NHS Fife

**AGENDA**

**A MEETING OF THE NHS FIFE PUBLIC HEALTH & WELLBEING COMMITTEE WILL BE HELD ON MONDAY 12 MAY 2025 FROM 10AM TO 12.30PM VIA MS TEAMS**

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

**John Kemp**
Chair

| | | | *Purpose* | |
|---|---|---|---|---|
| 10:00 | **1.** | Apologies for Absence *(JK)* | | |
| | **2.** | Declaration of Members' Interests *(JK)* | | |
| | **3.** | Minutes of Previous Meeting held on Monday 3 March 2025 *(JK)* | *(approval)* | (enc) |
| | **4.** | Chair's Assurance Report presented to Fife NHS Board on 25 March 2025 *(JK)* | *(for information)* | (enc) |
| | **5.** | Matters Arising / Action List *(JK)* | *(assurance)* | (enc) |
| 10:10 | **6.** | **GOVERNANCE MATTERS** | | |
| | 6.1 | Annual Assurance Statements & Reports from Public Health Governance Subcommittees & Groups *(JT/JK)* | *(assurance)* | (enc) |
| | 6.2 | Draft Public Health & Wellbeing Committee Annual Statement of Assurance 2024/25 *(GM)* | *(assurance)* | (enc) |
| | 6.3 | Corporate Risk Aligned to the Public Health & Wellbeing Committee *(SAS)* | *(assurance)* | (enc) |
| | | 6.3.1  Oral Health Risk *(JT)* | *(decision)* | (enc) |
| | 6.4 | Delivery of Annual Workplan 2025/26 *(JT)* | *(assurance)* | (enc) |
| 10:40 | **7.** | **STRATEGY / PLANNING** | | |
| | 7.1 | Annual Delivery Plan Quarter 4 Report 2024/25 *(BH)* | *(decision)* | (enc) |
| | 7.2 | Infrastructure and Change Programme *(BH/NM)* | *(assurance)* | (enc) |
| | 7.3 | Building our Inclusion Health Network *(JT)* | *(discussion)* | (enc) |
| 11:10 | **8.** | **QUALITY / PERFORMANCE** | | |
| | 8.1 | Integrated Performance & Quality Report *(JT/LG)* | *(assurance)* | (enc) |
| | 8.2 | Psychological Therapies Standard Update *(LG)* | *(assurance)* | (enc) |
| 11:40 | **9.** | **ANNUAL REPORTS / OTHER REPORTS** | | |
| | 9.1 | Adult Support & Protection Biannual Report 2023/25 *(JK)* | *(assurance)* | (enc) |
| | 9.2 | Screening Inequalities Workplan *(JT)* | *(assurance)* | (enc) |
| | 9.3 | United Nations Convention on the Rights of the Child (Implementation) (Scotland) Act 2024 Report *(JT/LG)* | *(assurance)* | (enc) |

**10. ESCALATION OF ISSUES TO NHS FIFE BOARD**
      10.1    To the Board in the IPQR Summary              (verbal)
      10.2    Chair's comments on the Minutes / Any other matters    (verbal)
              for escalation to NHS Fife Board

**11. MEETING REFLECTIONS & AGREEMENT OF MATTERS FOR CHAIR'S ASSURANCE REPORT TO BE PRESENTED TO FIFE NHS BOARD ON 27 MAY 2025**

**12. ANY OTHER BUSINESS**

12:20   **PRIVATE SESSION**

**13.** Apologies for Absence *(JK)*

**14.** Declaration of Members' Interests *(JK)*

**15.** Minutes of Previous Meeting held on Monday 3 March 2025    *(approval)*   (enc)
*(JK)*

**16.** Matters Arising                                    (verbal)

**17.** Independent Learning Review *(BH)*             *(assurance)*   (enc)

**18.** Any Other Business

Date of Next Meeting: **Monday 7 July 2025 from 10am – 12.30pm** via MS Teams

**Fife NHS Board**

**Unconfirmed**

**MINUTE OF THE NHS FIFE PUBLIC HEALTH & WELLBEING COMMITTEE MEETING HELD ON MONDAY 3 MARCH 2025 AT 10AM VIA MS TEAMS**

**Present:**
John Kemp, Non-Executive Member (Chair)
Jo Bennett, Non-Executive Member
Alistair Morris, Non-Executive Member
Arlene Wood, Non-Executive Member
Lynne Parsons, Employee Director
Janette Keenan, Director of Nursing
Dr Chris McKenna, Medical Director *(from agenda item 6.2)*
Dr Joy Tomlinson, Director of Public Health

**In Attendance:**
Lisa Cooper, Head of Primary & Preventative Care Services *(deputising for Lynne Garvey)*
Susan Fraser, Associate Director of Planning & Performance
Fiona Forrest, Acting Director of Pharmacy & Medicines
Ben Hannan, Director of Planning & Transformation
Kirsty MacGregor, Director of Communications & Engagement
Neil McCormick, Director of Property & Asset Management

*The minutes were produced from the recording of the meeting, by Hazel Thomson, Board Committee Support Officer, who was not in attendance at the Committee itself.*

**Chair's Opening Remarks**

The Chair welcomed everyone to the meeting.

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

1. **Apologies for Absence**

    Apologies were received from members Lynne Garvey (Director of Health & Social Care), Margo McGurk (Director of Finance & Strategy) and Carol Potter (Chief Executive) and routine attendee Dr Gillian MacIntosh (Head of Corporate Governance & Board Secretary).

2. **Declaration of Members' Interests**

    There was no declaration of members' interests.

3. **Minutes of Previous Meeting held on 13 January 2025**

It was agreed to clarify within the previous minutes, that the new corporate risk requires to go to the Audit & Risk Committee before onward submission to NHS Fife Board for approval.

**Action: Board Committee Support Officer**

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

**4.    Chair's Assurance Report presented to Fife NHS Board on 30 January 2025**

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

**5.    Matters Arising / Action List**

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

A request was made to confirm the timescale for implementing the roll out of the corporate risk dashboard to the Standing Governance Committees.  The Director of Public Health explained that the Risk & Opportunities Group has made a lot of progress, including a transition of some risk responsibilities, which has held up confirming timescale for rolling out the dashboard.  It was agreed that a timescale is confirmed for the next Committee meeting in May 2025.

**Action: Director of Digital & Information / Board Committee Support Officer**

**6.    GOVERNANCE MATTERS**

**6.1   Public Health & Wellbeing Committee Self-Assessment Report 2024/25**

The Chair advised that a self-assessment is carried out for all the Board's Standing Governance Committees on an annual basis. This paper provides the feedback for the Public Health and Wellbeing Committee.

An overview on the themes of the self-assessment was provided, and it was noted that there were some common themes identified across all the Board's Standing Governance Committees self-assessment outcomes. The length of papers, resolving points of disagreement during meetings, and ensuring that members feel confident to raise points during Committee meetings, were highlighted in the self-assessment. The Chair encouraged all members to speak to him about concerns so these can be addressed. Work in the next year will attempt to address members' comments as part of a continuous improvement exercise.

The Board Secretary was thanked for all her hard work in preparing the report.

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

**6.2   Annual Review of Public Health & Wellbeing Committee Terms of Reference**

The Chair advised that a review of the Terms of Reference is carried out for all the Board's Standing Governance Committees on an annual basis, and any updates are taken forward through the Audit & Risk Committee, followed by the Board, and are reflected in the publication of the Code of Corporate Governance.

Following queries from members, the Board Secretary *(post meeting)* clarified that Best Value is covered explicitly in the Committee's year-end statement, with a section demonstrating how this has been achieved as part of the Committee's yearly workplan.

The Committee considered the remit and **endorsed** a final version for further consideration by the Board.

### 6.3 Corporate Risks Aligned to Public Health & Wellbeing Committee

The Director of Public Health highlighted the table within the paper detailing the five corporate risks aligned to the Public Health & Wellbeing Committee which have been agreed and approved. It was advised that following suggestion from the Committee to consider a specific high level corporate risk regarding access to general dentistry across Fife, this risk has now been articulated and proposed to the Primary Care Group Strategic Oversight Group and will be presented to Committee in May 2025.

It was highlighted that the risk descriptor for the Primary Care risk has been updated, to ensure a continued focus on patients at the centre. A request was made for additional narrative for this risk, to include the risk drivers and mitigations.  It was advised that preliminary discussions have commenced at the Primary Care Governance & Strategic Oversight Group, including a review of the risk rating, and it is expected that the risk level will be on track by the next update to the Committee in May 2025.

Further detail was requested around the mitigating actions in place, for the Substance Related Morbidity and Mortality risk, and on the actions that are being implemented for the Population Health & Wellbeing Strategy risk to contribute to reducing health inequalities.  It was reported that these risks rely on other programmes of activity, including those within multiple agencies, and that further consideration will be given to presenting the metrics to the Committee. It was also noted that further detail will be provided within the underpinning delivery plans, action plans and annual reports.

The Committee:
- **noted** details of the corporate risks aligned to this committee as at 20 February 2025
- **noted** the risk appetite status of the risks against the new risk appetite
- considered and were assured of the mitigating actions to improve the risk levels and took a **"moderate" level of assurance**

### 6.4 Proposed Annual Workplan 2025/26

It was agreed to add to the workplan, the planned quality improvement initiatives and priorities for the screening programmes.  A question was raised about alignment of the corporate objective relating to waiting well initiatives. It was agreed to clarify this out with the meeting.

**Action: Director of Public Health / Board Committee Support Officer**

An explanation was provided on the deferment of the Food4Fife Delivery Plan from January 2025 to November 2025.

The Committee **approved** the workplan, subject to the additional items, as above.

**6.5   Delivery of Annual Workplan 2024/25**

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

**7.   STRATEGY / PLANNING**

**7.1   Annual Delivery Plan (ADP) Quarter 3 Report**

The Associate Director of Planning & Performance highlighted the 35 deliverables within the ADP 2024/25 which are aligned to the 'Improve Health and Wellbeing' Strategic Priority, and she provided a brief overview of the assessment section within the report.

Further detail was requested in relation to the improved digital processes, as the provider has now been decommissioned, and what that means for NHS Fife. The Associate Director of Planning & Performance agreed to take this forward as an action.
**Action: The Associate Director of Planning & Performance**

A query was raised in relation to assessing the deliverables, and it was advised that further work on internal controls is required for 2025/26, and to ensure that the detail provided is more explicit.

The Committee took a **"moderate" level of assurance** from the report and **endorsed** the Annual Delivery Plan Quarter 3 return for formal approval at the Board and for submission to the Scottish Government.

**7.2   Anchor Institution Update**

The Director of Public Health advised that the executive summary within the update paper sets out the key points and progress over the previous year.  It was reported that the Anchor Institution baseline metrics for 2023/24 will form part of this year's ADP submission to the Scottish Government.   The two appendices were highlighted, and it was advised that they are a combination of both the guidance that the Scottish Government has provided and the completed information which will form the ADP return.

An overview was provided on progress over the previous year, including widening employment access and community asset transfer. It was advised that a key focus for the forthcoming year is to expand employability initiatives and work opportunities within Fife, prompt invoice payments, progress and use of renewable energy on our sites, greenspace development and work with stakeholders.  It was reported that the Scottish Government have requested an additional local meeting with all Board leads to understand the joint working with local employability partnerships.

An explanation was provided on the apprenticeship detail within the appendices, which was noted as baseline metrics, and that there has been progression over the previous year.  Committee members noted that it would be helpful to see trend information on employability in future. They also noted the potential in engaging the private sector as part of the local anchors approach. It was noted in response that working with external partners has not yet been a strong focus of this work to date. However, it is anticipated this will be a feature of joint work with Fife Partnership through their Community Wealth

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Building programme. An explanation was also provided on the key metrics, such as the local spend percentage within Fife, which has fallen in comparison to 2023 (16.24% from 24.73%).

The Committee took a **"moderate" level of assurance** from the work progressed by the Anchor Operational Group and **noted** that the annual progression and future intentions are moving in a positive direction.

## 8. QUALITY / PERFORMANCE

### 8.1 Integrated Performance & Quality Report (IPQR)

The Director of Public Health advised that the national data release for childhood immunisation uptake was most recently updated in September 2024. The Head of Primary & Preventative Care added that a transformation group has been established with responsibility for, exploring specific improvement actions to increase uptake of childhood immunisation. It was noted that the IPQR will be framed around that moving into 2025/26. A brief update was provided on the transformational work for immunisations, and it was advised that the metrics are expected to be updated in the next iteration of the report.

The Head of Primary & Preventative Care reported that the waiting times for Child & Adolescent Mental Health Services (CAHMS) has been sustained and remains above the target for the reporting period. An improvement on the waiting times for psychological therapies was also reported and is line with the local trajectory.

It was advised that the national review which will set the new target for the smoking cessation service is awaited. It was noted that there are some variances in reporting smoking cessation at a national level, which make it difficult to interpret performance. Improvement actions are being taken forward for the smoking cessation service, including a focus within areas of deprivation. It was also noted that there have been challenges to deliver the service due to loss of clinic space.  It was advised that discussions are ongoing with the Estates Department to explore potential venues for the service going forward, and the Head of Primary & Preventative Care agreed to provide further detail out with the meeting on the reasons for the loss of venues.   A positive uptake for smoking cessation within maternity services was also reported.
**Action: Head of Primary & Preventative Care**

The Committee noted the child development concerns report within the IPQR. It was advised that reducing developmental concerns at 27 – 30 months old will be a longer-term aim and that there is also interest at national level on this metric.  The Director of Public Health highlighted the challenges with aligning the IPQR to the Population Health & Wellbeing Framework, and ensuring a balance around metrics, performance and improvements.

The Committee took a **"moderate" level of assurance** from the report and **endorsed** the Public Health & Wellbeing section of the IPQR.

### 8.2 Winter Covid/Flu Vaccine Delivery Campaign 2024/25 Update

The Head of Primary & Preventative Care advised that the rolling programme for Winter Covid and Flu vaccines continues with direction from the Chief Medical Officer. It was reported that Fife continues to deliver in line with the Joint Committee on Vaccination and Immunisation guidance, and appendix 2, which outlines the uptake detail, was highlighted. An overview was provided on the delivery plan, noting that a lessons learned exercise is being completed.

It was reported that data comes from various sources, and a brief overview was provided on the data that is being collated in relation to people who have been admitted to hospital with influenza.

It was advised that the Attendance Management Oversight Group monitor the impact on staff absence and pressures within the system.

The Committee took a **"significant" level of assurance** that the Winter Vaccine Programme met the agreed targets set out by the Chief Medical Officer.

## 9.    INEQUALITIES

### 9.1    Equality Outcomes Final Report and Equality Outcomes and Mainstreaming Plan 2025-2029

The Director of Nursing highlighted the key points from the Executive Summary of the paper. It was reported that NHS Fife has developed an Equality Outcomes Plan 2025-2029, which sets out the next phase of priorities for promoting equality and embedding inclusive practices across the organisation. It was noted that these new equality outcomes have been aligned with key national directives, including Scotland's Anti-Racism Strategy and the Maternity and Neonatal Care Strategy, and that work has commenced. An overview was provided on the outcomes, as detailed within the report.

A request was made to include within future reports, the methodology on how the priorities are assessed and are linked to the protected characteristics. It was advised that there will be an interim report presented to the Committee in 2027.

The Director of Nursing agreed to include within the final report, the detail around the work carried out by the Equality & Human Rights Steering Group and the various services.

The Committee **examined** and **considered** the implications of both reports and **recommended** to Fife NHS Board that both reports are published, subject to the additional detail being added.

## 10.    ANNUAL REPORTS / OTHER REPORTS

### 10.1 Director of Public Health Annual Report 2024

The Director of Public Health advised that the report follows on from the update provided to the Committee in January 2025 on the key findings. It was advised that feedback from the previous Committee meeting has been considered and a set of recommendations are now included within the report. It was advised that the report is

aligned with the priorities contained in the 10 year Population Health & Wellbeing Framework which it is anticipated will be published in early April.

The Committee considered the response that NHS Fife could make in relation to the key priorities within the report. It was advised that the expectation is that the report will be used to generate discussion and inform planning. It was also noted that there will be actions related to the Population Health & Wellbeing Framework which will support this wider agenda.  It was noted that the topic chosen for inclusion in the Director of Public Health report is decided on a year-to-year basis and that this is often informed by national areas of concern as well as local concerns about the health of the population.

It was reported that actions through existing national plans, as well as those which are still subject to ministerial approval, will support providing a consistency of actions at a local level around enabling healthy living and areas of influence that NHS Fife has as a health-promoting organisation.

An explanation was provided on the process for monitoring progress on the recommendations within the report.

The Director of Public Health was thanked for all her hard work.

The Committee **discussed** and were welcomed to **offer** final comment for the Director of Public Health Annual Report 2024 to proceed to presentation to NHS Board in March 2025. The Committee **recommended** that the report will broadly cover the following:

• Food and physical activity need to be addressed taking a whole systems approach and key settings provide great opportunities for this

• Addressing issues of food and physical activity are important through the whole life course. This is particularly important in the context of our ageing population and maintaining independence and well-being in later life

• Food and physical activity are inextricably linked to the places and spaces we live, work and play in. Spatial planning and the LDP 'Fife's Place Plan' provide a key opportunity for partners to contribute to making healthier places and communities

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

### 10.2 Sexual Health & Blood Borne Virus Framework Annual Report 2023/24

The Head of Primary & Preventative Care advised that the report describes the sexual health & blood borne virus service and what has been delivered in line with the National Sexual Health and Blood Born Virus Framework. It was advised that the service works in partnership with both the third sector and independent sector and that a focus is on prevention and early intervention with specific actions as deliverables which sit under the Prevention & Early Intervention Strategy. It was reported that a consultant within the service is also an ambassador for the service and takes forward ensuring that outcomes are generated by the improvement work, and that the service model is continually reviewed and evolved in line with learnings.

An increase in the uptake for pre-exposure prophylaxis for HIV, and an encouragingly low rate of new infections and late diagnosis, was reported. It was advised that there has been an increase in the demand for HIV treatment and care, due to new people coming into Fife who are already diagnosed. In response to a question about changes to achievement of targets before and after COVID, it was reported that an early analysis is being carried out for the Hepatitis C Programme, which is delivered in line with national targets.

It was highlighted that sexual health & blood borne viruses will be a priority area for the ADP in 2025/26.

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

**10.3 Violence Against Women Annual Report 2023/24**

The Head of Primary & Preventative Care advised that the report has been developed through multiple agencies and is currently being presented through the various governance routes. It was advised that the report brings forward the four priorities in line with the national strategic framework and the work being carried out with partners. It was highlighted that NHS Fife has a Gender-Based Violence Service (within the Sexual Health Service), who are key contributors to this programme of work.

It was agreed to include in future iterations of the report, further detail on the reduction in violence against women, in relation to outcome measures and experience measures. It was also agreed to consider in terms of next steps, parallel publication to highlight this work.

**Action: Head of Primary & Preventative Care**

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

**11. LINKED COMMITTEE MINUTES**

The Committee noted the linked committee minutes:

11.1 Public Health Assurance Committee held on 18 December 2024 (unconfirmed)

11.2 Equality and Human Rights Strategy Group held on 4 February 2025 (confirmed)

**12. ESCALATION OF ISSUES TO NHS FIFE BOARD**

**12.1 To the Board in the IPQR Summary**

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

**12.2 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.

**13.** **MEETING REFLECTIONS & AGREEMENT OF MATTERS FOR CHAIR'S ASSURANCE REPORT TO BE PRESENTED TO FIFE NHS BOARD ON 25 MARCH 2025**

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

**14.** **ANY OTHER BUSINESS**

None.

