys, with the uptake between the least and most deprived boys being the widest. Improvement work has been underway within the 2023/24 teenage programmes, and whilst the final uptake data (which will include summer mop-up activity) interim data from the school-based clinics held over the Spring 24 term suggest an improvement in uptake from 2022/23.

Table 1: Summary of teenage programme uptake, 21/22 and 22/23

Immunisation		Uptake at end of school year 2021/22 (%)	Uptake at end of school year 2022/23 (%)	Percentage point change from previous
HPV				
S1	Girls	68.9	70.4	↑ 1.5
	Boys	55.8	59.9	↑ 4.1
S2	Girls	83.6	75.3	↓ -8.3
	Boys	76.2	65.2	↓ -11.0
S3	Girls	88.9	84.5	↓ -4.4
	Boys	83.1	79.0	↓ -4.1
S4	Girls	92.9	89.4	↓ -3.5
	Boys		84.4	NA
Td/IPV booster				
S3		67.3	59.0	↓ -8.3
S4		86.7	72.2	↓ -14.5
MenACWY				
S3		67.5	59.0	↓ -8.5
S4		86.3	72.4	↓ -13.9

Routine adult programmes

Vaccination coverage for adult pneumococcal vaccine (PPV23) is higher in Fife than the rest of Scotland for the period September 2022 to August 2023 (figure 4), whereas coverage of the shingles vaccine was lower than the rest of Scotland. During the 2023/24 season, uptake of adult flu and COVID vaccinations were similar in Fife to that reported for Scotland.

Figure 4: Coverage of the pneumococcal (PPV23) vaccination programme in eligible individuals NHS Fife (blue bars) & Scotland (orange bars), 2023

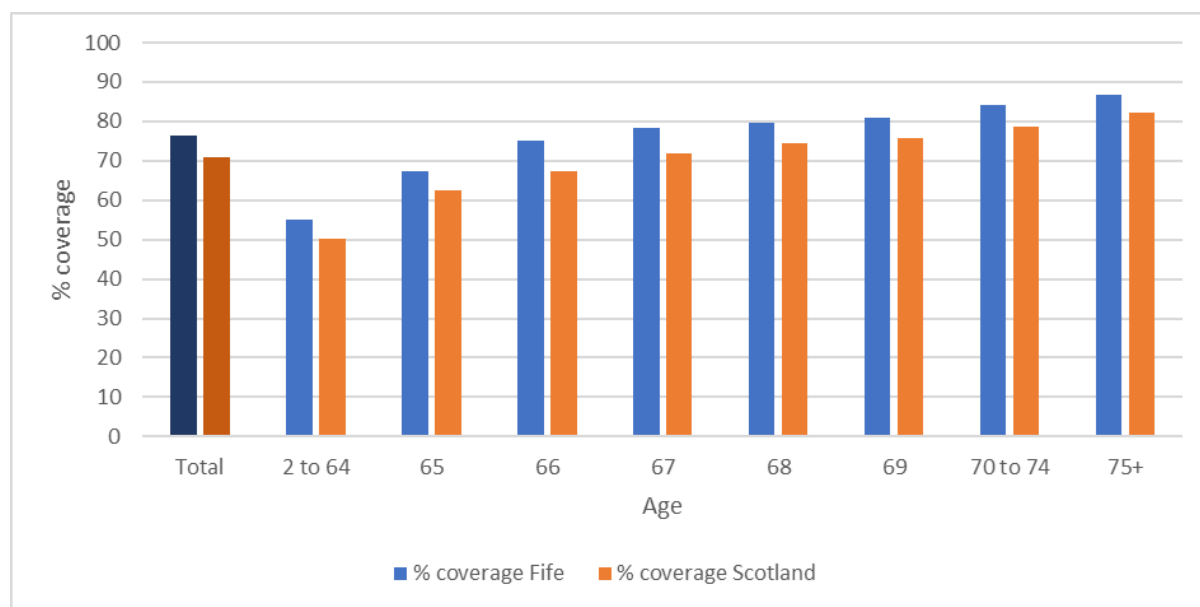
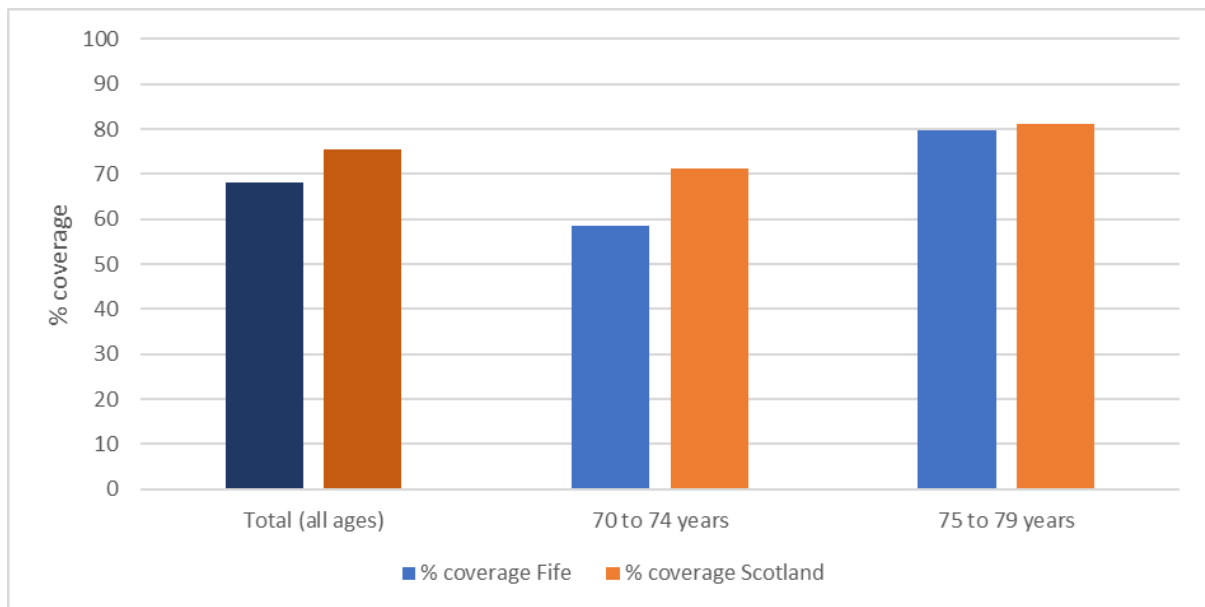