**Date of Next Meeting** - Monday 12 May 2025 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 12 May 2025

**NHS Fife**

| NO. | DATE OF MEETING | AGENDA ITEM / TOPIC | ACTION | LEAD | COMMENTS / PROGRESS | COMPLETION DATE |
|---|---|---|---|---|---|---|
| 1. | 03/03/25 | **Annual Delivery Plan Quarter 3 Report** | To provide further detail in relation to the improved digital processes, as the provider has now been decommissioned, and what that means for NHS Fife. | **SF** | | March 2025 |
| 2. | 15/01/24 | **Corporate Risks Aligned to Public Health & Wellbeing Committee** | To confirm timelines for roll-out of the risk dashboard to Committees. | **AG** | AG requires to engage with the risk team, as the risk dashboard was really for use with operational risk management rather than corporate risk management. | July 2025 |
| 3. | 03/03/25 | **Proposed Annual Workplan 2025/26** | To clarify alignment of the corporate objective relating to waiting well initiatives. | **JT** | Waiting Well will be reported in the Population Health & Wellbeing Strategy updates to PHWC, when available. | July 2025 |
| 4. | 11/11/24 | **East Region Health Protection Service Overview** | To provide A Wood, Non-Executive Member, with further detail on the unintended consequences and risks that might result for Fife with the host Board approach. | **JT** | Timeline revised for future strategic planning. This is required to ensure coordination across all four Boards and complete preparatory work. Proposed deferral to PHWC July 2025. | July 2025 |
| 5. | 11/11/24 | | Points were raised in relation to the governance structure and details previously shared at Board level, and it was agreed to discuss this further outwith the meeting, including any further updates to be provided to NHS Fife Board. | **JT** | | |

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| NO. | DATE OF MEETING | AGENDA ITEM / TOPIC | ACTION | LEAD | COMMENTS / PROGRESS | COMPLETION DATE |
|---|---|---|---|---|---|---|
| 6. | 03/03/25 | **Integrated Performance & Quality Report – Smoking Cessation** | To provide further detail on the reasons for the loss of venues for the smoking cessation service. | **L Cooper** | Closed.  Detail will be included in the next iteration of the IPQR. | May 2025 |
| 7. | 03/03/25 | **Violence Against Women Annual Report 2023/24** | To include in future iterations of the report, further detail on the reduction in violence against women, in relation to outcome measures and experience measures.  To also consider in terms of next steps, parallel publication to highlight this work. | **L Cooper** | Closed.  The service have been advised and will include qualitative and quantitative measures to advise impact and outcomes in further annual reports. | March 2026 |
| 8. | 03/03/25 | **Proposed Annual Workplan 2025/26** | To add to the workplan, the planned quality improvement initiatives and priorities for the screening programmes. | **HT** | Closed. Added to workplan | March 2025 |
| 9. | 03/03/25 | **Minutes of Previous Meeting held on 13 January 2025** | To clarify within the previous minutes, that the new corporate risk requires to go to the Audit & Risk Committee before onward submission to NHS Fife Board for approval. | **HT** | Closed. Previous minutes updated. | March 2025 |

# NHS Fife

| | |
|---|---|
| **Meeting:** | **Public Health & Wellbeing Committee** |
| **Meeting date:** | **12 May 2025** |
| **Title:** | **Annual Assurance Statements from Public Health & Wellbeing Sub-Committees & Groups** |
| **Responsible Executive:** | **Dr Joy Tomlinson, Director of Public Health / Janette Keenan, Director of Nursing** |
| **Report Author:** | **Dr Gillian MacIntosh, Associate Director of Corporate Governance & Board Secretary** |

Executive Summary:

- All formal Committees of the NHS Board are required to provide an Annual Statement of Assurance for the NHS Board.

- Consideration of the annual statements of assurance from the Public Health & Wellbeing Committee formal sub-groups is required to finalise the Committee's own report.

- The Equality & Human Rights Steering Group and the Public Health Assurance Committee annual statements of assurance are provided as appendices to this paper.

- Members are asked to take a "moderate" level of assurance that each group have delivered on their remit during the 2024/25 reporting year, noting the further comments in the relevant section.

## 1    Purpose

**This report is presented for:**
- Assurance

**This report relates to:**
- Local policy

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

## 2    Report summary

### 2.1    Situation
 All formal Committees of the NHS Board are required to provide an Annual Statement of Assurance for the NHS Board, which is consider initially by the Audit & Risk Committee. The requirement for these statements is set out in the Code of Corporate Governance. In order for the Public Health & Wellbeing Committee to finalise its own report, it first requires to consider the annual statements of assurance from its formal sub-groups.

### 2.2    Background
 The Public Health & Wellbeing Committee's sub-groups are the Equality & Human Rights Steering Group and the Public Health Assurance Committee. The sub-groups each provide these assurance reports formally to the Committee to evidence the fact that each has fulfilled their remit outlined in their Terms of Reference over the course of the reporting year, given the fact that they have delegated authority from the Committee to undertake operational scrutiny of activities and improvement actions in their respective areas.

### 2.3    Assessment
 The two separate reports are given as annexes to this paper. Each report should indicate the span of business considered by each group over the course of the last financial year and draw out any areas of concern to be highlighted to the Committee. These are then covered within the Public Health & Wellbeing Committee's own annual report (given in full in a following agenda item).

This report provides the following Level of Assurance:

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

A moderate level of assurance is suggested, reflecting that, in relation to the work of the Equality & Human Rights Steering Group, in most respects their purpose is being

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achieved. However, there are some areas where further action is required (as it presently underway), and the residual risk is therefore greater than insignificant.

### 2.3.1 Quality, Patient and Value-Based Health & Care
Delivering robust governance across the organisation is supportive of enhanced patient care and quality standards.

### 2.3.2 Workforce
N/A.

### 2.3.3 Financial
The production and review of year-end assurance statements are a key part of the financial year-end process.

### 2.3.4 Risk Assessment / Management
The identification and management of risk is an important factor in providing appropriate assurance to the NHS Board.

### 2.3.5 Equality and Human Rights, including children's rights, health inequalities and Anchor Institution ambitions
This paper does not relate to the planning and development of specific health services, nor any decisions that would significantly affect groups of people. Consequently, an EQIA is not required. Detail is provided in each of the separate statements, however, where equality-related issues have been considered by each group as part of their annual business.

### 2.3.6 Climate Emergency & Sustainability Impact
No direct impact from this paper, but a number of the assurance statements detail how the respective groups are working to achieve this in their areas of work.

### 2.3.7 Communication, involvement, engagement and consultation
Each of the Committee's sub-groups have considered their annual statements of assurance at recent meetings and each are formally approved by the respective Chair.

### 2.3.8 Route to the Meeting
Each of the Committee's sub-groups have considered their annual statements of assurance at recent meetings and each are formally approved by the respective Chair.

## 2.4 Recommendation
Members are asked to take a **"moderate" level of assurance** from the paper.

## 3    List of appendices

The following appendices are included with this report:

- Appendix No. 1, Equality & Human Rights Steering Group Annual Assurance Statement, 2024-25

- Appendix No. 2, Public Health Assurance Committee Annual Assurance Statement, 2024-25

**Report Contact**
Dr Gillian MacIntosh
Associate Director of Corporate Governance & Board Secretary
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# ANNUAL STATEMENT OF ASSURANCE FOR
# NHS FIFE EQUALITY AND HUMAN RIGHTS STEERING GROUP, 2024/25

### 1. Purpose

1.1 This statement provides assurance to the Public Health and Wellbeing Committee (PHWBC) that NHS Fife has continued to effectively deliver its Equality and Human Rights responsibilities throughout the financial year 2024/2025. The Equality and Human Rights Steering Group (EHRSG) has supported NHS Fife to meet its legal and ethical obligations under local and national legislation, including the Public Sector Equality Duty and Human Rights Act.

1.2 The assurance statement outlines the main categories of risks, assessments, and strategic initiatives undertaken to ensure the integration and promotion of equality and human rights within all aspects of healthcare service delivery.

1.3 The EHRSG acts to guide progress of mainstreaming Equalities and Human Rights throughout NHS Fife, and aids monitoring and reporting on NHS Fife's progress towards the Equality Outcomes and Mainstreaming Reports, including the Plans, Progress Reports and Final Report. Interventions and activities undertaken are documented in the Equality Outcomes Reports.

1.4 The EHRSG has led and supported key areas of activity, risk mitigation, and strategic development to promote and mainstream Equality and Human Rights across NHS Fife.

1.5 The remit of the EHRSG remains consistent with the previous year, including:
- Promoting good practice, creating and sharing learning.
- Working alongside key partners, stakeholders and agencies within and from outside NHS Fife to improve Equality and Human Rights practice.
- Supporting the NHS Fife Board and the Executive Directors by providing opinion and advice based on their area of experience and expertise.
- Advocating for public engagement and inclusive service design
- Supporting NHS Fife to meet its legal obligations.
- Oversight of Equality Outcomes, EQIAs, and key Equality strategies.
- Improving and monitoring equality data being collected and ensuring this is reported and published as required.
- Supporting the development and maintenance of staff networks

### 2. Membership

2.1 The group continued to be co-chaired by Janette Keenan, Director of Nursing and Executive Lead for Equality and Human Rights, and Isla Bumba, Equality and Human Rights Lead. Membership includes senior leaders, managers, clinical staff, spiritual care team representatives, workforce representatives,

communications, information services, and external partners including Fife Centre for Equalities and Fife Council

2.2 The Equality and Human Rights Steering Group invites individuals to attend meetings for agenda items. Other attendees, deputies and guests have been recorded in the individual minutes of each meeting. The membership and attendance of the Group was sufficient to support the work and oversight necessary. The membership and attendance will be reviewed as part of the Group's Terms of Reference review at the May 2024 meeting and remains under annual review.

## 3. Meetings

3.1 The Equality and Human Rights Steering Group met on three occasions during the financial year to 31 March 2025, on the undernoted dates:
- 6 August 2024
- 7 November 2024
- 4 February 2025

The scheduled May 2024 meeting was cancelled.

Attendance and participation were sufficient to deliver the group's remit. The membership and Terms of Reference were reviewed in February 2025, with updated roles including the introduction of Equality Champions to improve representation of protected characteristics.

3.2 The attendance schedule is attached at Appendix 1.

## 4. Key Activities and Highlights

4.1 **Equality Outcomes and Mainstreaming**

The Final Report of the 2021–2025 Equality Outcomes was completed with feedback from the group and was submitted to the PHWBC before being presented to Fife NHS Board for approval and publication on March 28, 2025. This report evaluated progress against the existing equality outcomes, highlighting actions taken, challenges faced, and the impact achieved over the last reporting period.

The 2021-2025 report provided valuable insights that shaped the development of the new plan. While progress was made, opportunities for greater clarity and measurability were identified. The 2025-2029 plan has been designed with a stronger focus on SMART principles, ensuring clear actions, designated stakeholders, and robust mechanisms for accountability and progress measurement.

An NHS Fife Interim Equality Outcomes Plan 2025-2029 has been developed and presented to the Board. The Interim Plan was published on March 28, 2025. The new equality outcomes have been aligned with key national directives, including Anti-Racism planning and the Best Start Maternity and Neonatal Care Strategy, ensuring a coordinated approach to equality

improvement.  Work progressed on the 2025–2029 Equality Outcomes and Mainstreaming Plan, which includes three overarching outcomes:

- Racially-conscious maternity and neonatal care
- Embedding Article 12 of the UNCRC (voice of the child)
- Diversifying NHS Fife's workforce and leadership

NHS Fife acknowledges the ongoing Employment Tribunal and remains committed to respecting its outcome and any recommendations. As part of this commitment, the Interim Equality Outcomes Plan will be reviewed and updated in Autumn 2025 to ensure it reflects any necessary actions.  In parallel, a learning review will be undertaken in relation to this matter, commissioned by the Chief Executive, with an independent lead, and reported to the Board via the Public Health & Wellbeing Committee and Staff Governance Committee.

4.2 **Anti-Racism Plan Development**

Following a Scottish Government directive, NHS Fife commenced development of a formal Anti-Racism Plan.

NHS Fife engaged with NHS Grampian in October 2024 to learn from their implementation.

An SBAR was approved by EDG in February 2025, with co-leadership from the Directors of Workforce and Nursing, and PMO support secured.

Focus areas include leadership diversity, equity in service delivery, and governance.

A development session with the Board is scheduled for April 2025.

The group supported and contributed to shaping the plan, highlighting the need for diverse engagement and robust evaluation methods.

4.3 **Staff Networks and Inclusion**

The LGBT+ Staff Network was launched and is now holding regular meetings. Early signs indicate strong engagement and the potential for replication across other networks.

Plans to revive the Diverse Ethnicity Network (DEN) were discussed, with lessons drawn from NHS Grampian's journey and the need for senior visibility and staff trust-building.

A Neurodiversity Network is also under development following positive staff engagement.

The group agreed to support further staff networks in faith, disability, and intersectional areas.

4.4 **UNCRC Implementation**

The group discussed and is involved in NHS Fife's response to the incorporation of the UNCRC in July 2024.

This includes:
- Adding CRWIA into EQIA forms
- Child-friendly complaints process development
- Exploration of engagement platforms for children and young people

UNCRC is now a standing agenda item for the group.

4.5 **Equality Training**

A review of mandatory training is underway, with a proposal to replace the three-year refresher module with a selection of equality modules to improve engagement and relevance.

Training content is being aligned with Anti-Racism work, UNCRC, and current workforce needs.

5. **Risk Management**

5.1 Within 2024/25 the Equality and Human Rights Steering Group provided oversight of two risks:
- Risk 525 states that 'there is a risk that NHS Fife cannot meet its legal obligation to report accurate data on the patients' protected characteristics. Data limitations on protected characteristics remain under review with Information Services
- Risk 2471 states that 'there is risk that NHS Fife cannot meet its legal obligation to provide BSL interpretation for all patients at any time.' The risk rating for this risk has improved following in-house interpreting service.

6. **Governance and Assurance**

6.1 The group continued to report to the Public Health and Wellbeing Committee and Staff Governance Committee. Feedback from staff networks and surveys informed group priorities and actions.

There was no evidence of any significant control weaknesses or issues impacting the group's remit.

7. **Other Highlights**

7.1 **Shared Learning with NHS Grampian: Anti-Racism Engagement Session**

In October 2024, NHS Fife hosted a virtual session with colleagues from NHS Grampian to learn from their progress in developing and embedding an Anti-Racism Strategy. The session featured presentations from NHS Grampian's Equality and Human Rights team and included reflections from senior leaders and staff networks on their challenges and successes. Attendees included

NHS Fife senior leaders, members of the Equality and Human Rights Steering Group, representatives from the Fife Centre for Equalities, and the wider workforce. Discussion focused on trust-building, senior visibility, the development of inclusive staff networks, and approaches to measuring cultural change.

The session was well received and served as an important catalyst for shaping NHS Fife's Anti-Racism Plan. Feedback highlighted the value of visible leadership, creating safe spaces for honest dialogue, and embedding lived experience into strategic planning.

## 8. Conclusion

8.1    As Co-chairs of the Equalities and Human Rights Steering Group during Financial Year 2024-25, we are satisfied that the integrated approach, the breadth of the business undertaken and the range of attendees at meetings of the Equalities and Human Rights Steering Group has allowed us to fulfil our remit.

8.2    As a result of the work undertaken during the year, we can confirm that adequate and effective governance arrangements were in place in the areas under our remit during the year and that there were no significant control weaknesses or issues at the year-end which the Equalities and Human Rights Steering Group considers should be disclosed in the Governance Statement, as they may have impacted financially or otherwise in the year or thereafter.

8.3    The group has supported the development of meaningful, measurable Equality Outcomes, progressed the Anti-Racism Plan, and strengthened staff engagement and inclusion across the organisation.  We would pay tribute to the dedication and commitment of fellow members of the Equalities and Human Rights Steering Group and to all attendees.

Signed:    *Janette Keenan*                                   Date:  01 April 2025

**Janette Keenan, Co-chair**
**Executive Director of Nursing / Executive Lead for Equality and Human Rights**

*Isla Bumba*

**Isla Bumba, Co-chair**
**NHS Fife Equality and Human Rights Lead**

### NHS Fife Equality and Human Rights Steering Group Attendance Record
### 1st April 2024 to 31st March 2025

| Name | Role | 16 Aug 2024 | 7 Nov 2024 | 4 Feb 2025 |
|---|---|---|---|---|
| Janette Keenan | Director of Nursing, Exec Lead for E&HR | ✓ | ✓ | ✓ |
| Isla Bumba | E&HR Lead | ✓ | ✓ | ✓ |
| Sinead Braiden | Non-Executive Director / Equality Champion | A | A | ✓ |
| Jamie Doyle | Head of Nursing (Acute) | ✓ | ✓ | ✓ |
| Sally O'Brien | Head of Nursing (HSCP representative) | A | ✓ | ✓ |
| Elric Honoré | Chief Executive, Fife Centre for Equalities | ✓ | - | - |
| Aileen Lawrie | Director of Midwifery | ✓ | A | ✓ |
| Ian Campbell | Head of Spiritual Care | A | A | ✓ |
| Gordon Strang | Lead Chaplain | ✓ | ✓ | A |
| John Smith | Porter Manager | A | ✓ | ✓ |
| Mhairi Gilmour | Research and Development Officer | ✓ | ✓ | ✓ |
| Karen Whatton | Lead Nurse – Care Home Assurance | ✓ | ✓ | ✓ |
| Sade Abiola | Senior Clinical Pharmacist | - | - | ✓ |
| Fiona Smit | Pharmacy Technician | – | ✓ | ✓ |
| Brian McKenna | HR Manager | ✓ | ✓ | A |
| Alison McArthur | Employability and IR Coordinator | - | - | ✓ |
| Debbie McGirr | Speak Up/Whistleblowing Co-ordinator | – | ✓ | ✓ |
| Siobhan McIroy | Head of Patient Experience | ✓ | A | ✓ |
| Amy Smith | Practice Educator, NES | - | - | ✓ |
| Ruth Lonie | Communications Manager | – | A | ✓ |
| Kerry Duffy | PPP Contract Manager, Estates | ✓ | A | ✓ |
| Zahida Ramzan | Policy Co-ordinator, Fife Council | A | A | A |
| Heather Kirkbride | Administrator, E&HR Team | ✓ | ✓ | ✓ |
| Matt Valenti | Information Governance and Security Lead | ✓ | ✓ | ✓ |
| Rebecca Saunders | Child Protection Team, L&D Coordinator | ✓ | - | - |
| Charmaine Bremner | Lead Nurse, Immunisation | - | - | ✓ |
| Rhona Waugh | Head of Workforce | ✓ | A | ✓ |
| Louise Radcliffe | OD and Culture | - | ✓ | - |
| Jackie Millen | L&D Manager | - | - | ✓ |
| Elaine Woodward | Catering Manager (for YB) | ✓ | - | - |
| Andrea Fearon | Assistant Support Services Manager (for YB) | - | - | ✓ |
| Yvonne Batehup | Support Services Manager | A | A | A |
| Torfinn Thorbjornsen | Head of Information Services | ✓ | A | ✓ |
| Steven Knapman | Business Intelligence Lead (for TT) | - | ✓ | - |

**Key:** ✓ = Attended
– = Not in attendance (did not attend or not part of group at that time)
A = Sent apologies

**ANNUAL STATEMENT OF ASSURANCE FOR
NHS FIFE PUBLIC HEALTH ASSURANCE COMMITTEE
2024-2025**

**1.    Purpose**

1.1    To provide the Public Health and Wellbeing Committee with an Assurance Statement for the financial year 2024-25, that Public Health responsibilities are being delivered effectively supporting population health and wellbeing and risks are being reviewed and escalated appropriately.

1.2    The Public Health Assurance Committee is responsible for maintenance of a Public Health risk register which identifies all the main categories of risks aligned to Public Health. The Committee assesses the likelihood and impact of such risks adversely affecting the achievement of the Public Health objectives for Fife.

1.3    The remit of the Public Health Assurance Committee includes:

- Consideration of strategic issues or public health risks escalated to the committee from the Area Immunisation Steering Group, BBV and Sexual Health Steering Group, Screening Programme Committees, aspects of East Region Health Protection Service which are delivered in Fife and workstreams on Health Inequalities and policy relating to Health Promoting Health Service.

- Receive and review reports from Public Health incidents (including near-misses, complaints, claims) and ensure that opportunities to learn and improve from incidents are taken with actions identified in incident reports, and other similar documents completed.

- Identify significant risks and ensure there is a route for these to be addressed and/or escalated to the Executive Directors Group and NHS Fife Public Health and Wellbeing Committee as appropriate.

- Monitor progress against the Public Health elements of the Annual Delivery Plan and Medium-Term Plan.

- Review risks which are aligned to Public Health on the Corporate Risk Register.

**2.    Membership**

2.1    During the financial year to 31 March 2025, core membership of the Public Health Assurance Committee comprised: -

| Joy Tomlinson | Director of Public Health (Committee Chair) |
| Duncan Fortescue-Webb | East Region Health Protection Service Lead Consultant (Fife) |
| Emma O'Keefe | Deputy Director of Public Health & Consultant in Dental Public Health |
| Esther Curnock | Immunisation Coordinator and Deputy Director of Public Health (from October 2024) |
| Lorna Watson | Deputy Director of Public Health & Consultant in Public Health Medicine (left August 2024) |

| Lynn Barker | Director of Nursing HSCP |
| Olukemi Oyedeji | Screening Coordinator |
| Sharon Crabb | Public Health Service Manager |
| Sue Cameron | Head of Resilience |
| Aileen Boags | Lead Pharmacist (Public Health & Community Pharmacy Services) |

2.2    The Public Health Assurance Committee chair may invite individuals to attend meetings for particular agenda items, but the membership list set out in 2.1 are normally in attendance at meetings. Other attendees, deputies and guests are recorded in the individual minutes of each meeting.

**3.    Meetings**

3.1    The Committee met on six occasions during the financial year to 31 March 2025, on the undernoted dates:
- 17 April 2024
- 12 June 2024
- 21 August 2024
- 23 October 2024
- 18 December 2024
- 26 February 2025

3.2    The attendance schedule is attached at Appendix 1. The Committee established a workplan for 2024-25 to ensure that standing items, risks and matters of governance were reviewed.

**4.    Business**

4.1    The Public Health Assurance Committee has a key role in identification, prioritisation and management of risks related to public health matters. The committee executed this responsibility through named leads for each identified risk, an established cycle of reviewing and scrutinising both new risks and review risks. The key areas reviewed and main actions are summarised below.

4.2    The committee completed the agreed review and scrutiny of all risks held on Public Health Register. There were sixteen risks reviewed by the committee at the start of 2024-25, including three corporate risks.

| Risks | Action Required |
|---|---|
| Pandemic Framework | No change |
| Misuse of Suspicion of Malignancy Function in SCCRS | Reduced slightly |
| Absence of Comprehensive National Data Systems to Monitor the Pregnancy and Newborn Screening Programmes | No change |
| The local system is not able to provide surge capacity for new covid variants and mutations or outbreaks | No change |
| Vaccine Preventable Disease | No change |
| Missed opportunity for newborn blood spot screening | No change |
| Business Continuity Management Systems | New Risk |
| Respiratory Infections for vulnerable settings | New Risk |
| Emerging Infectious Diseases | New Risk |
| Preparing for Emergency CCA Response | New Risk |
| HPV Vaccinations | New Risk |
| Resilience | Closed |

2

| Risks | | Action Required |
|---|---|---|
| No Cervix Exclusion Audit | | Closed |
| Health Inequalities | (corporate risk) | Reduced slightly |
| Drug Related Harms | (corporate risk) | No change |
| Pandemic Planning | (corporate risk) | No change |

4.3     Changes over the course of the year include closure of the Resilience Risk relating to inability to respond to emergencies was closed in December 2024 following completion of a range of agreed actions. A new risk with narrower focus describing the importance of adequate testing and exercising to provide assurance was established.

4.4     The risk associated with completion of the national Cervical audit was closed in October 2024 following completion of this work within Fife.

4.5     The Public Health Assurance Committee contributed to the deep dive discussion which supported the creation of the new corporate Risk describing Drug Related Deaths.

**5.     Risk Management**

The following new prospective risks were considered by the Committee

5.1     **Future Pandemic Preparedness and emerging threats;** It was agreed that the Emerging Infectious Diseases risk would be added to the Public Health Risk register following discussion at Public Health and Wellbeing Committee and EDG.

5.2     **Business Continuity overarching risk;** This risk was added to the Public Health Risk register in April 2024 in response to recommendations received from Internal Audit.

5.3     **Tuberculosis;** This new risk was proposed and tabled at the Committee meeting in August 2024 and a deep dive review is underway.

5.4     **Respiratory Infections in Vulnerable Settings;** This new risk was opened in July 2024 acknowledging the ongoing risk in residential care settings from respiratory illness.

5.5     **Screening Issues;** Two new emerging issues relating to Breast Screening, the first was a Problem Assessment Group update in June 2024 and the second was a review of an Equality Impact Assessment relating to proposed change in screening location in Newburgh.

5.6     **HPV Vaccination;** This new risk was proposed and tabled at the Committee meeting in February 2025 acknowledging the large inequalities in HPV vaccination coverage, with the most recent data showing a difference between those living in the least and most deprived quintiles.

**6.     Review of Corporate Risks aligned with Public Health Inequalities and Health**
The Committee contributed to development of the risk descriptor for Pandemic Planning corporate risk which was subsequently endorsed by the Public Health and Wellbeing Committee. It also contributed to the Deep Dive and risk descriptor for Drug related harms and received an update on progress with the management

actions associated with the Health Inequalities corporate risk. Agreement was reached on a small reduction in the risk level.

**7.   Monitoring Public Health elements of Annual Delivery Plan**
The Annual Delivery Plan is included in every meeting pack. Specific workstreams are considered by Committee members where there are issues impacting on achievement of agreed outcomes. Over the course of 2024/25 no new risks were identified for escalation.

**8.   Annual Reports progressing to Governance Committees**
There were five annual reports presented and discussed by the Committee, the Immunisation Annual Report, Joint Health Protection Plan (2 yearly), Public Health Screening Programmes Annual Report 2024, Director of Public Health Annual Report and Dental Services and Oral Health Annual Report.

**9.   Requested ad hoc reports**
One ad-hoc report was presented to the Committee which provided an update on progress towards completing actions identified in the B13-23 Business Continuity Audit.

**10.   Annual Assurance Statements from the following groups**
The Committee received Annual Assurance Statements within 2024/25 for the following Screening programmes; Breast, Bowel, Cervical, Abdominal Aortic Aneurysm, Diabetic Eye Screening and Pregnancy & Newborn screening. The Committee also received Annual Assurance Statements from the Area Immunisation Steering Group and the Pandemic Framework Group. The Public Health Dental Quality Assurance Committee were deferred.

**11.   Key Updates**

11.1   Oversight of Public Health Risks is a key function of the Public Health Assurance Committee and the detail of this is captured within Section 4 and 5 of this report. Each risk has a named lead officer and review dates are set for individual risks depending on the overarching risk score. Proposed changes to risk scores are advised by the lead officer and considered by the Committee for approval.

11.2   Within 2024/25 the Committee provided oversight of two corporate risks. These were the Health Inequalities and Pandemic Planning risks which are aligned with Public Health and Wellbeing Committee.

**12.   Other Highlights**

12.1   The Committee has established a programme of receiving Annual Assurance Statements from associated sub-groups and this has enabled deeper understanding of progress within their areas of responsibility. A schematic is under development to set out the relationship between different groups and the Committee.
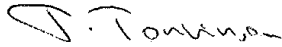
12.2   This is the first year that the Public Health Assurance Committee has used a workplan to manage activity and it has proved very helpful.

**13.   Conclusion**

13.1   As Chair of the Public Health Assurance Committee during financial year 2024-25. I am satisfied that the integrated approach, the frequency of meetings, the breadth of

the business undertaken and the range of attendees at meetings of the Public Health Assurance Committee has allowed us to fulfil our remit.

13.2    As a result of the work undertaken during the year, I can confirm that adequate and effective governance arrangements were in place in the areas under our remit during the year.

13.3    I can confirm that that there were no significant control weaknesses or issues at the year-end which the Public Health Assurance Committee considers should be disclosed in the Governance Statement, as they may have impacted financially or otherwise in the year or thereafter.

13.4    I would pay tribute to the dedication and commitment of fellow members of the Public Health Assurance Committee and to all attendees. I would thank all those members of staff who have prepared reports and attended meetings.


Signed:                            Date:  01 April 2025


**Joy Tomlinson Chair**
On behalf of the Public Health Assurance Committee


**Appendix 1 – Attendance Schedule**

## NHS Fife Public Health Assurance Committee

## Attendance Record
## 1st April 2024 to 31st March 2025

|  | 17.04.24 | 12.06. 24 | 21.08. 24 | 23.10. 24 | 18.12. 24 | 26.02. 25 |
|---|---|---|---|---|---|---|
| **Members** |  |  |  |  |  |  |
| **Joy Tomlinson**, Director of Public Health | √ | x | √ | √ | √ | √ |
| **Duncan Fortescue-Webb,** Health Protection Team Lead Consultant | √ | √ Part | √ | √ | √ Part | √ |
| **Emma O'Keefe**, Deputy Director of PH & Consultant in Dental PH | √ | √ Chair | √ | √ | √ Part | x Apologies |
| **Esther Curnock,** Deputy Director of PH & Immunisation Coordinator | x | √ | √ | √ | √ Part | √ |
| **Lorna Watson,** Deputy Director of PH & Consultant in PH Medicine | x | x | x Left Role | n/a | n/a | n/a |
| **Lynn Barker,** Director of Nursing HSCP | x | x | x | x | x | √ |
| **Olukemi Oyedeji,** Screening Coordinator | √ Part | √ | √ | √ | √ | √ Part |
| **Sharon Crabb,** Public Health Service Manager | x | x | x | √ | √ | √ |
| **Susan Cameron,** Head of Resilience | √ | √ | x | x | √ | √ |
| **Aileen Boags,** Lead Pharmacist | √ | √ | √ | √ | X | x Apologies |
| **In attendance** |  |  |  |  |  |  |
| **Cathy Cooke,** Public Health Scientist | √ Part | √ |  | √ |  | √ |
| **Fiona Bellamy,** Senior Health Protection Nurse Specialist |  | √ Part |  |  |  | √ |
| **Brenda Ward,** Executive Assistant | √ | √ | √ | √ | √ | √ |
| **Jo-Anne Valentine,** Public Health Manager |  |  |  |  | √ Part |  |
| **Lucy Denvir,** Consultant in Public Health |  |  |  |  | √ Part |  |
| **Lorenzo Iafrate,** Specialist Trainee in Dental Public Health |  |  |  |  | √ | √ |
| **Rishma Maini,** Consultant in Public Health |  |  |  | √ | √ Part |  |
| **Tom Donaldson,** Public Health Registrar | √ |  |  |  |  |  |
| **Sally O'Brien,** Head of Nursing, HSCP |  |  |  | √ |  |  |

6

| | 17.04.24 | 12.06. 24 | 21.08. 24 | 23.10. 24 | 18.12. 24 | 26.02. 25 |
|---|---|---|---|---|---|---|
| **Gabe Docherty,** Consultant in Public Health | | 7 | | | √<br>Part | |
| **Matthew Neilson,** Consultant in Public Health Medicine | | | | | | √ |

7

# NHS Fife

| | |
|---|---|
| **Meeting:** | **Public Health & Wellbeing Committee** |
| **Meeting date:** | **12 May 2025** |
| **Title:** | **Draft Public Health & Wellbeing Committee Annual Statement of Assurance 2024/25** |
| **Responsible Executive:** | **Dr Joy Tomlinson, Director of Public Health** |
| **Report Author:** | **Gillian MacIntosh, Board Secretary** |

Executive Summary:

- All formal Committees of the NHS Board are required to provide an Annual Statement of Assurance to the NHS Board, detailing the work undertaken during the year and identifying any internal control weaknesses that might be considered for disclosure within the Governance Statement of the Annual Accounts.

- The draft statement is enclosed as an appendix, and this contains a textual account of the Committee's business during the financial year, to evidence to the Board that the Committee has delivered fully on its remit and delegated powers.

- Members are asked to take a "significant" level of assurance that the Committee has delivered on its remit during the 2024/25 reporting year and advise of any changes to the draft report text, prior to onward submission to the Audit & Risk Committee and thence the Board.

## 1    Purpose

**This is presented for:**
- Assurance

**This report relates to a:**
- Legal requirement
- Local policy

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

## 2    Report summary

### 2.1    Situation
All formal Committees of the NHS Board are required to provide an Annual Statement of Assurance for the NHS Board, which is consider initially by the Audit & Risk Committee. The

requirement for these statements is set out in the Code of Corporate Governance. The Public Health & Wellbeing Committee is invited to review the draft of the enclosed report for 2024-25 and comment on its content, with a view to approving a final paper for onward submission.

## 2.2 Background

Each Committee must consider its proposed Annual Statement at the first Committee meeting of the new financial year, as per the Committee's workplan. The current draft takes account of initial comments received from the Committee Chair and the Director of Public Health.

## 2.3 Assessment

In addition to recording practical details such as membership and rates of attendance, the format of the report includes a more reflective and detailed section (Section 4) on agenda business covered in the course of 2024-25, with a view to improving the level of assurance given to the NHS Board.

This report provides the following Level of Assurance:

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

A significant level of assurance is suggested, given the Committee has considered all relevant items of business delegated to it during 2024/25, escalating directly to the Board any matters of concern. No matters for disclosure in the Governance Statement of the Annual Accounts have been identified.

### 2.3.1 Quality/ Patient Care

Delivering robust governance across the organisation is supportive of enhanced patient care and quality standards.

### 2.3.2 Workforce

N/A.

### 2.3.3 Financial

The production and review of year-end assurance statements are a key part of the financial year-end process.

**2.3.4 Risk Assessment/Management**

The identification and management of risk is an important factor in providing appropriate assurance to the NHS Board. Section 6 of the report details where the Committee has had input into risk management across the year.

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

This paper does not relate to the planning and development of specific health services, nor any decisions that would significantly affect groups of people. Consequently, an EQIA is not required. The Committee receives regular updates on equality-related issues, given this is central to its remit. Specific details on the Committee's review of business concerning health inequalities and Anchor Institution related work is captured within the report.

**2.3.6 Climate Emergency & Sustainability Impact**

This is covered within the assurance report, as per the Committee's reflections on related business during the year covered.

**2.3.7 Communication, involvement, engagement and consultation**

N/A.

**2.3.8 Route to the Meeting**

This paper has been considered in draft by the Committee Chair and Executive Lead.

## 2.4 Recommendation

The paper is provided for:

- **Assurance & approval** – subject to members' comments regarding any amendments necessary, for final sign-off by the Chair and submission to the Audit & Risk Committee.

## 3. List of Appendices

- Appendix No. 1, Annual Statement of Assurance for NHS Fife Audit & Risk Committee for 2024/2025

**Report Contact**
Dr Gillian MacIntosh
Associate Director of Corporate Governance & Board Secretary
gillian.macintosh@nhs.scot

**ANNUAL STATEMENT OF ASSURANCE FOR THE
PUBLIC HEALTH & WELLBEING COMMITTEE 2024/25**

**1.     Purpose**

1.1    To provide the Board with assurance that NHS Fife is fully engaged in supporting wider population health and wellbeing for the local population, including overseeing the implementation of the population health and wellbeing actions defined in the Board's strategic plans and ensuring effective contribution to population health and wellbeing related activities.

**2.     Membership**

2.1    During the financial year to 31 March 2025, membership of the Public Health & Wellbeing Committee comprised: -

| | |
|---|---|
| John Kemp | Committee Chair (from July 2024) / Non-Executive Member |
| Pat Kilpatrick | Committee Chair (to July 2024) / Board Chair |
| Jo Bennett | Non-Executive Member (from September 2024) |
| Alistair Morris | Non-Executive Member |
| Arlene Wood | Non-Executive Member |
| Lynne Parsons | Employee Director |
| Margo McGurk | Director of Finance & Strategy |
| Dr Christopher McKenna | Medical Director |
| Janette Keenan | Director of Nursing |
| Carol Potter | Chief Executive |
| Dr Joy Tomlinson | Director of Public Health |

2.2    The Committee may invite individuals to attend the Committee meetings for particular agenda items, but the Director of Communications & Engagement, Director of Health & Social Care, Director of Pharmacy & Medicines, Director of Property & Asset Management, Director of Reform & Transformation, Associate Director of Planning & Performance and Board Secretary will normally be in attendance at Committee meetings. Other attendees, deputies and guests are recorded in the individual minutes of each Committee meeting.

2.3    The Committee has consciously encouraged attendance and contribution into agenda items from a number of staff, to widen staff insight into the work of the Committee and also to ensure that the Committee is seen to welcome input from a broad range of contributors.

**3.     Meetings**

3.1    The Committee met on seven occasions during the financial year to 31 March 2025, on the undernoted dates:

- 13 May 2024
- 1 July 2024
- 9 September 2024
- 18 October 2024 (Development Session)
- 11 November 2024
- 13 January 2025
- 3 March 2025

3.2 The attendance schedule is attached at Appendix 1.

**4. Business**

4.1 The Public Health & Wellbeing Committee was established by the Board in October 2021 and the areas of focus of the group's remit and annual workplan has now matured, ensuring the Committee is making appropriate impact and exercising scrutiny across a range of measures and services aligned to the Board's public health responsibilities, inequalities work and preventative strategies, as detailed in this report.

4.2 The Committee has the lead responsibility for review of activity linked to the Board's Population Health & Wellbeing Strategy, approved in March 2023. The Committee has had earlier input to plans created to help capture public, staff and partner feedback on strategy content, particularly via active outreach to people within Fife who are most affected by deprivation and communities who find it harder to access services. The importance of ensuring the diversity of Fife's population is appropriately reflected and addressed in the delivery of the organisational strategy remains a focus, as members' roles have changed from development of strategic priorities to scrutinising the progress of implementation. In May 2024, the Committee considered the first annual report detailing the work taken forward in the first year of the implementation of the strategy. Building on the mid-year report reviewed by members in January 2024, the annual report included a summary of key metrics that have been monitored, benchmarking local performance against national indicators, and a progress update against the key actions outlined in the strategy. Updates have been structured around the 'what we will do' statements outlined in the strategy, as aligned to the four overall strategic priorities. Two case studies have been included, which show how services are being redesigned in practice. The first described the impact of the Rapid Cancer Diagnostic Service in enhancing patient pathways. The second outlined how admissions to hospital for the frailest patients have been reduced through collaborative working across the admissions team and the Hospital at Home Service. Members suggested a number of enhancements to the draft report, before it was endorsed for subsequent Board approval. An additional mid-year update was considered in November 2024, where examples of service improvement were celebrated by members. A moderate level of assurance was taken from the impact thus far of the strategy described in the report, noting the challenges in measuring outcomes in a way that is consistent with other performance reporting at the Committee and the Board.

4.3 Also in May 2024, members considered a draft Public Participation & Community Engagement Strategy 2024/28, outlining the Board's strategic approach to engagement in line with the ambitions within the Population Health & Wellbeing Strategy. Agreeing with the principles of the initial draft, members agreed that further work was required to enhance operational and delivery detail, particularly to make the document more specific to the Health Board's area and to recognise the priorities of a range of community-focused services and Fife Health & Social Care Partnership's ambitions. An amended document has subsequently secured Board approval.

4.4 Related to the Committee's specific role in supporting the Board's strategy implementation, the Committee has also received updates (in May and November 2024) on the Board's progress in developing its Anchor Institution ambitions (this supporting strategy has a lifespan in line with the organisational strategy). After approval of the Anchor Strategic Plan in early 2024, further guidance has been received from Scottish Government in relation to the metrics to be used to establish a baseline for all Heath Boards to measure their progress in implementing the plans. Baseline metrics covering the areas of Workforce, Procurement and environmental sustainability were considered by the Committee in May 2024, with the report detailing narrative on all three areas and work therein by the Anchor Operational Group. The Anchor Operational Group has started making links to bring in corporate and civic dimensions, such as volunteering and enhancing links with veterans' charities and organisations. In November 2024, members heard of the positive feedback from Scottish Government on progress in Fife, after a benchmarking exercise had been carried out. Work to enhance activities around the area of employability, following the feedback, were in the

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process of being progressed, building on the early experience of young people who had undertaken the EMERGE placements with NHS Fife. In March 2025, the Committee considered a report on performance against the key Anchor metrics, with detail on a number of successful initiatives undertaken by colleagues in recruitment / employability, procurement and estates, evidencing a number of new working relationships with local partners, communities and stakeholders. Opportunities for future work with the Private sector has been highlighted, and members took a moderate level of assurance from report, noting the positive improvement for the majority of the indicators.

4.5 The Board's Re-form, Transform, Perform (RTP) portfolio of work introduced in 2024/25 aims to make the changes needed to maintain patient safety and quality of care, in line with the Board's values, whilst managing the current financial challenges. In May 2024, the Committee received an update on the 13 planned schemes and the measures in place to ensure that due cognisance has been taken of the need to address inequalities and ensure public health measures are protected. The framework is also in support of a direction from Scottish Government on reforming services and the way the NHS works, as detailed further in a briefing paper to the July 2024 Committee meeting.

4.6 The draft Corporate Objectives 2024/25 were presented to the Committee in July 2024. The objectives as a whole describe what NHS Fife aims to achieve in-year, and are linked also to the Chief Executive's own objectives and those of each Executive Director. Assurance was provided that there was appropriate linkage to the Board's Population Health & Wellbeing Strategy and to the Health & Social Care Partnership's strategic priorities, in addition to the current Re-form, Transform, Perform portfolio programme. Each Board Committee has had a role in reviewing the objective from their own specific perspective, though challenges in linking the 'Improve Health & Wellbeing' high-level corporate objectives to the Committee's areas of focus were highlighted. The objectives are framed under the four key strategic priorities of the Board, as aligned to national programmes, and reference the strategy delivery work undertaken in this reporting year. Following review, the Committee were pleased to endorse the Corporative Objectives for onward submission to the Board for formal approval.

4.7 Members have also discussed the Board's role in addressing the global Climate Emergency and ensuring that sustainability is at the forefront of NHS Fife's future activities, particularly those related to our estate and physical assets. In November 2024, an update report on sustainability and Greenspace activities was considered by members, noting that two new Sustainability Officer roles had recently been created to ensure pace of delivery. Work has moved to identifying areas of collaboration across teams, to identify wider challenges and opportunities in the sustainability agenda outwith the core Estates portfolio. Funding challenges around decarbonisation have impacted progress, which remains an area of importance going forward. The presentation to members of the Annual Climate Emergency & Sustainability Report 2023/24, discussed at the Committee's January 2025 meeting, highlighted key data around reduction in usage of polluting gases and energy. Members noted the work underway to reduce greenhouse gas emissions, waste and building energy use, with challenges ahead in meeting the more challenging targets coming into force in 2030.