Figure 5: Coverage of the shingles vaccine in eligible individuals NHS Fife (blue bars) & Scotland (orange bars), 2023



Equity and Inclusion

Equality in immunisation is an important way to address health inequalities. Ensuring that coverage is not only high overall, but also within underserved communities is essential for disease control and elimination strategies⁶. Immunisation uptake has been shown to be lowest in poorer families, those from minority ethnic backgrounds and those who may find it more challenging to access services. Low coverage patterns risk exacerbating health inequalities further through a rise in incidence in preventable diseases at both an individual and population level due to loss of benefits associated with herd immunity.

Although Scotland continues to perform strongly for vaccination uptake rates of the childhood programme compared to the rest of the UK⁷ there have been recent concerns that completion rates in the childhood programme are showing a gradual decline. In Fife, performance on many of the routine childhood immunisations is slightly below the Scottish average, and uptake in the most deprived quintiles is a particular concern. The data demonstrates substantial socioeconomic inequalities across the childhood and teenage immunisation programme and that these increase with age. Further work is needed to explore and understand these areas of inequality.

To promote equity and inclusion in the COVID-19 vaccination programme a comprehensive Equality Impact Assessment (EQIA)⁸ was undertaken which focussed not only on the differential impacts certain population groups may face in their ability to take up the offer of vaccination but also the need to make the mass vaccination programme as inclusive and accessible to the population as possible. Further work is required to apply this learning across all immunisation programmes.

Vaccine hesitancy is increasing and failure to vaccinate is well-recognised in Europe as a contributing factor to outbreaks of infectious diseases. Whilst public perception of vaccination is good and thought to have value in protecting people from specific disease this may not necessarily translate into the belief that a specific vaccine is worth having at an individual level due to misinformation, lack of confidence in vaccines, an underestimation of risk or difficulties in access⁹.

Cultural norms, beliefs and behaviours shape how people navigate the health system and vaccination programmes. Low vaccine uptake has been seen in migrant communities. Research in Lothian identified trust in the national vaccination policy, health professionals and in individual vaccines together with language and communication issues affected the uptake within Polish communities¹⁰.

It is recognised that where there are unmet information needs people may not be making truly informed choices about vaccination. There is a need for community engagement and promotion based around improved communication strategies, effective clinical and political leadership and public health messaging to help address the issues, constructively challenge the vaccine hesitant and improve the dialogue around immunisation.