4.8 The Committee has had input into the Board's Annual Delivery Plan for 2024/25, which has been aligned to the strategic priorities within the Board's Population Health & Wellbeing Strategy and Re-form, Transform, Perform portfolio, whilst also addressing the specific requirements of the Scottish Government guidance. In May 2024, the Committee considered a draft submission, noting the importance of linkages to local strategic priorities. Feedback from Scottish Government was considered at the Committee's July 2024 meeting, where it was also noted that there was a limited level of assurance about delivery of all actions due to the continuing challenging financial situation. National pressures overall on Child & Adolescent Mental Health services were also highlighted, including work with schools and third-sector partners to offer support to those on the lower levels of the waiting lists. Review of the last quarter's work in relation to the previous year's plan was considered also in July 2024, with focus on those prevention and early intervention actions that had fallen behind

schedule or were not expected to be delivered. Moderate assurance was taken from the fact that outstanding actions would be carried forward, with appropriate ongoing reflection in the Committee's performance and risk reports. In September 2024, the Committee took assurance from the fact that the Scottish Government's review process had concluded, feedback had been submitted and the Plan had been formally approved. A performance report on the delivery of the various Quarter 1 improvement actions was considered at the Committee's September meeting. Of the eight actions marked as red (unlikely to complete on time or to meet the intended target), one fell within the remit of the Public Health & Wellbeing Committee. This was related to increasing local capacity for providing in-hours routine and urgent dental care. The Quarter 2 update was considered at the November 2024 meeting, noting that seven actions had fallen behind their target delivery at the point of reporting, but the Committee took assurance from the fact that risks from non-delivery of these programmes of work would be captured in local risk registers and escalated to the Committee as appropriate. At the point of reporting, challenges were being experienced with releasing nursing capacity to encourage uptake of vaccinations. Capacity issues in general dental services, and difficulties in progressing the children's speech, language and communications development plan, were discussed by members. The challenges in prioritising the large number of deliverables within the ADP was also recognised, noting the linkages to triangulating this report with other performance reporting metrics. The Quarter 3 report received scrutiny at the Committee's March 2025 meeting, with a number of suggestions made to aid clarity around the measurement of deliverables as the next year's plan was in the process of being finalised.

4.9     In July 2024, members considered briefing updates in relation to community planning, setting out progress in delivery of the ten-year Plan for Fife (the life cycle of which covers 2017 to 2027). Building on the last review undertaken in 2021, the latest review has focused on the three priorities of economic recovery, tackling poverty and addressing the climate emergency. There has also been consideration given to exploring further how to embed an approach to health equity through adoption of the Marmot Place principles, which has been supported across partners. At the same meeting, members also reviewed the Food4Fife Strategy and Action Plan 2024/29, which is a complementary strategy to the Plan For Fife and also highlights the benefit of collaborative working. In response to the Good Food Nation (Scotland) Act 2022, there has been a requirement for public bodies to create plans to address food poverty. The Food4Fife Strategy addresses this requirement and members were pleased to take significant assurance from the work done to create the strategy, noting that delivery will be followed up via a separate implementation plan.

4.10    In July 2024, the Committee took a significant level of assurance from the Fife Suicide Prevention Action Plan, in support of the national strategy 'Creating Hope Together'. Oversight of the plan's implementation will be undertaken as part of the Mental Health Strategy delivery assessment process, on a whole-system basis. Noting the efforts of the Health Promotion Team, who have led on this work locally, members recognised the importance of the plan and the need to ensure successful completion of the actions within. Members also noted the intention to ensure the suicide prevention workstream will continue to be strategically located within the new Mental Health strategy, as part of Prevention and Early Intervention workstreams and the requirement to deliver a local 30-point action plan to meet the national suicide prevention strategic requirements.

4.11    In November 2024, the Committee took assurance from a briefing outlining the delivery activities of 'The Promise' national strategy. The Promise represents the outcomes of the Independent Care Review into looked after young people's experiences in Scotland, advising what organisations such as Health Boards need to do to ensure they fulfil their roles as corporate parents and provide the best experiences possible for those children and young people who are now - or have been - looked after at some point in their lives. A comprehensive overview of the work being delivered across NHS Fife and the Health & Social Care Partnership was detailed, giving members a moderate level of assurance around Fife's compliance with the nationally-led work. The Committee were advised it is anticipated an updated progress framework will be published by Scottish Government in future. Further

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enhancements are needed with regards to strengthening the governance and assurance processes across the wider NHS Fife / Fife Integration Joint Board reporting structures for this area, to improve regular reporting and escalations, hence the moderate assurance level agreed by members.

4.12    In May 2024, members considered the Fife Alcohol & Drug Partnership Strategy 2024/27, which has been developed by colleagues in Fife Health & Social Care Partnership. The Committee noted that the redevelopment of the Alcohol & Drug Partnership Strategy is aligned to other local strategies, including the Health & Social Care Strategic Plan, NHS Fife's Population Health & Wellbeing Strategy and The Plan for Fife. An overview of priorities was considered by the Committee. Future reporting to the Committee will focus on delivery progress against targets. Also in May 2024, a complementary report was considered on progress made in implementing the Medication Assisted Training (MAT) Standards. These cover areas such as same-day prescribing, medication choice, harm reduction and psychological interventions, and a trauma-informed approach, with improvements seen across all these targets. As such, the Committee was able to take assurance on the delivery impact of these as part of the Alcohol & Drug Partnership's strategic aims. In September 2024, a further update was given to members, covering the annual report of the service and a survey detailing activity progressed against national priorities. In January 2025, a further update on the delivery progress with the Alcohol & Drug Partnership Strategy 2024/25 and compliance with the MAT Standards, was considered, with discussion focusing on the broader linkages to work to address health inequalities and what further actions can be taken to tackle deprivation and poverty through Anchor Institution activities. These updates, in addition to a Board members' visit to meet staff and clients of Addiction Services in February 2025, have helped inform members about the important work being undertaken in this area and the significance to improving population health.

4.13    In September 2024, the annual report and action plan of the Tackling Poverty and Preventing Crisis Board was tabled. This report incorporates the legal requirement to report on Child Poverty on an annual basis. The Tackling Poverty and Preventing Crisis Board leads and manages the delivery of the actions within Plan For Fife that address tackling poverty and it is part of Fife Partnership. The report presented all the activities taking place across Fife in relation to reducing poverty, which remains challenging due to external factors such as the ongoing cost of living crisis. Members took a moderate level of assurance from the activities described therein, recognising that 23.6% of children in Fife are presently living in relative poverty, slightly above the national level of 21.3%, and that ongoing work and effort is required to continue to mitigate the impact on the health and wellbeing of young people in the Kingdom. In September 2024, the Committee received an update on the development of the Prevention & Early Intervention Strategy, which has been approved by the Fife Integration Joint Board in the reporting year. A comprehensive outline of the activities undertaken in development of the strategy, across all life stages, from pre-conception / pregnancy to older adults, was discussed with members, in addition to the conclusions of 'discovery and design' engagement with communities and stakeholders. As one of the nine key enabling strategies of the Health & Social Care Partnership, the criticality of the strategic ambitions within to the Board's own Population Health & Wellbeing Strategy has been recognised by the Committee. Members welcomed the reach of the document, noting the high-level delivery plan and the future annual reporting to the Committee on progress in implementing the various actions.

4.14    As one of the workstreams within the Population Health & Wellbeing Strategy, the Committee received an update on the End of Year Two activities of the High Risk Pain Medicines Patient Safety Programme in September 2024, taking a high level of assurance from the work undertaken since 2022 to prevent patient harm, address addiction and tackle linkages to involvement of prescribed medicines in drug deaths. When the programme commenced, NHS Fife had higher rates of prescribing of these medicines compared to other health boards, as measured by National Therapeutic Indicators, as well as a higher-than-average involvement of prescribed medicines in drug-related deaths. A successful conclusion to the programme was reported, noting that the initiative has completed a year ahead of schedule, with the bulk of activity now transitioning to business-as-usual operations with regular

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monitoring via a new Patient Safety Group, to manage the ongoing operational risk in this area. Years 1 and 2 of the programme were delivered on time and within budget, with early programme benefits recognised. Members commended the achievements of the dedicated programme, noting that work will continue to ensure prescribing of these medicines in Fife meets the national average baseline.

4.15 The Committee received a number of detailed updates on Child & Adolescent Mental Health Services (CAMHS) performance (particularly focused on addressing a backlog of demand and longest waits, impacted by various recruitment challenges) and Psychological Therapies (PT) performance against Local Delivery Plan Standards, these reports being each considered both in the format of regular IPQR reviews and in discussion relating to specific papers. . In May 2024, update papers were considered for both services, noting the work underway to meet 18-week referral to treatment targets, actions to address those waiting the longest and mitigating factors, in addition to the PT indicators set out in the Annual Delivery Plan. Both services have seen improvements in performance throughout the year, and the Committee were appreciative of staff efforts to tackle the backlog of referrals. In November 2024, the Committee received a standalone update on the performance of both CAMHS and PT, to complement the routine IPQR data. For Psychological Therapies, as detailed in a paper to the Committee in January 2025, an Improvement Plan has been created, levering enhanced support from the Scottish Government's Mental Health Directorate (in place from August 2024). Regular monthly meetings, service re-modelling and the use of various national tools have been beneficial in improving performance indicators. Both the Waiting Times RTT and reduction in waits over 52 weeks have seen improvement, despite increasing demand for PT. The Committee noted the Psychology Service faces challenges in achieving sustained improvement and they discussed the impacts on capacity due to challenges in recruitment of staff. Members noted that the service continues to try to mitigate the challenges in relation to performance on the RTT target in numerous ways and that plans for redesign are under consideration. The Committee took a limited level of assurance from the plan due to the stated recruitment challenges.

4.16 A comprehensive briefing on Dental Services and Oral Health Improvement work was given to members at the January 2025 meeting. Members found the update particularly useful, particularly in reference to understanding recovery pressures dating from the pandemic backlog and also linkages into overall sustainability issues and resourcing within Primary Care more generally, especially workforce capacity and access issues impacting dental services in Fife. The report covered the challenges resulting from reduced activity levels within independent dental practices, impacting on the workload of the public dental service, with the reduction in access also contributing to the high level of untreated decay in children within Fife. A number of such issues were highlighted, particularly in Primary Care general dental services, but the briefing provided a moderate level of assurance that NHS Fife is following due process within the limited powers available, as determined by the NHS (General Dental Services) Scotland Regulations 2010.

4.17 The Committee held a dedicated Development Session in October 2024, allowing members to gain a greater understanding of key topics within the Committee's remit and to receive detailed briefings from clinicians and service leads from a variety of teams. The subject of the October session was oral health improvement, providing both the national and local context and areas of success and challenge within dental services in Fife. Discussion focused on improving child health dental outcomes, outreach to marginalised groups, and challenges in managing demand for both the emergency and public dental services. This session picked up on common themes covered more broadly within the Committee's overall remit and workplan and allowed for greater scrutiny and discussion by members than normal agenda-driven committee meetings can permit in the time allowed.

4.18 A set of performance-related metrics specific to the Committee are published in the monthly Integrated Performance & Quality Report (IPQR), to allow for appropriate, regular scrutiny of these at each meeting. Enhancements have also been made to provide information on corporate risks within the IPQR, aligned to the various improvement outcomes, to enhance

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linkages between risk and performance. Consideration of CAMHS and PT performance (specifically those metrics linked to the waiting list improvement trajectory for both services) sit within the Committee's remit. Since the Committee's establishment, work has been ongoing in identifying a number of other metrics relevant to the Committee's remit, for inclusion in the dedicated Public Health & Wellbeing section of the IPQR. These include areas such as immunisation (including child vaccination and seasonal vaccination performance), screening programmes and the self-management of long-term conditions, dependent on the regularity of data reporting. There have been some challenges in the reporting of some metrics (such as smoking cessation), which have been impacted by a lag in the publication of national data. A lack of up-to-date information has been countered by standalone reporting, such as via annual reports on subjects such as smoking cessation and a deep-dive on performance in this area at the November 2024 meeting (the latter highlighting challenges in the prevalence of vaping in a non-cessation context, particularly amongst young people). In September 2024, members considered a stand-alone report on the further development of public health-related indicators for the IPQR, noting the challenges in the availability of up-to-date and timely data for some national screening metrics. Additional performance data on breast, bowel and AAA screening has been added during the reporting year (augmented by an annual public screening report in November 2024), with consideration as to the inclusion of cervical screening. A number of new mental health quality indicators, covering instances of ligature, self-harm and restraint, have been included in the IPQR, with regular scrutiny via the Clinical Governance Committee as part of the quality and safety aspects of their remit. The routes of reporting remain under review at the time of writing, as a wholescale evaluation of performance reporting to the Board is undertaken.

4.19    In November 2024, members reviewed the learning from the second-stage of a national investigation into the incorrect exclusion of some women from routine cervical screening in Scotland (background details of which are available in last year's report), with significant assurance taken from Fife's local response to the issues raised by this incident and the audit work completed, noting the fact that no harm to patients had been identified. Feedback has been provided to the national team from local boards on the investigation process and the Committee looks forward to sight of the national audit report in due course, following its anticipated publication later in 2025.

4.20    As Covid activity has transitioned into business-as-usual activities for the Board, performance tracking for immunisation continues to be reviewed via the monthly performance reporting within the IPQR, rather than via stand-alone updates to the Committee. Members, however, did receive an update paper in May 2024 on the Spring Booster campaign, noting the information provided on plans to actively focus on health inequalities to address any barriers for individuals that might negatively affect uptake. In July 2024, members considered the Immunisation Annual Report 2024 and review of a refreshed Immunisation Strategic Framework for 2024/27, tacking account of workforce and funding pressures and activities to ensure strong levels of uptake amongst targeted groups. General 'Winter' performance has also been encapsulated into the regular review of the Board's progress against its Annual Delivery Plan and IPQR targets, with the Committee taking assurance from that separate stream of performance reporting. In March 2025, members considered a briefing on the delivery of the Winter Covid / Flu vaccination programme, and members were pleased to take a significant level of assurance, reflecting the fact that vaccine uptake had exceeded the patient targets set by the Chief Medical Officer. However, staff uptake had declined, in common with the trend across Scotland and members supported the plan to undertake a lesson learned exercise to reflect on this aspect of the programme.

4.21    In January 2025, a briefing was received on Post Diagnostic Support for individuals diagnosed with dementia, outlining the 12-months of ongoing specialist provision made available to patients and their families. The enduring impact of suspending the service during the Covid pandemic has meant that waiting lists for the service have grown whilst the service remobilised to full capacity. There has also been learning that delivery of support via telephone or virtual means (such as Teams) is not suitable for all individuals. Noting the importance of support being offered to those affected by a dementia diagnosis, members

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recognised the challenges in recruitment and resource within the mental health team to provide the two models of care. The Committee was able to take a moderate level of assurance from the utilisation of the available funding from the Scottish Government and the work continuing to reduce the waiting time for support.

4.22 In March 2025, the Committee received a report detailing progress in delivery of the Equality Outcomes Plan 2021/2025. Boards have a legal duty under the Equality Act to develop and publish equality outcomes at least every four years, with a progress report after two years, with reports being central to showing how NHS Fife is meeting its statutory duties. The Interim Equality Outcomes Plan 2025/29 set out the next phase of priorities for promoting equality and embedding inclusive practices across the organisation, building on previous learning, with a sharper focus on measurable actions and accountability. Members noted that these new equality outcomes have been aligned with key national priorities such as the Anti Racism Directive. An overview was provided on the outcomes. The Plan was deliberately interim to allow a review and refresh up to the Autumn to reflect any further learning considerations and members noted the final version would be submitted through the Public Health & Wellbeing and Staff Governance Committees and the Board in Autumn 2025.

4.23 The Committee has received updates in private session on both the ongoing Scottish and UK Covid Inquiries and the Crown investigation that is reviewing Covid-related deaths in care homes. The ask of Health Boards has been explained and assurance has been taken from the NHS Scotland approach and the support available to Boards from the Central Legal Office, whilst the preliminary inquiries have been underway. As detailed to the Committee's private session in September 2024, the Module One report of the UK Inquiry has been published, focussed on resilience and preparedness, and ten recommendations have been made. Health inequalities has been a key focus of the UK Covid Inquiry thus far, and it is anticipated this will continue to be a point of emphasis in the ongoing hearings. The opportunity for learning from each of the Inquiries' conclusions has been welcomed by the Committee, particularly in enhancing future pandemic planning and the new corporate-level risk in this area. A further update was considered by members in March 2025, noting the completion of hearings for Modules Three and Four of the UK Inquiry and preparations for the next round of hearings are underway. There still remains some uncertainty about the scope of information requests that might be made of the Board, and thus a moderate level of assurance was taken from the work to support the various inquiries thus far.

4.24 After initial consideration by the Board's Audit & Risk Committee, in July 2024 the Committee considered the findings of the annual Internal Audit report, with particular reference to the sections considering strategy development and implementation and the focus on public health measures. Progress and improvements in this area were warmly welcomed by members, noting the largely positive opinion of the Chief Internal Auditor on the Board's internal control framework, including those controls around corporate governance and management of risk. Members were supportive of future reports containing a specific Public Health & Wellbeing Committee section, to bring this in line with the Board's other standing committees. The Committee also had sight of the Internal Control Evaluation report from Internal Audit, providing information on the mid-year position, at their January 2025 meeting. The report contained a full review of all areas of governance, including planning and risk, and sought to provide early warning of any issues that might impact the Board's governance statement and would need to be addressed by year-end. Members welcomed the plan to undertake an audit in the forthcoming year of governance arrangements for population health and wellbeing and implementation of the organisational strategy.

4.25 During the year, the Committee has also received subject-specific reports on i) preparations for statutory compliance with the UN Convention on the Rights of the Child (Implementation) (Scotland) Act 2024; ii) the Director of Public Health's Annual Report 2024 (which was focused on the topics of healthy diet and physical activity); iii) Fife Child Protection Annual Report 2023/24; iv) Joint Health Protection Plan (with Fife Council); v) Immunisation Annual Report 2024 and review of a refreshed Immunisation Strategic Framework for 2024/27; vi) the Alcohol & Drugs Partnership Annual Report 2023/24; vii) Tackling Poverty & Preventing

Crisis Annual Report 2023/24; viii) Health Promoting Health Service Annual Report 2023/24; ix) Pharmaceutical Care Services Report 2023/24 (which summarises provision and gaps across Fife); x) Public Health Screening Programmes; xi) an update on the resilience activities undertaken during Storm Eowyn; xii) Fife Violence Against Women Partnership Annual Report 2023/24; and xiii) Sexual Health and Blood Borne Virus Update 2024. Members have welcomed the comprehensive detail provided in each and the various assurances provided therein.

4.26    At the Committee's meeting in May 2025, annual assurance statements from the Committee's sub-groups, the Public Health Assurance Committee and the Equality & Human Rights Steering Group, were considered by members, detailing the work undertaken by both bodies over the 2024/25 reporting period. Summaries of the risk-focused business of the Public Health Assurance Committee, related to resilience arrangements, pandemic planning, immunisation delivery, screening programmes and lessons learned from any incidents during the year, were outlined within the report, which gave assurance that the Committee had delivered on its remit during the year. The Assurance Committee has reviewed in depth sixteen risks, including three corporate risks, and has had detailed discussion on potential new risks, as part of their horizon-scanning work. In the reporting year, the group have had input to monitoring the public health elements of the Annual Delivery Plan and have received assurance reports from their own sub-groups (mainly related to screening activities), which has enabled deeper understanding of progress within these respective areas of responsibility. In relation to the Equality & Human Rights Steering Group, its statement likewise gave assurance that NHS Fife has complied with its legal and ethical obligations in regard to the promotion of equality and human rights throughout all aspects of healthcare service delivery. The Group's work in mainstreaming equality-related work, promoting workplace diversity and tackling discrimination, policy updates, supporting the establishment and development of staff networks, was detailed within the report, which also detailed highlights from the year. The Group will review in detail any learning from an ongoing employment tribunal that is underway at the time of writing, when it makes its recommendations later in the year. Members welcomed the information given in both reports, noting the assurance provided via the work being undertaken by each group.

4.27    In addition to the report above, in May 2024 members considered a paper outlining the equality and health inequalities impact of financial decisions, in support of the RTP programme of work. Recognising the importance that the Board considers the impact any proposed changes may have on Protected Characteristic groups and other vulnerable groups that may experience more negative impacts in terms of equality and health inequalities, the paper provided a detailed checklist for decision makers to ensure that equality matters are appropriately considered in any decision-making process, to complement the more formal Equality Impact Assessment (EQIA) that remains a legislative requirement for matters of policy and strategy.

4.28    In November 2024, an update paper on the East Region Health Protection Service was considered, noting the plans to move to a single-employer approach, with consideration being given for NHS Fife acting as the host board. The paper has also been considered at the Staff Governance Committee for consideration of the aspects relevant to their remit. Members discussed the impact upon service delivery, noting the importance of being able to respond to new variants and mutations of communicable diseases such as Covid. Further updates will follow, as the plans require a coordinated approach across the four participating Board areas. The proposal will be further developed before progressing towards formal NHS Board sign-off.

4.29    Minutes of Committee meetings have been approved by the Committee and presented to Fife NHS Board. The Board also receives an Assurance Report at each meeting from the Chair, highlighting any key issues discussed by the Committee at its preceding meeting. The Committee maintains a rolling action log to record and manage actions agreed from each meeting, and reviews progress against deadline dates at subsequent meetings. The format of the action log has been enhanced, to provide greater clarity on priority actions and their

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due dates. A rolling update on the workplan is presented to each meeting, for members to gain assurance that reports are being delivered on a timely basis and according to the overall schedule. A final version of the workplan for 2025/26 was approved at the Committee's March 2025 meeting.

**5. Best Value**

5.1 Since 2013/14 the Board has been required to provide overt assurance on Best Value. A revised Best Value Framework was considered and agreed by the NHS Board in January 2018. Appendix 2 provides evidence of where and when the Committee considered the relevant characteristics during 2024/25.