⁶ PHE Immunisation Inequalities Strategy, February 2021

⁷ <https://www.gov.uk/government/statistics/cover-of-vaccination-evaluated-rapidly-cover-programme-2020-to-2021-quarterly-data>

⁸ <https://www.nhsfife.org/media/34517/covid-vaccine-programme-eqia.pdf>

⁹ [Exploring public views of vaccination service delivery - Publications - Public Health Scotland](#)

¹⁰ [A qualitative study of vaccination behaviour amongst female Polish migrants in Edinburgh, Scotland - ScienceDirect](#)

CIS Strategic framework 2024-2027

A recent review of the 2021-2023 CIS Strategic Framework demonstrated a significant amount of progress has been made across our Community Immunisation Services, whilst recognising that there is a requirement for an integrated and system-wide Strategic Framework to drive continued improvement in vaccine uptake across our whole population.

Key successes:

- Integration of Immunisation teams, across Childhood teenage and adult vaccine programmes
- Development of a sustainable and agile workforce, supporting both changes in established Programmes
- Further integration of CIS Workforce to other services (Community Treatment and Care Services) to further create resilience
- Travel Health Vaccines supported via Community Pharmacy, to improve access Fife
- Full transfer of VTP Programme from General Practice under Fife HSCP, supported via part of wider integration of Immunisation Teams
- A strategic review of Childhood Immunisation Services was Commissioned by the CIS Programme Board and carried out by a Specialty Registrar in Public Health, as a critical action in seek to understand declining uptake in Childhood vaccine across Fife, patterns reflected nationally.
- Quality Improvement work commenced to target initiative towards improving uptake, in particular across Childhood Programmes
- Responded rapidly and effectively to reduce spread of communicable diseases, namely mpox, Measles and most recently pertussis
- Programme has operated within available SG funded financial envelope since inception
- Detailed planning to roll-out RSV Programme

Workforce

Workforce, as with most services, is the most important aspect of the service. The workforce model adopted during the pandemic (2019), which saw Band 3 Health Care Support Worker Vaccinators (HCSW) employed to support multi-professional teams, to vaccinate only. The Nationally agreed 'National Protocols' were developed so that the Band 3 workforce could only vaccinate with Covid and flu vaccines, since this is not possible under a Patient Group Direction (PGD). Nationally, this is currently being reviewed to allow Band 3 staff, to administer all vaccinations under the supervisor of a registered nurse. Consideration however needs to be given to the impact onto a Registered Nurse, in terms of job satisfaction, recruitment and retention should this be the nationally adopted model.

The service has transitioned from the 'pandemic phase' to a 'business as usual' model. The service has a structured and proactive approach to vaccination programmes across all Vaccine Programmes, with a continuous learning approach through lessons learned exercises at the end of every Programme.

The CIS recruited a permanent workforce in March 2022, based on 65% of the required staff for the delivery of Covid and flu vaccinations at that time. In April 2022 the workforces of Children's Immunisation and Adult services combined to become the CIS. The CIS workforce deliver all appointed and planned schedules of immunisations across the 12 months of the year, over the life cycle. This includes all care homes, housebound patients, staff vaccinations for NHS Fife, HSCP and Community Hospitals. Due to the seasonal nature of Immunisation, there are peaks and troughs throughout the year. In recognition of this and to support synergy within Community Treatment and Care Service (CTAC), the Band 3 workforce will work in the CTAC 8 months of the year and returning to the immunisation service for Winter programme. This gives a clearly defined role for the Band 3 workforce, allowing skills to be utilised over 52 weeks of the year.

As a service we need to ensure we continue to recruit suitably educated, trained and motivated staff to support delivery. The service has evolved from its inception, and we aim to continue strengthening the capability of the workforce that is flexible and multidisciplinary through the development of a comprehensive Immunisation workforce plan.

Given the ever-changing nature of national immunisation policy plus along with the seasonal aspects, the workforce model needs to be thought of in terms of -

1. Baseline - which itself is likely to differ year to year, and expansion due to new vaccine development e.g., RSV and new Childhood schedules.
2. Flexible – with catch-up programmes, emerging threats, and vital inequalities work
3. Surge/Seasonal – with impact on workforce
4. Potential pandemic response – with impact on workforce requirement also for national strategy to forecast, assess and quantify workforce impacts on service specific delivery (for example maternity, sexual health).

It has become clear that community engagement is vital to increase vaccination uptake therefore a workforce review and a locality-based approach to Immunisation delivery is currently being scoped and will be implemented fully early 2025. This will align with other pan Fife services and locality workings within partner agencies. In line with this goal a clear suite of supportive resources is required for stakeholders such as HV's, GP's, FNP's, School Nurses and DNs to support and underpin immunisation strategy and vision.

Our vision, refocused

During the review of the 2021-2023 CIS Strategic Framework and in developing the next iteration of this Framework, it was clear that original Vision, Aims and Priorities were not only still relevant but that they were more critical than ever, with a need for continuity in our strategic ambitions for future years. The transformational changes we are striving to make involve cultural and behavioural changes in our staff, across our Health and Social Care system, and our population in terms of the importance of vaccine uptake across the life cycle. Cultural change of this nature requires consistency in strategic intent over an extended period of time – therefore it is unlikely that this is the last CIS Strategic Framework, with the current 3-year cycle reflective of the need to balance consistency in approach with still being contemporary, based on changes to local and national contexts.

The following aims, priorities and core principles have been informed from our learning from the seasonal flu and COVID-19 programmes, independent review of immunisation services in Fife and the draft planning and policy principles for development of future vaccinations in Scotland.

Our Vision

A Fife where everyone, everywhere, has confidence in and equitable access to high-quality, safe, integrated and sustainable immunisation services throughout their life course.

Our strategic approach integrates national, regional and local policy objectives to ensure we take a collaborative whole-systems approach to improving immunisation and delivering the transformational change required.

Our Aims

To protect the people of Fife from vaccine preventable disease by maximising uptake across all immunisation programmes

To contribute towards improved wellbeing and reducing health inequalities in Fife

To ensure immunisation services across Fife are safe, effective and of a consistent high quality

To raise people's awareness of the public health benefits and raise people's trust in vaccinations

Our Priorities

Optimise immunisation coverage ensuring equitable access for all eligible groups

Enhance the monitoring and evaluation of immunisation programmes

Support and empower a sustainable and skilled workforce to deliver safe and effective immunisation services

Community engagement and promotion

Re-focused Priorities: Summary

<i>Priority</i>	<i>What we achieved 2021 - 2024</i>	<i>Building on this 2024- - 2027</i>
1. Optimise immunisation coverage ensuring equitable access for all eligible groups.	<ul style="list-style-type: none"> • Detailed review of Childhood Vaccine delivery • CIS led QI group focussed on improving MMR2 uptake by 5 years • MMR mop-up programme all children to age 18 • HPV improvement project • Inclusion group established with 3rd sector & localities representation 	<ul style="list-style-type: none"> • Integrate inclusion work and quality improvement under new transformation group structures • Move to locality based service delivery model • Embed best practice into local service delivery from national SVIP inequalities action plan, utilising national expert advisory group recommendations
2. Enhance the monitoring & evaluation of immunisation programmes.	<ul style="list-style-type: none"> • Establishment of Quality Matters Assurance Group and reporting into HSCP structures • Development of annual workplan for Area Immunisation Steering Group, including review of selective programmes e.g. delivered through sexual health & maternity 	<ul style="list-style-type: none"> • Robust 12 month system planning & monitoring • Strengthened financial monitoring & governance • Timely operational performance monitoring utilising local data and where available on Discovery appropriate peer comparator data
3. Support & empower a sustainable skilled workforce to deliver safe and effective immunisation services.	<ul style="list-style-type: none"> • Completion of full transfer of immunisation programmes from General Practice under the Vaccine Transformation 	<ul style="list-style-type: none"> • Resilient workforce where staff wellbeing prioritised • Strengthen workforce beyond CIS

	<p>Programme, including travel health</p> <ul style="list-style-type: none"> • Agile & flexible workforce • Integration into single Community Immunisation Service (CIS) team across infant, teenage and adult programmes • Comprehensive workforce planning 	<ul style="list-style-type: none"> • 3 x regional based service delivery teams, aligned to 7 Localities • Ongoing agility to respond to known and unknown changes to vaccine programmes
<p>4. Community engagement and promotion.</p>	<ul style="list-style-type: none"> • Cohort specific communications utilising national and local material • Promotion activity focussed led within CIS workforce 	<ul style="list-style-type: none"> • Wider system engagement strategy to mitigate vaccine fatigue & misinformation • Utilise long-term trusted relationships within communities • Wider health and social care system engagement, utilising national SVIP action plan & resources

Enablers

Transformation of immunisation services presents an opportunity for NHS Fife and Fife HSCP to work in partnership to find different ways to deliver safe and sustainable immunisation services to suit the needs of the population taking account of the resources required and geography to be covered.