**6. Risk Management**

6.1 At each Committee meeting, members consider in detail the individual risks aligned to the Public Health & Wellbeing Committee, as presented in the Corporate Risk Register format. The four risks regularly scrutinised by the Committee relate to: the likelihood of the Board's organisational strategy meeting its ambitions; the work required by the Board to reduce health inequalities; implementation of policies aimed at reducing environmental impact and addressing climate change; and delivery of improvements in Primary Care to create sustainable, quality services. Two risks have remained rated as high throughout the year (those related to health inequalities and primary care services) and two rated as moderate (strategy implementation and climate sustainability). Two new risks have been formalised during the year, the first related to pandemic preparedness (scrutinised from November 2024 onwards) and the second to substance-related morbidity and mortality (to be introduced in 2025/26); the Committee has had input to the design and content of both. A third new risk, related to access to general dentistry services, has been suggested and, at the time of writing, work is currently underway on formulating its content.

6.2 Regular review of the Corporate Risk Register has allowed for revision of the key strategic risks reported to the Board, along with presentation improvements to aid clarity of members' understanding. As the Corporate Risk Register has become embedded, improvements have continued to be made to reflect members' feedback. Deep dives have allowed for greater scrutiny of the root causes of risks and discussion on the effectiveness of management actions in place to reduce risk levels, and deep dives have been undertaken for all the risks aligned to the Committee. Linkages to the Board's overall risk appetite have been discussed with members, noting that for those individual metrics currently facing a risk profile in excess of the Board's agreed appetite, a degree of tolerance has been agreed, given the scale of external challenges facing the Board. The Board has reassessed its risk appetite as a whole during sessions in April and November 2024, and this is reflected in ongoing updates to the individual risk metrics.

6.3 In relation to the Primary Care risk, in July 2024, members have discussed the broad issues that impact across all of Primary Care services including General Practice, Community Pharmacy, Dentistry and Optometry, relating to increased levels of demand and unmet need from the pandemic period, workforce and finance availability, and contractual issues specific to each speciality. Root causes that have increased the core risk are also related to broader issues such as overall health of the population and socioeconomic inequalities which are more marked in some localities. Combined, this has increased the risk rating from moderate to high. The Committee has nevertheless been able to take assurance from the current Primary Care Strategy and the related delivery plan, which receives operational scrutiny from the Primary Care Governance & Oversight Board. The Strategy provides a focus on recovery actions, aiming to improve the quality of primary care services and seeking to make primary care systems sustainable. Actions from Year One delivery of the Strategy are on track, as detailed further in the report considered by the Committee in September 2024. 60% of actions have been completed in Year One, with the remainder carried over to Year Two activities. Members have supported the creation of a Performance Framework, including quality indicators, to monitor the effective implementation of the strategy. Noting that pressures on

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the availability of dentistry continue to impact in Fife, there has been consideration as to whether the Primary Care risk should be strengthened to reflect this or whether a new stand-alone risk is required. This is currently under consideration at the time of writing.

6.4 During the year, the Committee has undertaken review into the risks aligned to delivery of the Board's Population Health & Wellbeing Strategy, noting in July 2024 that, in light of the RTP programme of work, linkages to the delivery of the Strategy and its transformation work require to be reflected in the risk and the mitigating actions thereof. Members also noted the increased likelihood that workforce and financial challenges may have an impact on the scope and pace of the delivery of the ambitions within the Strategy.

6.5 In relation to the risk on health and inequalities, members have been able to take a robust level of assurance on the management of this risk, noting the establishment of the Committee as part of this work and publication of the Board's Population Health & Wellbeing Strategy, Anchor Strategic Plan and related progress updates. In-year, the Committee has welcomed the approval by the Integration Joint Board of a new Prevention & Early Intervention Strategy, as detailed in a report to the Committee in September 2024. Work has also been underway to develop an Inclusion Health Network that will seek to provide a focal point for a range of partners, including the Third Sector, and the network will advocate for the resolution of issues faced by inclusion health groups such as those who are homeless. Funding has been confirmed from the Child Poverty Practice Accelerator Fund to sustain the income maximisation worker to support maternity services for 2024/25. The approach will focus on support for families with children who have a potential disability or long-term condition, and, if successful, funding may continue into future years. Although Fife Partnership was unsuccessful in its application to be selected as one of three initial Marmot sites in Scotland (as reported to the Committee's November 2024 meeting), the commitment to address health inequalities remains strong and is a regular focus of the Committee's discussions. In January 2025, members considered an update on policies and actions underway to reduce the risk, noting the external factors outwith the Board's control that impact thereupon, and the need for articulation of risk appetite in this area to focus discussion on future opportunities.

6.6 A new risk on the subject of pandemic preparedness has been discussed at the Committee, with a deep dive undertaken on the key drivers at the September 2024 meeting. With oversight from the Executive Directors' Group and input from the Clinical Governance Committee, the risk has been developed in line with the approach recommended by the World Health Organisation, to ensure that all areas of threat are covered. As the Scottish and UK Covid Inquiries progress and their recommendations are published, the risk will be reviewed and updated accordingly, to reflect learning from the recent pandemic handling. The Committee first began scrutinising the risk from their November 2024 meeting, noting that further detail on mitigating actions will develop as this specific risk is established.

6.7 The development of a second new risk, to cover substance-related morbidity and mortality, has begun during the year, as described to the Committee's January 2025 meeting and subsequently supported by the Audit & Risk Committee and the Board. The risk reflects the fact that deaths by drug use in Fife have doubled from 36 deaths in 2009 to 73 in 2023. Following an earlier request from the Public Health & Wellbeing Committee, a 'deep dive' was assigned to a small team to ascertain the need for a specific NHS Fife risk with regards to deaths from problem substance use. The aim is to identify aspects of strategy, policy and delivery within the Board to aid the prevention of drug-related deaths and recommend actions that reduce the likelihood and consequence. The initial stage of framing the risk has begun, and further work will continue to complete the assessment of broader management actions in this area, prior to seeking Board approval in May 2025.

**7. Self-Assessment**

7.1 The Committee has undertaken a self-assessment of its own effectiveness, utilising a revised questionnaire considered and approved by the Committee Chair. Attendees were also invited to participate in this exercise, which was carried out via an easily accessible online portal. A

report summarising the findings of the survey was considered and approved by the Committee at its March 2025 meeting, and action points are being taken forward at both Committee and Board level in the year ahead.

**8.      Conclusion**

8.1     As Chair of the Public Health & Wellbeing Committee, I am satisfied that the integrated approach, the frequency of meetings, the breadth of the business undertaken and the range of attendees at meetings of the Committee has allowed us to fulfil our remit as detailed in the Code of Corporate Governance. The Committee has considered its remit twice during the year, and has made enhancements to clarify areas of responsibility, particularly as regards delegated services.  As a result of the work undertaken during the meetings held through this year, I can confirm that adequate and effective governance arrangements were in place throughout NHS Fife during the year.

8.2     I can confirm that that there were no significant control weaknesses or issues at the year-end which the Committee considers should be disclosed in the Governance Statement, as they may have impacted financially or otherwise in the year or thereafter.

8.3     I would pay tribute to the dedication and commitment of fellow members of the Committee and to all attendees. I would thank all those members of staff who have prepared reports and attended meetings of the Committee.


Signed:    *[signature]*              Date: 22 April 2025

**John Kemp, Chair**
On behalf of the Public Health & Wellbeing Committee


**Appendix 1 – Attendance Schedule**
**Appendix 2 – Best Value**

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# Public Health & Wellbeing Committee Attendance Record
## 1 April 2024 to 31 March 2025

| | 13.05.24 | 01.07.24 | 09.09.24 | 11.11.24 | 13.01.25 | 03.03.25 |
|---|---|---|---|---|---|---|
| **Members** | | | | | | |
| **J Kemp,** Non-Executive Member **(Chair)** | | ⚐ Observing | ⚐ | ⚐ | ⚐ | ⚐ |
| **J Bennett,** Non-Executive Member | | | ⚐ | ⚐ | ⚐ | ⚐ |
| **A Morris,** Non-Executive Member | ⚐ | X | X | ⚐ | X | ⚐ |
| **A Wood,** Non-Executive Member | ⚐ | ⚐ | ⚐ | ⚐ | ⚐ | ⚐ |
| **M McGurk,** Director of Finance & Strategy | X | ⚐ | ⚐ | ⚐ | ⚐ | X |
| **C McKenna,** Medical Director | ⚐ | X | X | X | ⚐ | ⚐ |
| **J Keenan,** Director of Nursing | ⚐ | X | ⚐ | ⚐ | ⚐ | ⚐ |
| **L Parsons,** Employee Director | ⚐ | ⚐ | ⚐ | ⚐ | ⚐ | ⚐ |
| **C Potter,** Chief Executive | ⚐ | ⚐ | ⚐ | ⚐ | ⚐ | X |
| **J Tomlinson,** Director of Public Health **(Exec Lead)** | ⚐ | ⚐ | X | ⚐ | ⚐ | ⚐ |
| **In Attendance** | | | | | | |
| **E Butters,** Fife ADP Service Manager | | | ⚐ Item 10.1 | | ⚐ Items 6.1 & 6.2.1 | |
| **N Connor,** Director of Health & Social Care | ⚐ | X | | | | |
| **C Cooke,** Public Health Scientist | | | | ⚐ Observing | | |
| **S Cooke,** Public Health Registrar, NHS Borders | | | | ⚐ Observing | | |
| **C Conroy,** Clinical Services Manager | | ⚐ Item 8.2 | | | | |
| **L Cooper,** Head of Primary & Preventative Care Services | | ⚐ Deputising | ⚐ Deputising | | | ⚐ Deputising |
| **S Crabb,** Public Health Service Manager | | | | ⚐ Item 7.3 | | |
| **E Curnock,** Consultant in Public Health Medicine | | ⚐ Item 8.2 | ⚐ Deputising | | | |
| **L Denvir,** Consultant in Public Health | | ⚐ Observing & Item 6.5 | | | | |
| **G Docherty,** Consultant in Public Health | | | | | ⚐ | |
| **T Donaldson,** Public Health Registrar | | | ⚐ Observing | | | |
| **F Forrest,** Acting Director of Pharmacy & Medicines | ⚐ | ⚐ | ⚐ | ⚐ | ⚐ | ⚐ |
| **S Fraser,** Associate Director of Planning & Performance | ⚐ | ⚐ | ⚐ | X | ⚐ | ⚐ |

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| | 13.05.24 | 01.07.24 | 09.09.24 | 11.11.24 | 13.01.25 | 03.03.25 |
|---|---|---|---|---|---|---|
| **L Garvey,** Director of Health & Social Care | | | | ⚐ | X | X |
| **B Hannan,** Director of Planning & Transformation | | | ⚐ | X | X | ⚐ |
| **J Lyall,** Chief Internal Auditor | | ⚐ Items 1 – 5.1 | | | ⚐ | |
| **P Kilpatrick,** Board Chair | X | ⚐ Items 5.2.1 onwards | ⚐ | ⚐ | X | X |
| **K MacGregor,** Director of Communications & Engagement | ⚐ | X | ⚐ | ⚐ | ⚐ | ⚐ |
| **G MacIntosh**, Head of Corporate Governance & Board Secretary | ⚐ | ⚐ | ⚐ | ⚐ | ⚐ | X |
| **N McCormick,** Director of Property & Asset Management | X | ⚐ | ⚐ | ⚐ | ⚐ | ⚐ |
| **F McKay,** Interim Director of Health & Social Care | | ⚐ Deputising | X | | | |
| **M McClung,** NHS Forth Valley | | | | | ⚐ Observing | |
| **J Ramsay,** Head of Sustainability | | | | ⚐ From item 7.4 | | |
| **F Richmond,** Executive Officer to the Chair & Chief Executive | ⚐ | ⚐ | | | | |
| **N Robertson,** Director of Nursing, Corporate | | ⚐ Deputising | | | | |
| **S A Savage,** Associate Director for Risk & Professional Standards | | | ⚐ Item 6 | | | |
| **L Thomson,** Employability Officer | | | | ⚐ Item 7.3 | | |
| **J Torrens,** Head of Complex & Critical Care | | | | | ⚐ Deputising | |
| **J Valentine,** Public Health Manager | | | | | ⚐ Item 7.2 | |
| **L Watson,** Consultant in Public Health Medicine | ⚐ Item 8.1 | | | | | |
| **D Fortescue-Webb,** Consultant for Public Health | | | ⚐ Item 6.1.1 | ⚐ Item 8.2 | | |
| **T McCarthy-Wilson,** Portfolio Manager | | | | | ⚐ Item 7.1 | |

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**BEST VALUE FRAMEWORK**

**Vision and Leadership**

A Best Value organisation will have in place a clear vision and strategic direction for what it will do to contribute to the delivery of improved outcomes for Scotland's people, making Scotland a better place to live and a more prosperous and successful country. The strategy will display a clear sense of purpose and place and be effectively communicated to all staff and stakeholders. The strategy will show a clear direction of travel and will be led by Senior Staff in an open and inclusive leadership approach, underpinned by clear plans and strategies (aligned to resources) which reflect a commitment to continuous improvement.

| REQUIREMENT | MEASURE / EXPECTED OUTCOME | RESPONSIBILITY | TIMESCALE | OUTCOME / EVIDENCE |
|---|---|---|---|---|
| The Board agrees a strategic plan which incorporates the organisation's vision and values and reflects stated priorities. | Approval of Population Health & Wellbeing Strategy and relating supporting annual processes | **BOARD**<br><br>**PUBLIC HEALTH & WELLBEING COMMITTEE** | Annual | Population Health & Wellbeing Strategy<br><br>Annual Delivery Plan<br><br>Corporate Objectives |
| The strategic plan is translated into annual operational plans with meaningful, achievable actions and outcomes and clear responsibility for action. | Approval of Annual Delivery Plan by SG | **BOARD**<br><br>**ALL BOARD COMMITTEES** | Annual | Annual Delivery Plan<br><br>Corporate Objectives |

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| REQUIREMENT | MEASURE / EXPECTED OUTCOME | RESPONSIBILITY | TIMESCALE | OUTCOME / EVIDENCE |
|---|---|---|---|---|
| The Board has identified the risks to the achievement of its strategic and operational plans are identified together with mitigating controls. | Each strategic risk has an Assurance Framework which maps the mitigating actions/risks to help achieve the strategic and operational plans. The Corporate Risk Register contains the overarching strategic risks related to the strategic plan. | **ALL BOARD COMMITTEES**<br><br>**BOARD** | Bi-monthly<br><br>Twice per year | Corporate Risk Register |

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**Effective Partnerships**

The "Effective Partnerships" theme focuses on how a Best Value organisation engages with partners in order to secure continuous improvement and improved outcomes for communities, not only through its own work but also that of its partners.

A Best Value organisation will show how it, and its partnerships, are displaying effective collaborative leadership in identifying and adapting their service delivery to the challenges that clients and communities face. The organisation will have a clear focus on the collaborative gain which can be achieved through collaborative working and community engagement in order to facilitate the achievement of its strategic objectives and outcomes.

| REQUIREMENT | MEASURE / EXPECTED OUTCOME | RESPONSIBILITY | TIMESCALE | OUTCOME / EVIDENCE |
|---|---|---|---|---|
| The Board develop relationships and works in partnership wherever this leads to better service delivery. The organisation seeks to explore and promote opportunities for efficiency savings and service improvements through shared service initiatives with partners. | NHS Fife involvement in strategic planning and engagement with Fife H&SCP  NHS Fife key partner in Fife Partnership Board | **BOARD**  **PUBLIC HEALTH & WELLBEING COMMITTEE** | Ongoing | Population Health & Wellbeing Strategy  Reporting of Minutes |

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**Governance and Accountability**

The "Governance and Accountability" theme focuses on how a Best Value organisation achieves effective governance arrangements, which help support Executive and Non-Executive leadership decision-making, provide suitable assurances to stakeholders on how all available resources are being used in delivering outcomes and give accessible explanation of the activities of the organisation and the outcomes delivered.

A Best Value organisation will be able to demonstrate structures, policies and leadership behaviours which support the application of good standards of governance and accountability in how the organisation is improving efficiency, focusing on priorities and achieving value for money in delivering its outcomes. These good standards will be reflected in clear roles, responsibilities and relationships within the organisation. Good governance arrangements will provide the supporting framework for the overall delivery of Best Value and will ensure open-ness and transparency. Public reporting should show the impact of the organisation's activities, with clear links between the activities and what outcomes are being delivered to customers and stakeholders. Good governance provides an assurance that the organisation has a suitable focus on continuous improvement and quality. Outwith the organisation, good governance will show itself through an organisational commitment to public performance reporting about the quality of activities being delivered and commitments for future delivery.

| REQUIREMENT | MEASURE / EXPECTED OUTCOME | RESPONSIBILITY | TIMESCALE | OUTCOME / EVIDENCE |
|---|---|---|---|---|
| Board and Committee decision-making processes are open and transparent. | Board meetings are held in open session and minutes are publicly available.<br><br>Committee papers and minutes are publicly available | **BOARD**<br><br><br>**ALL BOARD COMMITTEES** | Ongoing | Standing Orders / Code of Corporate Governance<br><br>NHS Fife website |
| Board and Committee decision-making processes are based on evidence that can show clear links between activities and outcomes | Reports for decision to be considered by Board and Committees should clearly describe the evidence underpinning the proposed decision. | **BOARD**<br><br>**ALL BOARD COMMITTEES** | Ongoing | SBAR reports<br><br>EQIA section on all reports |

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| REQUIREMENT | MEASURE / EXPECTED OUTCOME | RESPONSIBILITY | TIMESCALE | OUTCOME / EVIDENCE |
|---|---|---|---|---|
| NHS Fife conducts rigorous review and option appraisal processes of any developments. | Strategic plans and appropriate business cases are developed and scrutinised appropriately. | **BOARD**<br><br>**PUBLIC HEALTH & WELLBEING COMMITTEE** | Ongoing | Business Cases for capital projects<br><br>Strategy Implementation reporting |

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**Performance Management**

The "Performance Management" theme focuses on how a Best Value organisation embeds a culture and supporting processes which ensures that it has a clear and accurate understanding of how all parts of the organisation are performing and that, based on this knowledge, it takes action that leads to demonstrable continuous improvement in performance and outcomes.

A Best Value organisation will ensure that robust arrangements are in place to monitor the achievement of outcomes (possibly delivered across multiple partnerships) as well as reporting on specific activities and projects. It will use intelligence to make open and transparent decisions within a culture which is action and improvement oriented and manages risk. The organisation will provide a clear line of sight from individual actions through to the National Outcomes and the National Performance Framework. The measures used to manage and report on performance will also enable the organisation to provide assurances on quality and link this to continuous improvement and the delivery of efficient and effective outcomes.

| REQUIREMENT | MEASURE / EXPECTED OUTCOME | RESPONSIBILITY | TIMESCALE | OUTCOME / EVIDENCE |
|---|---|---|---|---|
| Performance is systematically measured across all key areas of activity and associated reporting provides an understanding of whether the organisation is on track to achieve its short and long-term strategic, operational and quality objectives | Integrated Performance & Quality Report encompassing all aspects of operational performance, Annual Delivery Plan targets / measures, and committee-specific metrics.<br><br>The Board delegates to Committees the detailed scrutiny of performance.<br><br>The Board receives full Integrated Performance & Quality Report and notification of any issues for escalation from the Committees. | **ALL BOARD COMMITTEES**<br><br>**BOARD** | Every meeting | Integrated Performance & Quality Report<br><br>Code of Corporate Governance<br><br>Minutes of Committees |

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| REQUIREMENT | MEASURE / EXPECTED OUTCOME | RESPONSIBILITY | TIMESCALE | OUTCOME / EVIDENCE |
|---|---|---|---|---|
| The Board and its Committees approve the format and content of the performance reports they receive | The Board / Committees review the Integrated Performance & Quality Report and agree the measures. | **ALL BOARD COMMITTEES**<br><br>**BOARD**<br><br>**PUBLIC HEALTH & WELLBEING COMMITTEE** | Every meeting<br><br>Monthly<br><br>Annual | Integrated Performance & Quality Report<br><br>Outcome of IPQR review process / new PH&WC measures |
| Reports are honest and balanced and subject to proportionate and appropriate scrutiny and challenge from the Board and its Committees. | Committee Minutes show scrutiny and challenge when performance is poor as well as good, with escalation of issues to the Board as required. | **ALL BOARD COMMITTEES**<br><br>**BOARD** | Every meeting | Integrated Performance & Quality Report<br><br>Minutes of Committees |
| The Board has received assurance on the accuracy of data used for performance monitoring. | Performance reporting information uses validated data. | **ALL BOARD COMMITTEES**<br><br>**BOARD** | Every meeting<br><br>Annual | Integrated Performance & Quality Report<br><br>Annual Accounts process, including External Audit report |
| NHS Fife's performance management system is effective in addressing areas of underperformance, identifying the scope for improvement, agreeing remedial action, sharing good practice and monitoring implementation. | Encompassed within the Integrated Performance & Quality Report | **COMMITTEES**<br><br>**ALL BOARD COMMITTEES** | Every meeting | Integrated Performance & Quality Report<br><br>Minutes of Committees |

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**Cross-Cutting Theme – Sustainability**

The "Sustainability" theme is one of the two cross-cutting themes and focuses on how a Best Value organisation has embedded a sustainable development focus in its work.