From our recent experience key enablers which will deliver a robust infrastructure have been identified to ensure successful and sustainable delivery of immunisation services (figure 9).

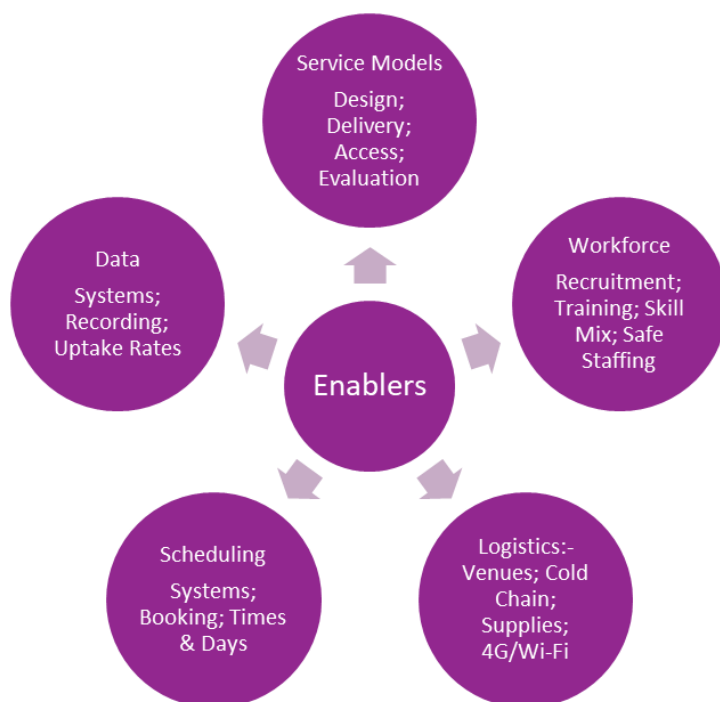


Figure 6: Key enablers for successful delivery of immunisation services

For all programmes to be successful the service delivery model needs to support access for all, utilising tailored communications and engagement, outreach and targeted models, where required, to support access for under-served groups. Development of a dedicated vaccination a will be prioritised to minimise impact on other NHS services and ensure sustainability of provision. As service delivery moves away from general practice to NHS dedicated teams, and building on our experience in delivering the COVID-19 programme, suitable venues and vaccination locations will be identified which are accessible and suitable for clinical activity. Digital systems will be developed to support scheduling of appointments and recording of clinical activity in partnership with the national teams. Over the next three years it will be essential to ensure close monitoring of uptake rates continues, immunisation services are as accessible and flexible as possible, and that inequalities are addressed in the new models of delivery.

Financial Stability

Robust financial governance to underpin delivery and sustainability of the programme is paramount. As with any funding source, we require to demonstrate appropriate use of specific funding. Funding for the programme historically comprises a number of funding sources, some of which have clear caveats and constraints on their use. Our objective is to deliver the programme within the financial envelope whilst delivering additionality and value for money. Our processes involve strong financial

management, planning, monitoring and reporting through the respective governance groups; and docks to our formal Scottish Government monthly Financial Performance Reporting process, along with cross checking financial values to the number of respective vaccination doses. Moving forward it is anticipated that the funding approach will be streamlined across immunisation programmes. Whilst the objective is to facilitate further flexibility and ease reporting requirements, strong financial management arrangements will continue to ensure a level of preparedness to deliver the programme as directed nationally.

Governance

The planning and governance of immunisation is shared across Fife NHS Board, Fife Integration Joint Board (IJB) and Fife HSCP with overlapping responsibilities as shown in figure 7.

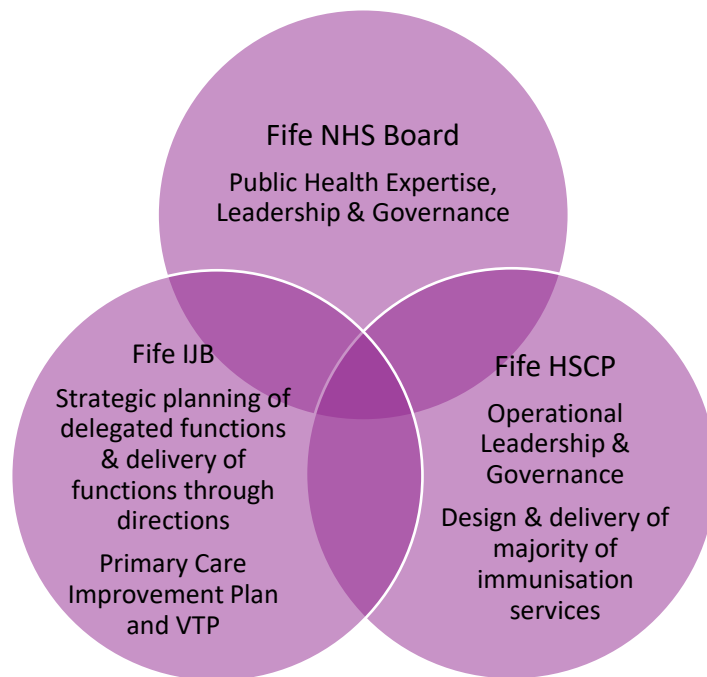


Figure 7: Planning and Governance Responsibilities

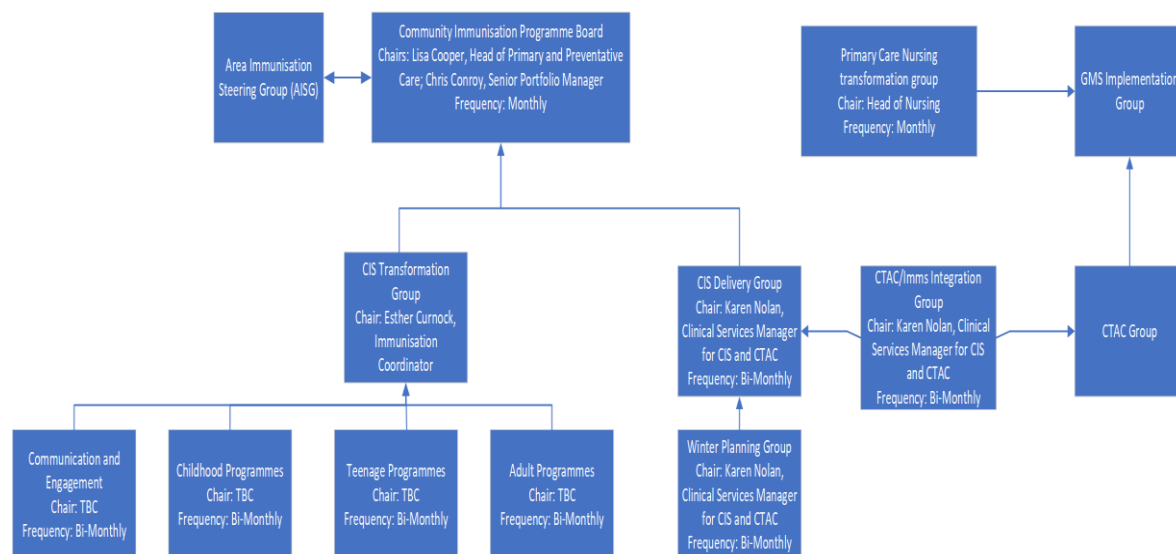


Figure 8 : CIS Structure (To improve quality of figure once group leaders identified)

The implementation and governance of this strategy will be jointly led by the Director of Public Health (Executive Lead) and the Director of the Health and Social Care Partnership (Senior Responsible Officer). This integrated approach ensures that there is appropriate accountability and governance oversight of immunisation at Board level and that the immunisation programmes meet their objectives, deliver the required outcomes and realise the anticipated benefits for the population of Fife.

The programme boards will ensure rigorous oversight and direct the identification and management of risk as a critically important factor in delivering and assuring safe delivery of immunisation services. Governance of the strategy will be addressed through the routine quality, safety and governance processes within Fife NHS Board, Fife IJB and Fife HSCP.

Monitoring, Reporting and Evaluation

Implementation of the strategy will be monitored through the Area Immunisation Steering Group (AISG) under the leadership of the Public Health Immunisation Coordinator and supported by a core senior management group to enable responsive decision making and to identify any necessary remedial actions, where required, to improve outcomes.