The goal of Sustainable Development is to enable all people throughout the world to satisfy their basic needs and enjoy a better quality of life without compromising the quality of life of future generations. Sustainability is integral to an overall Best Value approach and an obligation to act in a way which it considers is most sustainable is one of the three public bodies' duties set out in section 44 of the Climate Change (Scotland) Act 2009. The duty to act sustainably placed upon Public Bodies by the Climate Change Act will require Public Bodies to routinely balance their decisions and consider the wide range of impacts of their actions, beyond reduction of greenhouse gas emissions and over both the short and the long term.

The concept of sustainability is one which is still evolving. However, five broad principles of sustainability have been identified as:
- promoting good governance;
- living within environmental limits;
- achieving a sustainable economy;
- ensuring a stronger healthier society; and
- using sound science responsibly.

Individual Public Bodies may wish to consider comparisons within the wider public sector, rather than within their usual public sector "family". This will assist them in getting an accurate gauge of their true scale and level of influence, as well as a more accurate assessment of the potential impact of any decisions they choose to make.

A Best Value organisation will demonstrate an effective use of resources in the short-term and an informed prioritisation of the use of resources in the longer-term in order to bring about sustainable development. Public bodies should also prepare for future changes as a result of emissions that have already taken place. Public Bodies will need to ensure that they are resilient enough to continue to deliver the public services on which we all rely.

| REQUIREMENT | MEASURE / EXPECTED OUTCOME | RESPONSIBILITY | TIMESCALE | OUTCOME / EVIDENCE |
|---|---|---|---|---|
| NHS Fife can demonstrate that it respects the limits of the planet's environment, resources and biodiversity in order to improve the environment and ensure that the natural resources | Climate Sustainability reporting incorporated in Committee's workplan and one of the Committee's relevant risks assigned to it for review. | **PUBLIC HEALTH & WELLBEING COMMITTEE** | Annual<br><br>Bi-monthly | Annual Climate Emergency & Sustainability Report<br><br>Specific risk indicator in Corporate Risk Register |

| REQUIREMENT | MEASURE / EXPECTED OUTCOME | RESPONSIBILITY | TIMESCALE | OUTCOME / EVIDENCE |
|---|---|---|---|---|
| needed for life are unimpaired and remain so for future generations. | Greenspace Strategy development over current year | | | |

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**Cross-Cutting Theme – Equality**

The "Equality" theme is one of the two cross-cutting themes and focuses on how a Best Value organisation has embedded an equalities focus which will secure continuous improvement in delivering equality.

Equality is integral to all our work as demonstrated by its positioning as a cross-cutting theme. Public Bodies have a range of legal duties and responsibilities with regard to equality. A Best Value organisation will demonstrate that consideration of equality issues is embedded in its vision and strategic direction and throughout all of its work.

The equality impact of policies and practices delivered through partnerships should always be considered. A focus on setting equality outcomes at the individual Public Body level will also encourage equality to be considered at the partnership level.

| REQUIREMENT | MEASURE / EXPECTED OUTCOME | RESPONSIBILITY | TIMESCALE | OUTCOME / EVIDENCE: |
|---|---|---|---|---|
| NHS Fife meets the requirements of equality legislation. | Evidenced via formal reporting to the Board on compliance. | **BOARD**<br><br>**ALL BOARD COMMITTEES** | Ongoing | EQIA section on all reports<br><br>Bi-annual Report on Equality Outcomes & Mainstreaming Plan<br><br>Annual Statement of Assurance from Equality & Human Rights Steering Group |

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| REQUIREMENT | MEASURE / EXPECTED OUTCOME | RESPONSIBILITY | TIMESCALE | OUTCOME / EVIDENCE: |
|---|---|---|---|---|
| The Board and senior managers understand the diversity of their customers and stakeholders. | Equality Impact Assessments are reported to the Board and Committees as required and identify the diverse range of stakeholders. | **BOARD**<br><br>**ALL BOARD COMMITTEES** | Ongoing | EQIA section on all reports<br><br>Specific clinical programmes are supported by dedicated EQIAs (i.e. immunisation, High Risk Pain Medicines) |
| NHS Fife's policies, functions and service planning overtly consider the different current and future needs and access requirements of groups within the community. | In accordance with the Equality and Impact Assessment Policy, Impact Assessments consider the current and future needs and access requirements of the groups within the community. | **BOARD**<br><br>**ALL BOARD COMMITTEES** | Ongoing | Population Health & Wellbeing Strategy and related EQIA<br><br>Focus of Committee on health inequalities more generally |
| Wherever relevant, NHS Fife collects information and data on the impact of policies, services and functions on different equality groups to help inform future decisions. | In accordance with the Equality and Impact Assessment Policy, Impact Assessments collect this information to inform future decisions. | **BOARD**<br><br>**ALL BOARD COMMITTEES** | Ongoing | Annual progress reporting on equality issues<br><br>Evaluation of programme outcomes against EQIA priorities |

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# NHS Fife

**NHS SCOTLAND**

| | |
|---|---|
| **Meeting:** | **Public Health and Wellbeing Committee** |
| **Meeting date:** | **12 May 2025** |
| **Title:** | **Corporate Risks Aligned to the Public Health and Wellbeing Committee** |
| **Responsible Executive:** | **Dr Joy Tomlinson, Director of Public Health, NHS Fife** |
| **Report Author:** | **Dr Shirley-Anne Savage Associate Director for Risk & Professional Standards, NHS Fife** |

Executive Summary:

- The report provides an update on the corporate risks aligned to this committee
- With the reduction in the risk level for the Primary Care risk, all risks aligned to this committee are now within or below risk appetite.
- The committee are asked to consider and be assured of the mitigating actions to improve the risk levels.
- Members are asked to take a "moderate" level of assurance that, all actions, within the control of the organisation, are being taken to mitigate these risks as far as is possible to do so.

## 1    Purpose

**This report is presented for:**

- Assurance

**This report relates to:**

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

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

- Safe
- Effective
- Person Centred

## 2    Report summary

## 2.1 Situation

This paper provides an update on the corporate risks aligned to this Committee since the last report on 3 March 2024.

## 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.

## 2.3 Assessment

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

**Table 1: Risks Aligned to the Public Health and Wellbeing Committee**

| Risk Title | Target Score | Current Level | Feb 2025 | Dec 2024 | Oct 2024 | Aug 2024 | June 2024 | April 2024 | Risk Appetite |
|---|---|---|---|---|---|---|---|---|---|
| 1. Population Health & Wellbeing Strategy | 12 | 12 | 12 | 12 | 12 | 12 | 12 | 12 | Below |
| 2. Health Inequalities | 16 | 16 | 16 | 16 | 20 | 20 | 20 | 20 | Within |
| 4. Environmental management and climate change | 10 | 12 | 12 | 12 | 12 | 12 | 12 | 12 | Below |
| 10. Primary Care Services | 12 | 12 | 16 | 16 | 16 | 16 | 16 | 16 | Within |
| 21. Pandemic Risk | 20 | 20 | 20 | 20 | 20 | N/A | N/A | N/A | Within |
| *23. Substance Related Morbidity and Mortality (Awaiting Approval)* | *15* | *20* | *20* | *N/A* | *N/A* | *N/A* | *N/A* | *N/A* | *Within* |

Since the last report to the Committee on 3 March 2025:

- Five risks are aligned to this Committee.
- One new risk is awaiting final approval from the Board - Substance Related Morbidity and Mortality
- The risk level breakdown is now - 2 High and 3 Moderate with the Primary Care Risk reaching its target score of 12.

Risks 1, 2, 4, 21 and potentially 23 align to *Strategic Priority 1: 'To Improve Health and Wellbeing'* and the Board has a Hungry appetite for risks within this domain.

- Risks 1 and 4 both have a current risk level of Moderate 12 and are below risk appetite.
- Risk 2, 21 and 23 have current risk levels of High 16, High 20 and High 20 respectively and are all within risk appetite.

Risk 10 aligns to *Strategic Priority 2: 'To improve the Quality of Health and Care Services'* and the Board has an Open appetite for risks within this domain.

- Risk 10 is currently assessed as Moderate 12 and within risk appetite.

With the agreement of the new risk appetite, it is timely to give consideration as to how we can use the risk appetite to help manage our corporate risks and start to include this within our discussions.

## Key Updates

### Risk 1 – Population Health & Wellbeing Strategy
The PHW Strategy Annual Report is due in May 2025.

### Risk 2 – Health Inequalities
The Deep Dive has been refreshed and will be brought to PH&WB for July meeting.

### Risk 10 – Primary Care Services
The Performance and Assurance Framework is now in place with regular reporting to PCGSOG.  This was ratified by PCGSOG on 4 April 2025.

The risk level improved from high 16 to moderate 12 reaching its target, with the aim to maintain this level over the coming year.

### Risk 23 – Substance Related Morbidity and Mortality

**Implementation of the Medication Assisted Treatment (MAT) Standards 2021.**
ADP have completed its fourth year of the programme and are able to comply with Public Health Scotland assessments to measure implementation progress across the system of care. Fife ADP and NHS Fife's progress will be published in a national report in July 2025

**Implementation of the New Fife Alcohol and Drug Partnership Strategy 2024-2027.**
ADP have completed their 1st year delivery plan with partners including NHS Fife. Most actions are completed, and others have continued into the second year.

**Development of the New Drug Alert Process and Protocol & Communication Strategy 2024.**
Completed in partnership with NHS Fife Public Health and approved by the ADP Committee. A library of alerts are in development with support from HSCP Comms. ADP are able to identify, assess and respond to new and emergent risk on a national and local level within agreed timescales.

**Ensure appropriate testing and referral pathways for SH&BBV.**
Completed workshop based on latest data from NESI (National Needle Exchange Survey Initiative) focussing on improvements needed to address increased crack-cocaine smoking, lower rates of Hep C testing in Fife, increased severe soft tissue infection and low foil uptake. An action plan is in development. Furthermore, NHS Fife Addictions are developing testing protocols and refocussing workforce to increase testing rates with NHS SH&BBV support.

**High Risk Pain Medication**
Data has been gathered from patients with lived/living experience in NHS Fife Addictions Service and their use of HRPM to provide a clearer understanding of their risks. Data yet to be analysed and themed but likely to have a substantial impact on improvement plan for safety and reduce of risk to this patient group. NHS Fife wide consultation planned to share learning from recent Drug Related Deaths to include broader actions for prevention.

**Improvement from prison/police custody to NHS Addictions Service pathways for patients liberated**.
Liberation Right subgroup established within ADP structure. Over 50 people have been discussed within the first quarter. The discussions have supported people returning to Fife to register with GPs before leaving custody as well as continuing their addiction treatment and sourcing appropriate housing. Further outcomes will be developed for the 6-month evaluation. NHS Fife contributed fully to these meetings.

**Emerging Risks**

NHS Fife PHW Committee has suggested that a specific high level corporate risk is considered regarding oral health across Fife. This risk has been articulated and proposed to the PCGSOG and is presented as a separate paper to PHWC today.

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 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.

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

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

### 2.3.6 Climate Emergency & Sustainability Impact

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

### 2.3.7 Communication, involvement, engagement and consultation

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

### 2.3.8 Route to the Meeting

- Lynne Garvey, Director of Health & Social Care, on 29 April 2025
- Susan Fraser, Associate Director of Planning & Performance, on 29 April 2025
- Neil McCormick, Director of Property & Asset Management, on 29 April 2025
- Dr Chris McKenna, Medical Director, on 29 April 2025
- Carol Potter, Chief Executive, on 29 April 2025
- Dr Joy Tomlinson, Director of Public Health, on 29 April 2025

## 2.4 Recommendation

Members are asked to:

- **note** details of the corporate risks aligned to this committee as at 22 April 2025
- **note** the risk appetite status of the risks against the new risk appetite
- consider and be assured of the mitigating actions to improve the risk levels and take a **"moderate" level of assurance**

## 3 List of appendices

- Appendix 1, Summary of Corporate Risks Aligned to the Public Health and Wellbeing Committee as at 22 April 2025

**Report Contact**

Dr Shirley-Anne Savage, Associate Director for Risk and Professional Standards
Email shirley-anne.savage@nhs.scot

| No | Strategic Priority and Risk Appetite | Risk Title and Description | Mitigation | Risk Appetite Status | Current Risk Level/ Rating | Target Risk level & rating by dd/mm/yy | Current Risk Level Trend | Risk Owner | Primary Committee |
|---|---|---|---|---|---|---|---|---|---|
| 1 | HUNGRY | **Population Health and Wellbeing Strategy**<br><br>There is a risk that the ambitions and delivery of the new organisational Strategy do not deliver the most effective health and wellbeing and clinical services for the population of Fife. | The strategy was approved by the NHS Fife Board in March 2023. This is in the context that the management of this specific risk will span a number of financial years.<br><br>The service, workforce and financial challenges may have an impact on the scope and pace of the delivery of the ambitions within the Strategy.<br><br>Reporting of progress against the strategy is through the published PHW Annual and Mid-Year Reports including public health metrics and case studies. The PHW Strategy Annual Report is due in May 2025.<br><br>In 2024/25, assurance of delivery can be evidenced through the Annual Delivery Plan 2024/25, Corporate Objectives and RTP.<br><br>Regular Board updates describe the progress against these plans.<br><br>The transformation agenda taken forward through RTP will inform opportunities to work towards the delivery of the strategic ambitions and reshape if necessary. | Below | Mod 12 | Mod 12 by 31/03/26 | ◀▶ | Chief Executive | Public Health & Wellbeing (PHWC) |
| 2 | | **Health Inequalities**<br><br>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, | 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. | Within | High 16 | High 16 by 31/07/25 | ◀▶ | Director of Public Health | Public Health & Wellbeing (PHWC) |

| | HUNGRY | 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. | The Population Health and Wellbeing Strategy is monitoring actions which will contribute to reducing health inequalities.<br><br>Consideration of Health Inequalities within all Board and Committee papers.<br><br>Leadership and partnership working to influence policies to 'undo' the causes of health inequalities in Fife.<br><br>Development of Anchors strategic plan with links to addressing determinants of health inequalities. Key achievements to date:<br><br>- Real Living Wage accreditation achieved<br>- 100% of newly awarded contracts of 50K and over are with Real Living Wage accredited businesses<br>- Eight employability programmes in place and engaging with Local Employability partnership<br>- Baseline reporting in place to track spend on local businesses within Fife<br><br>Fife Partnership are preparing to refresh their 10-year plan, with a focus on the Marmot principles. They are working to identify which interventions are most impactful in closing the health inequalities gap. This will also provide an opportunity to learn from other areas.<br><br>Prevention and early intervention strategy has recently been ratified by the NHS Board.   Public Health supported development of the 'Fair financial decision making' checklist to ensure that financial decisions under RTP take into account impacts on protected characteristics and inequalities. | | | | | | |
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| | | | A workshop to explore development of Inclusion Health Network has taken place that will seek to provide a focal point for a range of partners, including the Third sector. This network will advocate for the resolution of issues faced by inclusion health groups such as those who are homeless.<br><br>Funding has been confirmed from the Child Poverty Practice Accelerator Fund to sustain the income maximisation worker to support maternity services for 2024/25.  The approach will focus on support for families with children who have a potential disability or long-term condition.  Subject to satisfactory progress this may be continued into 2025/26.<br><br>The Deep Dive has been refreshed and will be brought to PH&WB for July meeting. | | | | | | |
| 4 | **HUNGRY** | **Policy obligations in relation to environmental management and climate change**<br><br>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.' | Robust governance arrangements remain in place including an Executive Lead and a Board Champion. Further appointments have been made which include a lead for Clinical Sustainability and a non-exec Sustainability Champion.<br><br>Regional working group and representation on the National Board is ongoing.  The RTP infrastructure and change board has evolved to now include sustainability projects designed in response to the NHS Scotland Climate Change Emergency & Sustainability Strategy 2022 – 2026.<br><br>Active participation in Plan 4 Fife continues.<br><br>The NHS Fife Climate Emergency Report and Action Plan have been developed. These form part of the Annual Delivery | Below | Mod 12 | Mod 10 by 01/10/25 | ◄► | Director of Property & Asset Management | Public Health & Wellbeing (PHWC) |

| | | | Plan (ADP). The Action Plan includes mechanics and timescales. | | | | | | |
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| | | | Our objectives are set out and monitored through Section 10 of the ADP | | | | | | |
| | | | Work is ongoing with SG, Fife Council and East Region to include innovation in energy generation etc. | | | | | | |
| | | | We have increased our commitment to partnership working with local third sector organisations including a partnership Director appointment with FCCT (Fife Coast & Countryside Trust) and local government (Fife Council). | | | | | | |
| | | | The Board's Climate Change Annual Report was prepared for submission to PHWC in January 2024 and thereafter to Scottish Government (SG) and has been published as per the requirements of the policy DL38. | | | | | | |
| | | | 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. | | | | | | |
| | | | A partnership plan for Fife Council, Fife College and University of St Andrews has progressed and was agreed by Fife Leadership Board March 2025. This set out the agreed objectives and milestones discussed in the 'addressing the climate emergency working group' and formally creates joint actions we will work on as part of the climate emergency in Fife. | | | | | | |
| | | | A corporate risk deep dive was produced in October 2024 on the risk of Environmental Management & Climate change. This iwas to ensure there will be | | | | | | |

| 10 | OPEN | **Primary Care Services**<br><br>There is a risk that due to a combination increasing demand on Primary Care services, resource challenges including workforce and finance and adequate sufficient premises, service delivery may be compromised impacting on sustainability and quality of care to the population of Fife | effective management of the risk that will allow us to meet our strategic priorities.<br><br>A Primary Care Governance and Strategy Oversight Group (PCGSOG) is in place.<br><br>A Primary Care Strategy was developed following a strategic needs analysis and wide stakeholder engagement. This was approved at IJB in July 2023 and is now moving to implementation. This is a 3-year strategy focused on recovery, quality and sustainability. The Annual Report for year one of delivery of the strategy was presented and approved at the PCGSOG on 16 August 2024 has now progressed to the IJB and NHS Fife Board. Of 41 actions, 25 are complete and the remaining 16 are on track as we move into year two of the plan. Year 2 plan is on track.<br><br>Performance and Assurance Framework now in place with regular reporting to PCGSOG.  This was ratified by PCGSOG on 4 April 2025.<br><br>A Primary Care Improvement Plan (PCIP) is in place; subject to regular monitoring and reporting to General Medical Services (GMS) Board, Quality & Communities (Q&C) Committee, IJB NHS Board and Scottish Government.<br><br>In line with MOU2, pharmacotherapy and CTAC models for care continue to be developed and implemented throughout 2025/26. 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 | Above | Moderate 12 | Mod 12 by 31/03/26 | ▲ | Director of Health & Social Care | Public Health & Wellbeing (PHWC) |

| | | | | | | | | | |
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| | | | Primary Care Improvement Collaborative.  End date recommended and endorsed by GMS implementation group - Q1 of 26/27.<br><br>NHS Fife PHW Committee has suggested that a specific high level corporate risk is considered regarding access to general dentistry across Fife. This risk has been articulated and proposed to the PCGSOG and will be presented to PHWC in May 2025.<br><br>Primary Care Strategic Communication Plan has been developed and approved at PCGSOG and is now in implementation phase as a key deliverable of the year two strategy.<br>An interface group between primary and secondary care will be formally constituted by April 2025 to focus on whole system quality improvement. This will now be a deliverable in line with the ADP 25/26. | | | | | | |
| 21 | <br>**HUNGRY** | **Pandemic Risk**<br><br>There is a risk that a novel pandemic with widely disseminated transmission and significant morbidity and mortality may cause significant harm to those infected and cause widespread disruption to healthcare, supply chains, and social functioning. | An NHS Fife Pandemic Framework Group has been established to coordinate management of this risk, including consideration and implementation of measures to reduce the pressures and negative effects a pandemic would cause locally, and to act as a source of advice to the organisation and partners.<br><br>Work is underway to collate lessons from the COVID-19 response and outputs of related inquiries and implement these locally.<br><br>Preparation underway to deliver large-scale population immunity and immunisation campaigns. | Within | High 20 | High 20 | ◄► | Director of Public Health | Public Health & Wellbeing (PHWC) |

| 23 | HUNGRY | **Substance Related Morbidity and Mortality**<br><br>There is a risk that people experiencing problem substance use may have a poor patient experience and increased morbidity and mortality due to NHS Fife being unable to provide rapid and appropriate access to all treatment and care due to lack of funding and capacity. | Implementation of the Strategy Drug Mission Priorities 2022-26.<br><br>Implementation of The National Strategy for Alcohol and Drug use "Rights, Respect, Recovery" November 2018.<br><br>Implementation of the Medication Assisted Treatment (MAT) Standards 2021. ADP have completed its fourth year of the programme and are able to comply with Public Health Scotland assessments to measure implementation progress across the system of care. Fife ADP and NHS Fife's progress will be published in a national report in July 2025.<br>Implementation of the New Fife Alcohol and Drug Partnership Strategy 2024-2027.  ADP have completed their 1st year delivery plan with partners including NHS Fife. Most actions are completed, and others have continued into the second year.<br><br>Development of the New Drug Alert Process and Protocol & Communication Strategy 2024. Completed in partnership with NHS Fife Public Health and approved by the ADP Committee. A library of alerts are in development with support from HSCP Comms. ADP are able to identify, assess and respond to new and emergent risk on a national and local level within agreed timescales.<br><br>Ensure appropriate testing and referral pathways for SH&BBV. Completed workshop based on latest data from NESI (National Needle Exchange Survey Initiative) focussing on improvements needed to address increased crack-cocaine smoking, lower | Within | High<br>20 | High<br>15<br>31/03/26 | ◄► | Director of Health & Social Care | Public Health & Wellbeing (PHWC) |

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| | | | rates of Hep C testing in Fife, increased severe soft tissue infection and low foil uptake. An action plan is in development. Furthermore, NHS Fife Addictions are developing testing protocols and refocussing workforce to increase testing rates with NHS SH&BBV support.<br><br>A two-year High-Risk Pain Medicines (HRPM) patient safety programme to ensure safe and appropriate prescribing of HRPMs and reduce risk of potential diversion has been delivered. This programme should be embedded into business-as-usual models and continue to implement quality improvement actions. Data gathered from patients with lived/living experience in NHS Fife Addictions Service and their use of HRPM to provide a clearer understanding of their risks. Data yet to be analysed and themed but likely to have a substantial impact on improvement plan for safety and reduce of risk to this patient group. NHS Fife wide consultation planned to share learning from recent Drug Related Deaths to include broader actions for prevention.<br>Improvement from prison/police custody to NHS Addictions Service pathways for patients liberated. Getting Liberation Right subgroup established within ADP structure.  Over 50 people have been discussed within the first quarter. The discussions have supported people returning to Fife to register with GPs before leaving custody as well as continuing their addiction treatment and | | | | | |

| | | | sourcing appropriate housing. Further outcomes will be developed for the 6-month evaluation. NHS Fife contributed fully to these meetings.