Nationally available immunisation data will be monitored to determine progress and areas for improvement. Improved access to local and availability of more frequent data there are opportunities for prompt assessment of improvement initiatives being delivered as part of the Strategic Framework.

A programme of audit will be agreed through the AISG for both routine and selective immunisation programmes to inform targeted interventions to improve overall performance. Regular updates on progress will be reported to the Executive Director Group and onto the appropriate public health and clinical governance committees of NHS Fife Board, Fife IJB and Fife HSCP.

Monitoring and reporting over the life of the strategy, together with an evaluation of the strategy in the final year of implementation, will inform future direction and the development of future strategic plans.

PUBLIC HEALTH ASSURANCE GROUP

(Meeting on 17 April 2024)

No issues were raised for escalation to the Public Health & Wellbeing Committee.

Department of Public Health

Cameron House, Cameron Bridge, Leven, KY8 5RG

Confirmed minute of the Public Health Assurance Committee Meeting (PHAC) held on Wednesday 17th April 2024 at 2.30pm via Microsoft Teams

Chair:

Joy Tomlinson (JT) Director of Public Health

Present:

Emma O'Keefe (EOK)	Consultant in Dental Public Health
Duncan Fortescue-Webb (DFW)	Consultant in Public Health Medicine
Aileen Boags (AB)	Lead Pharmacist PH & Community Pharmacy Services
Sue Cameron (SCa)	Head of Resilience
Kemi Oyedeji (OO) (Joined at Item 8)	Consultant in Public Health Medicine

In Attendance:

Brenda Ward (BW)	Executive Assistant to Director of Public Health
Andrew Rideout (AR) (Item 6.2 only)	Consultant in Public Health Medicine
Cathy Cooke (CCo) (Joined at Item 8)	Public Health Scientist

ACTION

1. **Welcome and Apologies**
The Chair welcomed everyone to the meeting and apologies for absence were noted from Sharon Crabb, Esther Curnock, Fiona Bellamy and Lynn Barker.
2. **Minute of previous meetings held on 21st February 2023**
The minute of the previous meeting was agreed as an accurate record.
3. **Review of Action Log**
The action log was discussed by the Committee, actions were updated and closed where complete.
4. **Identified Near Misses, Critical Incidents & Learning**
 - 4.1 **Winter Vaccination Lessons Learned Event**
The Chair advised the report on the Winter Vaccination Lesson Learned event was brought to the Committee for noting. AB shared with the Committee she had attended the event on 20th February 2024 and had participated in the group focusing on the Pharmacy delivery strategy.

The Committee **noted** the report on the Lessons Learned Winter Vaccination event.
 - 4.2 **Missed opportunity at Pregnancy Consultation**
CCo provided the Committee with a verbal update on a missed screening opportunity during a late booking pregnancy consultation. A thorough investigation via Maternity governance structures had been undertaken and a Problem Assessment Group (PAG) meeting was held on 16th April 2024.

Individual feedback and learning had been completed along with wider communications. Fetal medicine will follow up outcomes following delivery.

5. **Emerging Issues**

5.1 **OOH cascade for unusual drug harms presentations**

The Chair advised the Committee a strengthening of the cascade of drug related harm information from Public Health Scotland (PHS) has taken place following the introduction of a new system (Radar). The leads in PHS have discussed the potential for Boards having an Out of Hours (OOH) cascade for information. Boards previously noted that the whole system cascade would not reach key frontline services which do not operate at the weekends. Another concern is the initial communications are likely to be incomplete. As situations evolve often follow up is required to obtain more information. Esther Curnock is preparing a response on the national expectations and the proposed local flexible approach in dealing with emerging harms during OOH periods.

6. **New prospective risks**

6.1 **New Risk: Pandemic threat preparedness and Emerging infectious diseases**

DFW provided the Committee with an overview of the two new proposed risks. The first proposed new risk focused on Pandemic threat preparedness which is a high consequence risk with an initial scoring of High 20 (Consequence 5; Likelihood 4) as it may cause significant harm to the public. If approved, the risk will be added to the Corporate Risk Register and monitored through the risk process at the Clinical Governance Committee meetings. The second proposed new risk will manage Emerging infectious diseases which is anticipated to be a limited pressure for the organisation with an initial risk scoring of Moderate 9 (Consequence 3; Likelihood 3) and a target level of 6 (Consequence 2; Likelihood 3). The recommendation includes the risk being added to Public Health Risk Register with regular reviews conducted through at the PHAC meetings.