Multi-agency resilience response to the potential of mass casualties due to new potent illicit substances mixed into the drug supply. A multi-agency event was held in August 2024 and a recommendation made to SG and PHS to convene a national exercise. | | | | | | |
|---|---|---|---|---|---|---|---|---|---|

**Risk Movement Key**

▲   Improved - Risk Decreased
◄► No Change
▼   Deteriorated - Risk Increased

# NHS Fife

**NHS SCOTLAND**

| | |
|---|---|
| **Meeting:** | **Public Health & Wellbeing Committee** |
| **Meeting date:** | **12 May 2025** |
| **Title:** | **Oral Health Risk** |
| **Responsible Executive:** | **Dr Joy Tomlinson, Director of Public Health** |
| **Report Author:** | **Emma O'Keefe, Consultant in Dental Public Health** |

Executive Summary:

- The Public health and Wellbeing Committee requested consideration is given to establishing a new corporate risk regarding dental services at their meeting in September 2024.

- It is important to understand what is in and outside of our control as a Board as the majority of dental care is providing by independent dental practices who mostly operate a mixed economy business model.

- Access to NHS Dentistry is a challenge in Fife, with approximately 35,000 patients deregistered during 2024. Very few practices are in a position to register new NHS patients due to ongoing dental workforce recruitment issues.

- Unlike General Medical Services the Board does not have a legal obligation to provide NHS dental services for the population. People can choose where to travel to access dental care which is different to accessing GMS.

- In order to undertake this work, it is recommended that NHS Fife considers the inclusion of a risk on its corporate risk register outlining the risk of the population not being able to access dental services impacting on their oral health.

- The following Corporate Risk is proposed for discussion and endorsement:

## RISK DESCRIPTOR

**There is a risk that the population of Fife will suffer adverse effects on their dental and subsequent wider health due to the ongoing access issues and continuing de-registrations of NHS patients in general dental practices.**

## 1 Purpose

**This report is presented for:**

- Discussion
- Decision

**This report relates to:**

- Annual Delivery Plan

- Emerging issue
- Government policy / directive
- Local policy
- NHS Board Strategic Priority 1 - To Improve Health and Wellbeing and 2 - To Improve Quality of Health and Care Services

**This report aligns to the following NHSScotland quality ambition(s):**
- Safe
- Effective
- Person Centred

## 2 Report summary

### 2.1 Situation

Following a minuted discussion at the Public Health and Wellbeing Committee and a request from the Chair, it was agreed to scope a separate risk for dental services and oral health on the Corporate Risk register. Currently this risk has been reported on the Corporate risk register within the current primary care risk. This paper presents the key findings from a Deep Dive (**Appendix 1**) and the proposed Risk Descriptor for ELT to consider and endorse.

### 2.2 Background

We continue to see a number of dentists and practices converting to a private model of care or closing totally. In 2025, the picture has become slightly more stable after seeing approximately 35,000 NHS de-registrations in Fife in 2024. The dental workforce situation makes it challenging to recruit into both independent dental practices and NHS Fife's Public Dental Service (PDS). Unlike General Medical Services (GMS), the NHS Board does not have a duty to, via legislation, ensure every member of the public is able to register with a NHS dental practitioner. This therefore limits the powers available to boards to influence delivery of General Dental Services.

Dental access is a particular challenge for Fife because it has a higher proportion of dental practices owned by Dental Body Corporates (DBCs) and over the past few years these businesses have experienced more challenges around recruitment and retention of staff and a number of dental practices in Fife have been mothballed. Four practices, owned by DBCs, were mothballed in 2024. This includes 2 in Glenrothes, 1 Kinghorn and 1 in Leven.

### 2.3 Assessment

In February and March 2025 a deep dive was conducted, this was led by the Consultant in Dental Public Health, with the support of the NHS Board Corporate Risk team and included representation from the Senior Dental Management Team.

The focus of the deep dive was to set the context surrounding dental services in Fife and highlights what the Board can control and what is outwith out control and to understand what more we can do to improve the situation. The development of the risk recognises the potential impact on the population's oral health and general health and highlights the current actions the Board is undertaking to mitigate against the risk and suggests additional actions to help reduce the likelihood and consequences.

This summarises the work completed by the Senior Dental Team over the past few years that has previously been shared within the Dental Services and Oral Health Improvement Annual Reports. Access to NHS dentistry is an ongoing issue and with no quick solutions to improving the dental workforce situation it will continue to be a topic of concern. Work is ongoing between UK ministers and the dental regulator, the General Dental Council, to improve the process for overseas registrations of dentists in a way that helps bolster workforce but provides assurance on educational quality and patient safety.

In October 2024, the Scottish Government issued updated details of the NHS Board areas in Scotland eligible for a Scottish Dental Access Initiative Grant (SDAI). The SDAI is a Scottish Government Scheme which aims to support NHS dental care provision in designated geographic areas where access to General Dental Services is low and there is evidence of unmet patient demand and/or high oral health needs. The scheme offers financial assistance to establish new, expand or purchase existing dental practices.

In Fife there are three areas included in the scheme- Dunfermline, Glenrothes and Kirkcaldy. Two formal applications have been received and NHS Fife has processed and approved the applications and recommended them to Scottish Government for funding. The Scottish Government has confirmed that funding for both applications is available. The amount of funding doesn't require any decision from the Board or its committees. These grants will improve access to NHS dentistry in these areas and work is ongoing to encourage applications in the Glenrothes area. Further information is available on request.

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 SDAI grant funded practices have the potential to help improve access to NHS dentistry for the population of Fife. It will be important to monitor any unintended consequences on impact to other practices and potential move away from private dentistry. It is important to continue to invest and promote the oral health improvement programmes and self-care. Assurance is given to the ongoing monitoring and reporting of dental services to ensure high standards are maintained to deliver person-centred and value-based care and outcomes that matter to the person.

### 2.3.2 Workforce
Nationally there are recruitment and retention issues across the profession and the UK government with the Dental Regulator are looking at legislative changes to try and improve the situation. Locally, our Public Dental Service is being stretched as it is required to deliver care to those with unmet need as well as manage the NHS patients listed with them and act as a referral service for a number of specialities and procedures. The

successful opening of dental practices in SDAI areas will help improve access for the population of Fife and ultimately reduce pressure on the PDS.

### 2.3.3 Financial
The funding for SDAI practices is from the Scottish Government. The amount of funding does not require any decision from the Board or its committees. A separate paper is available on request. Primary care has responsibility to monitor the process to ensure the practices are compliant with the conditions as part of the funding agreement.

### 2.3.4 Risk Assessment / Management
There is a potential risk of poor patient oral health outcomes and it is important to understand what is within out control and we can influence. Limited assurance is given in that our Public Dental Service will see patients in urgent need of dental care.

Appendix 1 provides a Deep Dive on Oral Health and details the magnitude of the risk and actions being undertaken to mitigate the risk. It also highlights future actions.

### 2.3.5 Equality and Human Rights, including children's rights, health inequalities and Anchor Institution ambitions
An impact assessment has not been completed as there are no significant new or revised policies or strategies.

### 2.3.6 Climate Emergency & Sustainability Impact
There are no direct impacts related to the Climate Emergency for any of the actions related to this risk. However, successful SDAI grant practices will provide greater access to NHS dentistry in Kirkcaldy and Dunfermline which should reduce patient travel.

### 2.3.7 Communication, involvement, engagement and consultation
The potential corporate risk and associated deep dive was requested following a minuted discussion at PHWB and a request from the Chair. A development session for the PHWC was delivered in October 2024.   Regular dental updates are provided within the briefings for elected members. NHS Fife's and HSCP Dental Senior Management Team meet six monthly with the Office of the Chief Dental Officer. This allows key issues and challenges to be reported on and communicated to Scottish Government.

### 2.3.8 Route to the Meeting
This paper has previously been considered by the following groups as part of its development. The groups have either supported the content, or their feedback has informed the development of the content presented in this report.
- Primary Care Governance & Strategic Oversight Group, 4 April 2025
- Risks & Opportunities Committee, 9 April 2025
- Executive Leadership Team, 24 April 2025

## 2.4   Recommendation
In order to ensure that NHS Fife is doing all that it can that is within our control, the following recommendations are made:
- ELT reviews the separate risk descriptor and accepts (with potential to amend) the risk onto its corporate risk register as outlined in the Assessment section of this report:

**Risk Title: Oral Health**

**Descriptor: There is a risk that the population of Fife will suffer adverse effects on their dental and subsequent wider health due to the ongoing access issues and continuing de-registrations of NHS patients in general dental practices.**

- A mechanism for initial assessment and ongoing review for the new actions are established
- A target risk score is to be agreed that is realistic and based on what is achievable and within our control.

This paper is provided to members for:
- **Discussion** – to examine the deep dive risk assessment on dental services and oral health contained within Appendix 1 and the content of this SBAR.
- **Decision** – to support and endorse the recommendations as outlined within the report and highlight amendments if amendments are to be made.

## 3  List of appendices

The following appendices are included with this report:
- Appendix No. 1, Deep Dive on Oral Health

**Report Contact**
Emma O'Keefe
Consultant in Dental Public Health
Emma.OKeefe@nhs.scot

| | | |
|---|---|---|
| **Corporate Risk** | **Oral Health** | |
| **Strategic Priority** | To improve health and wellbeing | |
| **Risk Appetite** | **HUNGRY** | |
| **Risk Description** | **There is a risk that the population of Fife will suffer adverse effects on their dental and subsequent wider health due to the ongoing access issues and continuing de-registrations of NHS patients in general dental practices.**<br><br>Context:<br>It is important to note what is in the NHS Board's control and what is outwith our control. Unlike General Medical Services, the NHS Boards do not have a duty to, via legislation, ensure every member of the public is able to register with a NHS dental practitioner. This therefore limits the powers available to boards to influence delivery of GDS. The population are also able to choose where to access dental services and can opt to go private and are not restricted to registering in their local area.<br><br>Primary care dentistry comprises of independent dental practices (independent businesses) known as General Dental Services (GDS) and the Board Managed Public Dental Service (PDS) which through the Scheme of Integration in line with Public Body Act (2014) is a delegated service with responsibility for effective operational delivery sitting within Fife's Health and Social Care Partnership (HSCP). The role of the PDS provides a 'safety net' for patients who can't access GDS and offers referral services for dental anxiety, oral surgery, special needs, paediatric dentistry and dental General Anaesthetics.<br><br>Dental access is a particular challenge for Fife with approximately 30,000 de-registrations in 2024. Fife has a higher proportion of dental practices owned by Dental Body Corporates and over the past few years these businesses have experienced more challenges around recruitment and retention of staff and a number of dental practices in Fife have been mothballed. There have also been 4 DBCs mothballed in 2024. This includes 2 in Glenrothes, 1 Kinghorn and 1 in Leven.<br><br>Through our Public Dental Service, we ensure all | |

| | unregistered patients are able to be seen within national defined timescales (as per ADP 23/24 guidance- ensure capacity for urgent dental care for unregistered/deregistered dental patients). | |
|---|---|---|
| | The Covid-19 pandemic impacted severely on dental services with the Scottish Government shutting all NHS dental practices for 3 months. A slow recovery took place due to dental care relying on aerosol-generating procedures. The level of NHS dental activity has been hard to monitor as a new dental contract came into operation in November 2023. Due to access pressures antibiotic prescribing levels have not returned to pre-pre-Covid-19 levels. | |
| **Root Cause** | • Dental workforce issues regarding the recruitment and retention dentists and dental care professionals (dental nurses, dental hygienists, dental therapist, dental technicians) means there are vacancies in posts (this is an issue across the United Kingdom). Information on dentist workforce is headcount and no breakdown of whole time equivalent or percentage of time private/NHS.<br><br>• Mixed economy business models and a move away from NHS dentistry towards private dentistry, in some dental practices, has resulted in reduced access to NHS dentistry in primary care.<br><br>• Current dental workforce issues in primary care mean there are added pressures on our Public Dental Service (employed dental service in NHS Fife) that has potentially to impact PDS registered patients, waiting lists for referral services. | |

| **Current Risk Level & Rating** | **High** | **Likelihood - 5** | **Consequence - 4** | **Level - 20** |
|---|---|---|---|---|
| **Target Risk Level (in year delivery)** | **Moderate** | **Likelihood- 4** | **Consequence - 4** | **Level - 16** |

| **Management Actions (current)** | | |
|---|---|---|
| **Action** | **Status** | **Impact on Likelihood/ Consequence** |
| Adapt Advice Line call options (as required) and establish an email to give up to date | **Ontrack - ongoing** | **Very limited impact on** |

| | | |
|---|---|---|
| advice on practices open for NHS registrations. Currently receives approx 2000 calls per month. NHS dental registration look ups and inform patients to contact dental practices to access dental care. NHS Advice line keeps up to date information (monthly) on practices taking on NHS patients. Advice line phone number has an option for people to press to get email address to receive the latest information on where to get registered. | | **likelihood** |
| Continually review numbers of patients accessing Emergency Dental Service (EDS) sessions and have 3 dentists operating per session and one standby dentist- called out 50% of the time. *Emergency Dental Services - operates 1 session each day of the weekend- managed by PDS and staffed by general dental practitioners and PDS staff.* | **On track - ongoing** | **Very limited impact on consequence** |
| Request weekly exceptional reporting from Dental Body Corporates to proactively plan where potential pressures in whole system. | **On track - ongoing** | **Very limited impact on consequence** |
| PDS 'pivot' and have dentists employed to cover urgent dental care clinics and provide 'targeted care' to prevent cycling through urgent dental care needs. *This means the PDS's own registered patients and referrals have to be 'de-prioritised' to accommodate urgent dental care needs. Clinics provided in a number of locations across Fife to improve access and reduce travel for patients.* | **On track - ongoing** | **Limited impact on Reduce consequence** |
| NHS Fife's and HSCP Dental Senior Management Team meet every 6 months with the Office of the Chief Dental Officer and submit monthly flash reports. *This allows key issues and challenges to be reported on/escalated to Scottish Government. It is acknowledged that there are no 'quick wins' and workforce challenges need to be addresses. Ongoing work at Scottish Government level with Ministers and the General Dental Council (GDC) (the UK dental regulatory body) to look at ways to improve the process for the recruitment of overseas dentists while maintaining patient safety.* | **In Progress- Some Challenges** | **Very limited impact on likelihood & consequence** |
| Ongoing data collected on NHS dental de-registrations- bulk de-registrations, privatisation- this gives accurate and timely information. *Data demonstrates ongoing bulk de-registrations from dental practices which continues to put pressure on PDS.* | **In Progress- Some Challenges** | **Very limited impact on consequence** |

| | | |
|---|---|---|
| Needs assessment and strategic plan written (2024) to identify (and evidence) where Scottish Government's Scottish Dental Initiative Access (SDAI) Grants should be recommended - 3 areas suggested to Scottish government and all 3 approved. | **Completed** | |
| SDAI- Two practices have been approved to receive Scottish Government funds to open a multi-surgery practices in Dunfermline and Kirkcaldy. *These practices will work towards registering 1,500 NHS patients per surgery. The amount of funding doesn't require any decision from the Board or its committees. A detailed paper giving assurance is available on request.* | **In Progress - On track** | **Impact on likelihood & consequence** |
| Continually deliver national oral health improvement programmes and locally develop bespoke services/collaborative working to ensure inclusion health and signposting/building trust to enable engagement of services e.g. KY Cafes, gypsy traveller communities, homeless accommodation | **In Progress- On Track** | **Limited impact on consequence** |
| Oral Cancer Awareness Campaign:- Mouth cancer is one of the most common cancers worldwide. The incidence rate of the disease is rising and is expected to continue and can be attributed to modifiable lifestyle factors and are potentially preventable. *The PDS has established a year-long partnership with Dunfermline Athletic Football Club from August 2024, including take-home "self-check" cards displayed around the stadium concourses.* | **In Progress – On Track** | **Limited impact on consequence** |
| **Management Actions (future)** | | |
| **Action** | **Status** | |
| VMF approval required for PDS dental nurse and reception posts to enable all clinics to operate 5 days a week and be fully staffed. Challenge to recruit to 2-3 WTE Dental Officer posts due to lack of 'supply' of dentists. *NB PDS Dental receptionist posts are Band 3 whereas EDS receptionists are Band 2 as require skills to invoice and receive money (as PDS work under GDS contract and primary care dentistry is charged (unless exempt)* | **In Progress- Some Challenges** | **Impact on consequence** |
| Develop and test a suite or oral health indicators as part of HSCP Performance Management Framework to measure impact | **In Progress – On track** | **Very limited impact** |

| | | |
|---|---|---|
| of actions. | <span style="background-color:green"></span> | |
| Planned work with Human Resources and NHS Fife Communications on a 'dental recruitment campaign' (similar to medical campaign). | **In Progress – On track** | **Impact on likelihood and consequence** |
| Meeting being arranged with Chief Executive, Chair, Medical Director and Consultant in Dental Public Health with an MSP and Cabinet Secretary for Health. *Important to advise what is in/out of our control and to understand what more we can do that we are not already doing- key priority is Glenrothes area (as part of SDAI work)* | **In Progress – On track** | **Very limited impact on consequence** |
| Use the recent National Dental Inspection Programme (NDIP) data to target resources. The aim is to expand components of Childsmile, such as the supervised toothbrushing programmes to include more school years to help reduce inequalities *(as part of the Scottish Government's commitment to reduce inequalities)* | **In Progress – On track** | **Limited impact on consequence** |

| |
|---|
| **Action Status Key** |
| **Completed** |
| **In Progress - On track** |
| **In Progress- Some Challenges** |
| **In Progress- Significant Challenges** |
| **Not started** |

# PUBLIC HEALTH & WELLBEING GOVERNANCE COMMITTEE
## ANNUAL WORKPLAN 2025 / 2026

## Governance - General

| | Lead | 12/05/25 | 01/07/25 | 15/09/25 | 10/11/25 | 12/01/26 | 02/03/26 |
|---|---|---|---|---|---|---|---|
| Minutes of Previous Meeting | **Chair** | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Action list | **Chair** | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Escalation of Issues to Fife NHS Board | **Chair** | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |

## Governance Matters

| | Lead | 12/05/25 | 01/07/25 | 15/09/25 | 10/11/25 | 12/01/26 | 02/03/26 |
|---|---|---|---|---|---|---|---|
| Annual Committee Assurance Statement (inc. best value report) | **Board Secretary** | ✓ | | | | | |
| Assurance Statement for Public Health Assurance Committee and Equality & Human Rights Strategy Group | **Director of Public Health / Director of Nursing** | ✓ | | | | | |
| Annual Internal Audit Report | **Director of Finance** | | ✓ | | | | |
| Committee Self-Assessment Report | **Board Secretary** | | | | | | ✓ |
| Corporate Calendar / Committee Dates | **Board Secretary** | | | ✓ | | | |
| Corporate Risks Aligned to PHWC, and Deep Dives | **Director of Finance / Director of Public Health** | ✓ **New Risk for Dentistry** | ✓ | ✓ | ✓ | ✓ | ✓ |
| Internal Controls Evaluation Report 2025/26 | **Chief Internal Auditor** | | | | | ✓ | |
| Scottish and UK COVID 19 Inquiries Update | **Director of Public Health** | | | ✓ **Private Session** | | | |
| Review of Annual Workplan 2026/27 | **Board Secretary** | | | | | ✓ Draft | ✓ Approval |
| Delivery of Annual Workplan 2025/26 | **Director of Public Health** | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Review of Terms of Reference | **Board Secretary** | | | | | | ✓ Approval |