The Committee **approved** the two new proposed risks to be taken forward to the Executive Director Group (EDG) and Clinical Governance Committees for endorsement.

6.2 **New Risk: Consideration of overarching risk for Business Continuity**

SCa presented the Committee with the proposed new risk on Business Continuity Management Systems (BCMS) following feedback the Resilience Team received in an internal audit undertaken in November 2023. The Committee discussed the separate overarching BCMS system risk which would be added to the Public Health Directorates Risk Register with the PHAC Chair having overall executive responsibility. The overarching BCMS risk initial level was scored as Moderate 12, with a risk target level of Moderate 6. The current risk level was scored at Moderate 9 due to BCMS having recently been implemented. In addition, the risk included a proposal for two new operational BCMS risks be developed and managed by the Acute Division and HSCP which will allow the tracking of BCMS as the local plans are assured and tested by the Divisions.

The Committee **approved** the new overarching risk and the proposal for two new operational risks to monitor BCMS. The Committee agreed to review

the overarching risk and a progress update on the two operational risks at the PHAC meeting on 23 October 2024.

7. Corporate Risks

7.1 Update on Health Inequalities Risk

The Chair advised the Public Health & Wellbeing Committee (PHWC) meetings include a standing agenda item to review progress updates on the risks on the Corporate Risk Register. The extract on Health Inequalities for the PHWC meeting on 13th May 2024 is shared with the PHAC Committee for information. The Chair advised the Committee a Fair financial decision-making paper will be discussed by EDG on 18th April 2024. The proposal includes a checklist and guidance and will support the Reform Transform Perform Programme. If the Fair financial decision-making paper is approved by EDG it will be taken to the PHWC meeting on 13th May 2024 for assurance.

8. Review of current risks on Public Health Register

8.1 Risk 2222 No Cervix Exclusion (Cervical Screening Incident)

The Committee agreed the risk update provided by OO, the status level would remain at Moderate 10 and the next review will be at the PHAC meeting on 12 June 2024.

Update - No Cervical Screening Audit

OO provided the Committee with a verbal update on the national Cervical Screening Audit and said it is anticipated the Audit will be completed by July/August 2024 which is in alignment with the national guidance. The additional funding sourced from Scottish Government for the extra 3-month period has allowed additional staff to be recruited and following a review of the information no patients have been harmed because of the incident. OO advised a Medical Records issue on the matching of patient records whilst identifying evidence has been forwarded to the Medical Records Team for review.

8.2 Risk 2388 Vaccine Preventable Disease

The Committee agreed the risk update provided by Chair on behalf of the risk owner Esther Curnock. The status level would remain at Moderate 12 and the next review will be at the PHAC meeting on 21 August 2024.

8.3 Risk 2472 Missed opportunity for newborn blood spot screening

The Committee agreed the risk update provided by CCo, the status level would remain at Moderate 12 and the next review will be at the PHAC meeting on 21 August 2024.

9. Governance Reporting

9.1 Annual Assurance Statement: PHAC

The Committee discussed the PHAC Annual Assurance Statement the Chair drafted for PHWC meeting on 13th May 2024. CCo agreed to draft a paragraph to be incorporated into the statements on the absence of national

CCo

data to monitor Pregnancy and Newborn Screening Programmes. The Chair asked the Committee for any final amendments by 19th April 2024.

ALL

- 9.2 Annual Assurance Statement: Breast Screening Service
CCo provided the Committee with an overview of the Annual Assurance Statement for the Breast Screening Service which was circulated with the papers.

The Committee **noted** the Breast Screening Service Annual Assurance Statement.

10. Any Other Competent Business

10.1 Public Health elements of the ADP

The Public Health ADP report was shared with the Committee for information.

10.2 SBAR B13-23 BC Audit Feedback

The Business Continuity Audit feedback report was shared with the Committee for information.

10.3 Update on High Consequence Disease Pathway (HCID)

The Chair advised the Committee the regional meeting to update the High Consequence Disease Pathway had taken place and the Chair is awaiting details of the next steps.

11. AOCB

No items were raised.

12. Any Issues to Escalate to Public Health & Wellbeing Committee

No items were raised.

13. Date of Next Meeting

Wednesday 12 June 2024 at 2:30pm