## Strategy / Planning

| | Lead | 12/05/25 | 01/07/25 | 15/09/25 | 10/11/25 | 12/01/26 | 02/03/26 |
|---|---|---|---|---|---|---|---|
| Anchor Institution Programme Board Update | **Director of Public Health** | | ✓ | | | | ✓ |
| Annual Delivery Plan Scottish Government Response 2024/25 | **Director of Planning & Transformation** | **Removed from workplan – will be presented at FP&R only** | | | | | |
| Annual Delivery Plan Quarterly Performance Report | **Director of Planning & Transformation** | ✓ Q4 | **Removed from workplan for 2025/26** | | | | |
| Creating Hope for Fife: Fife's Suicide Prevention Action Plan | **Director Health & Social Care** | | ✓ | | | | |
| Corporate Objectives | **Director of Planning & Transformation** | **Removed from workplan – presented to NHS Fife Board in March 2025** | | | | | |
| Implementation of the Promise National Update on Delivery in Fife | **Director of Health & Social Care** | | | | ✓ | | |
| Building our Inclusion Health Network | **Director of Public Health** | ✓ | | | | | |
| Mental Health Estates Initial Agreement Update | **Medical Director** | | | | | ✓ | |
| Mental Health Strategy Implementation | **Director of Health & Social Care** | Deferred due to timings | TBC | | | | |
| Prevention & Early Intervention Update on Delivery Plan | **Director of Health & Social Care** | | | ✓ | | | |
| Population Health & Wellbeing Update on Delivery Plan | **Director of Planning & Transformation** | Deferred due to timings | ✓ | | ✓ | | |
| Post Diagnostic Support for Dementia | **Director of Health & Social Care** | | | | | ✓ | |
| Update on Plan4Fife and Shared Ambitions | **Director of Public Health** | | ✓ | | | | |

## Quality / Performance

| | Lead | 12/05/25 | 01/07/25 | 15/09/25 | 10/11/25 | 12/01/26 | 02/03/26 |
|---|---|---|---|---|---|---|---|
| CAMHS Performance Yearly Update | **Director of Health & Social Care** | | | | | ✓ | |
| Eating Well & Having a Healthy Weight and Staying Physically Active/ | **Director of Public Health** | | | | | ✓ | |
| Dental Services & Oral Health Improvement | **Director of Public Health** | | | | | ✓ | |

| Quality / Performance (cont.) | | | | | | | |
|---|---|---|---|---|---|---|---|
| | **Lead** | **12/05/25** | **01/07/25** | **15/09/25** | **10/11/25** | **12/01/26** | **02/03/26** |
| East Region Health Protection Service | **Director of Public Health** | Deferred - timeline revised for future strategic planning | ✓ | | | | |
| Food4Fife Delivery Plan | | | | | ✓ | | |
| Green Health Partnership Update | **Director of Public Health** | Verbal update provided under workplan agenda item | | | ✓ | | |
| Good Food Nation and Weight Management | **Director of Public Health** | | | | ✓ | | |
| Integrated Performance & Quality Report | **Director of Planning & Transformation** | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Joint Health Protection Plan (two yearly) | **Director of Public Health** | **November 2026** | | | | | |
| Medical Assisted Treatment Standards | **Director of Health & Social Care** | Removed from workplan – will be incorporated into the Alcohol & Drugs Partnership Report | | | | | |
| Psychological Therapies Standard Update | **Director of Health & Social Care** | ✓ | | | ✓ | | |
| Spring Booster Campaign | **Director of Health & Social Care** | Removed from workplan – now business as usual | | | | | |
| **Inequalities** | | | | | | | |
| | **Lead** | **12/05/25** | **01/07/25** | **15/09/25** | **10/11/25** | **12/01/26** | **02/03/26** |
| Equalities Outcomes Annual Report Outcomes 2025-29 | **Director of Nursing** | **March 2027** | | | | | |
| Tackling Poverty & Preventing Crisis Action Plan & Annual Report 2024/25 | **Director of Public Health** | | | ✓ | | | |
| **Annual Reports / Other Reports** | | | | | | | |
| | **Lead** | **12/05/25** | **01/07/25** | **15/09/25** | **10/11/25** | **12/01/26** | **02/03/26** |
| Adult Support & Protection Annual Report 2023/25 *(also goes to CGC)* *(next report after 2025 due 2027)* | **Director of Nursing** | ✓ **Biannual Report** | | | | | |

## Annual Reports / Other Reports (cont.)

| | Lead | 12/05/25 | 01/07/25 | 15/09/25 | 10/11/25 | 12/01/26 | 02/03/26 |
|---|---|---|---|---|---|---|---|
| Alcohol & Drugs Partnership Annual Report 2024/25, including updated on Medical Assisted Treatment Standards | **Director of Health & Social Care** | **Deferred to July** | ✓ **Mid-year** | ✓ | | | |
| Annual Climate Emergency and Sustainability Report 2024/25 (to include Greenspace Strategy Update) | **Director of Property & Asset Management** *(Anne Haston will be invited to join the meeting, as the Board's Sustainability Champion)* | | | | ✓ | | |
| Director of Public Health Report 2024/25 *(and additional updates, based on agreed priorities) (also goes to CGC, for information only)* | **Director of Public Health** | | | | | | ✓ |
| Fife Child Protection Annual Report 2024/25 *(also goes to CGC)* | **Director of Nursing** | | ✓ | | | | |
| Immunisation Annual Report, including Strategy Strategic Framework 2024 – 2027 | **Director of Public Health** | | | ✓ | | | |
| Interim Report on Screening Inequalities of Quality Improvement Work | **Director of Public Health** | ✓ | | | | | |
| Public Health Screening Programmes Annual Report 2024/25 | **Director of Public Health** | | | | ✓ | | |
| Pharmaceutical Care Services Annual Report 2024/25 | **Director of Pharmacy & Medicines** | **Deferred to enable a more robust update** | | ✓ **Mid-year** | ✓ | | |
| Primary Care Strategy Year 1 Report 2024/25 | **Director of Health & Social Care** | | | ✓ | | | |
| Sexual Health and Blood Borne Virus Framework Annual Report 2024/25 | **Director of Health & Social Care** | | | | | ✓ | |
| United Nations Convention on the Rights of the Child (Implementation) (Scotland) Act 2024 Report | **Director of Public Health / Director of Health & Social Care** | ✓ | | | | | |
| Violence Against Women Annual Report 2024/25 | **Director of Health & Social Care** | | | | | | ✓ |

| **Linked Committee Minutes** | | | | | | | |
|---|---|---|---|---|---|---|---|
| | **Lead** | **12/05/25** | **01/07/25** | **15/09/25** | **10/11/25** | **12/01/26** | **02/03/26** |
| Equality and Human Rights Strategy Group | **Director of Nursing** | - | 07/05 | 05/08 | - | 04/11 | 04/02 |
| Public Health Assurance Committee | **Director of Public Health** | - | 26/02 & 14/05 | - | 20/08 | 26/11 | - |
| **Ad Hoc Items / Additional Items** | | | | | | | |
| | **Lead** | **12/05/25** | **01/07/25** | **15/09/25** | **10/11/25** | **12/01/26** | **02/03/26** |
| Planned Quality Improvement Initiatives and Priorities for The Screening Programmes *(action from March '25 mtg)* | **Director of Public Health** | TBC | | | | | |
| Scottish Dental Access Initiative Funding | **Director of Health & Social Care** | ✓ **Incorporated into dentistry deep dive** | | | | | |
| Ten Year Population Health Framework – Strategic Developments | **Director of Public Health** | **Deferred due to change in publication date of national policy** | ✓ | | | | |
| RTP: Infrastructure and Change Programme | | ✓ | | | | | |
| **Matters Arising** | | | | | | | |
| | **Lead** | **12/05/25** | **01/07/25** | **15/09/25** | **10/11/25** | **12/01/26** | **02/03/26** |
| | | | | | | | |
| **Development Sessions** | | | | | | | |
| | **Lead** | | | | | | |
| Joint Working with Fife Partnership – TBC | **Director of Public Health** | | | | | | |
| Health & Transport – TBC | **Director of Public Health / Director of Property & Asset Management** | | | | | | |

# NHS Fife

| | |
|---|---|
| **Meeting:** | **Public Health and Wellbeing Committee** |
| **Meeting date:** | **12 May 2025** |
| **Title:** | **Annual Delivery Plan Quarter 4 Report 2024/25** |
| **Responsible Executive:** | **Ben Hannan, Director of Planning & Transformation** |
| **Report Author:** | **Susan Fraser, Deputy Director of Planning & Transformation** |

Executive Summary:

This report contains quarter 4 update on progress for Annual Delivery Plan (ADP) 2024/25.

There are 35 deliverables within ADP 2024/25 aligned to 'Improve Health and Wellbeing' Strategic Priority. As of the end of Mar-25 (quarter 4 of 2024/25), there are seven deliverables that are **'complete'**. There are 28 deliverables that will continue into 2025/26 with 19 **'on track'**, seven at **'at risk'** and two that are **'unlikely to complete on time/meet target'**.

Summary of status of all deliverables in ADP, by Strategic Priority, displayed below. Total includes deliverables that cover multiple Strategic Priorities. Not all completed deliverables achieved desired outcomes.

| Strategic Priority | Unlikely to complete on time | At risk | On track | Complete | Suspended /Cancelled | Total |
|---|---|---|---|---|---|---|
| **Improve Health and Wellbeing** | 2 | 7 | 19 | 7 | - | 35 |
| **Improve Quality of Health and Care Services** | 2 | 22 | 34 | 28 | 2 | 88 |
| **Improve Staff Experience and Wellbeing** | - | 2 | 20 | 1 | - | 23 |
| **Deliver Value and Sustainability** | 5 | 14 | 19 | 22 | - | 60 |
| **Total** | **9** | **46** | **93** | **58** | **2** | **208** |

Progress report is to be reviewed for Annual Delivery Plan (ADP) 2025/26 following approval/feedback from Scottish Government. Revised report will focus on Corporate and ADP Objectives as detailed in ADP 2025/26 with ongoing deliverables, where applicable, to be aligned to ADP 2025/26. Reconciliation exercise will take place on deliverables not aligned to ADP, ensuring appropriate mechanisms for scrutiny and assurance are in place.

This report provides Moderate Level of Assurance.

# 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

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

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

# 2    Report summary

## 2.1    Situation

This paper presents the Q4 update to deliverables incorporated in the NHS Fife Annual Delivery Plan for 2024/25

## 2.2    Background

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

The ten Drivers of Recovery were used to frame planning 2024/25, have remained broadly in line with those used in 2023/24.

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.
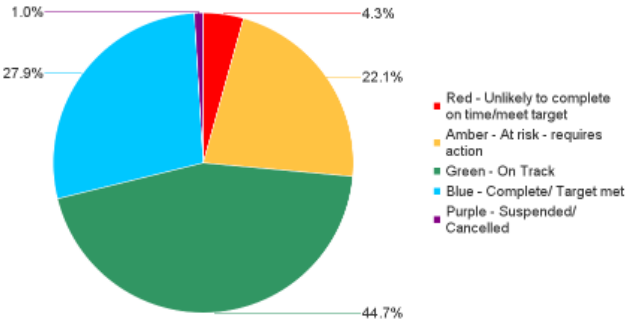
## 2.3   Assessment

**2024/25 Quarter 4 Update**
There are now **208** deliverables incorporated in ADP for 2024/25 across both NHS Fife and Fife HSCP. There are a number of deliverables carried over from 2023/24 as well as those relating to RTP. Additionally, there are **43** deliverables that are not aligned to a Recovery Driver.

| Recovery Driver | n=165 |
|---|---|
| 1. Primary and Community Care | 22 |
| 2. Urgent and Unscheduled Care | 15 |
| 3. Mental Health | 18 |
| 4. Planned Care | 9 |
| 5. Cancer Care | 6 |
| 6. Health Inequalities | 30 |
| 7. Women & Children Health | 13 |
| 8. Workforce | 18 |
| 9. Digital & Innovation | 21 |
| 10. Climate | 13 |

| Strategic Priority | n=208 |
|---|---|
| All | 2 |
| Improve Health and Wellbeing | 35 |
| Improve the Quality of Health and Care Services | 88 |
| Improve Staff Experience and Wellbeing | 23 |
| Deliver Value and Sustainability | 60 |

As of end of Mar-25 (Quarter 4 of 2024/25), there are **58** deliverables that are **'complete'** with most **(44.7%/93) 'on track'**. There are **nine** deliverables that are **'unlikely to complete on time/meet target'**. There are also **two** deliverables that have been **'suspended/ cancelled'**.



Red - Unlikely to complete on time/meet target
Amber - At risk - requires action
Green - On Track
Blue - Complete/ Target met
Purple - Suspended/ Cancelled

There are 35 deliverables aligned to 'Improve Health and Wellbeing' Strategic Priority. Further detail on deliverables that are **'unlikely to complete on time/meet target'** as well as deliverables **'at risk'** at quarter 4 that were **'on track'** at quarter 3 are tabled below.

| Improve Health and Wellbeing |
|---|
| **Unlikely to complete on time/meet target** |
| **Increase capacity for providing in-hours routine and urgent dental care** |
| The SDAI initiative is still ongoing as this is a government funded scheme. We are hopeful a new practice in Dunfermline will open this year but still have not heard regarding the Kirkcaldy area. There remains limited options to register with NHS dentists in Fife but this is updated regularly. The dental adviceline continues to receive around 2500 calls each month providing information to residents of Fife and to offer emergency care within PDS for unregistered patients. The sheer volume of calls and numbers of emergency appointments, on top of referrals and our registered patients does mean the PDS is under huge pressure - it is a credit to our staff that we are continuing to manage all of this. |
| **Child Health Replacement** |
| National Programme Delay and new baseline of programme being undertaken. |

| At risk – requires action |
|---|
| **Refreshed Mental Health and Wellbeing Strategy for Fife for 2025 - 2028**<br>Business Analyst recommended extension of current provider, but system is now decommissioned and required major change project, at pace, to implement supplier's new digital platform.  System not yet fully operational and business risk remains with significant impact on service delivery. |
| **Improve access for patients and carers through improved communication regarding transport options**<br>Suite of transport information and resources for public and patients.<br>The Community Transport information and leaflet and the refresh of the NHS travel reimbursement information and leaflet have been completed and distributed. Completion and distribution of information and resources - NHS Fife How to get to our main hospitals.<br>Patient information letters now include a sentence highlighting transport options and travel cost reimbursement information.<br>Monitoring and evaluation not available for Q4 - this will be provided in June as a financial year comparison to 2023/24. |
| **Support the implementation of the Food 4 Fife Strategy and associated action plan as part of ambition to make Fife a sustainable food place**<br>Food4Fife Strategy agreed May 2024.  Action Plans agreed and being implemented by subgroups.  Partnership has continued to meet bi-monthly.  Future of partnership co-ordinator post is at risk for 25/26 as no funding identified for next year. Funding maybe available from April 2026 via Good Food Nation.  Eating well as one of two themes in DPH annual report. |

This report provides the following Level of Assurance: (add an 'x' to the appropriate box)

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

### 2.3.1  Quality, Patient and Value-Based Health & Care

The ADP process ensures the delivery of high-quality, safe, and person-centred care through strategic planning and system-wide collaboration. A value-based healthcare approach is embedded to ensure services are clinically effective, financially sustainable, and aligned with patient needs, while prioritising equity of access, prevention, and early intervention.

Key enablers include workforce development, digital transformation, clinical service redesign, and infrastructure investment. Through continuous improvement, evidence-based decision-making, and governance oversight, the ADP drives measurable improvements in

patient outcomes, operational efficiency, and system resilience, aligning with national quality standards and long-term sustainability goals.

### 2.3.2 Workforce

The ADP sets out the approach to workforce planning, ensuring alignment with the Workforce Plan for 2024/25. This includes optimising staffing models, recruitment, retention, and skill mix to build a resilient and adaptable workforce that meets service demands and future challenges.

A focus on sustainable workforce planning will support service transformation, productivity improvements, and financial sustainability, while also addressing national workforce priorities, staff wellbeing, and training needs to ensure a high-performing health and care system.

### 2.3.3 Financial

The ADP and Financial Plan for 2024/25 are developed through a joint approach, ensuring financial resources are aligned with strategic priorities and operational requirements. The Financial Plan underpins the delivery of ADP actions, balancing investment, efficiency savings, and long-term sustainability to maintain financial resilience while supporting service transformation.

### 2.3.4 Risk Assessment / Management

The ADP is aligned with the Corporate Risk Register, ensuring that delivery risks are proactively identified, monitored, and managed through the risk management framework. Each ADP delivery area is mapped to the relevant corporate risks, with this alignment detailed in the ADP 2024/25 appendix, supporting robust governance and accountability.

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

An Equality Impact Assessment (EQIA) is not required for the ADP itself but remains an integral part of the planning process for associated service changes. The plan explicitly references the UNCRC, reinforcing commitments to children's rights, while also embedding Anchor Institution principles to support inclusive employment, procurement, and community engagement.

Health inequalities are a core ADP delivery area, with actions woven throughout the plan to address equitable access, prevention, and early intervention. Additionally, a dedicated corporate objective ensures a strategic commitment to equality, diversity, and inclusion (EDI), reinforcing alignment with national and local ambitions to create a fairer, more inclusive health system.

### 2.3.6 Climate Emergency & Sustainability Impact

Climate action is embedded throughout the plan as a key delivery area. The ADP includes specific commitments to carbon reduction, sustainable estate management, and environmental impact mitigation, aligning with national net-zero targets and NHS Scotland's climate resilience strategy.

### 2.3.7 Communication, involvement, engagement and consultation

The ADP has been developed through extensive communication, involvement, and engagement across the organisation, ensuring alignment with strategic priorities, operational planning, and workforce considerations. Key stakeholders, including clinical, managerial, and corporate teams, have contributed throughout the process, with consultation informing priorities and delivery planning to support effective implementation.

### 2.3.8 Route to the Meeting

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

- Executive Directors Group, 24 April 2025
- Clinical Governance Committee, 2 May 2025
- Finance Performance and Resources Committee, 8 May 2025

## 2.4 Recommendation

This Committee are asked to:

- **Assurance** – this report provides a **"moderate" level of assurance.**
- **Endorse**– Endorse the ADP Q4 return for formal approval at Board and for submission to Scottish Government.

## 3 List of appendices

The following appendices are included with this report:

- Appendix No. 1, NHS Fife ADP 202425 Quarterly Report Q4
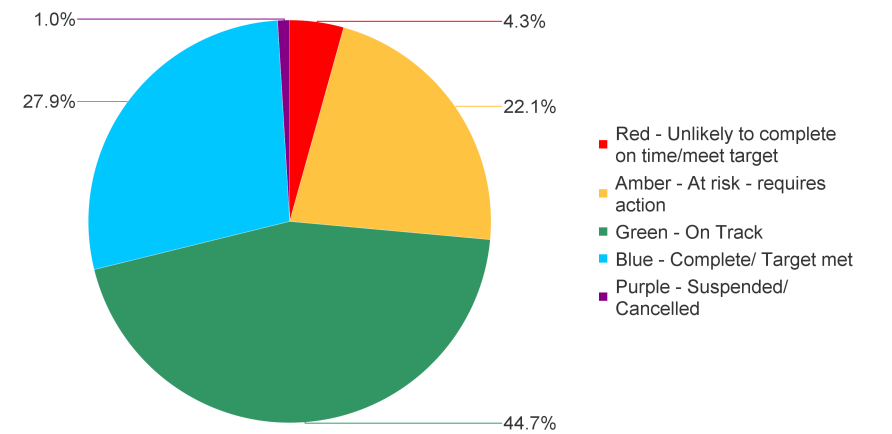
**Report Contact**
Bryan Archibald
Planning and Performance Manager
Email: bryan.archibald@nhs.scot

## Annual Delivery Plan 2024/25 - Q4 Progress Summary

| Q4 Status | Red - Unlikely to complete on time/meet target | Amber - At risk - requires action | Green - On Track | Blue - Complete/ Target met | Purple - Suspended/ Cancelled | Total |
|---|---|---|---|---|---|---|
| 1. Primary and Community Care | 2 | 4 | 7 | 9 | | 22 |
| 2. Urgent and Unscheduled Care | | 4 | 8 | 2 | 1 | 15 |
| 3. Mental Health | | 5 | 10 | 3 | | 18 |
| 4. Planned Care | | | 1 | 8 | | 9 |
| 5. Cancer Care | 1 | | 3 | 2 | | 6 |
| 6. Health Inequalities | | 2 | 20 | 8 | | 30 |
| 7. Women & Children Health | 1 | 3 | 8 | 1 | | 13 |
| 8. Workforce | | 3 | 13 | 2 | | 18 |
| 9. Digital & Innovation | 3 | 9 | 3 | 6 | | 21 |
| 10. Climate | | 3 | 1 | 8 | 1 | 13 |
| Other | 2 | 13 | 19 | 9 | | 43 |

| | Red - Unlikely to complete on time/meet target | Amber - At risk - requires action | Green - On Track | Blue - Complete/ Target met | Purple - Suspended/ Cancelled | Total |
|---|---|---|---|---|---|---|
| To Improve Health and Wellbeing | 2 | 7 | 19 | 7 | | 35 |
| To Improve the Quality of Health and Care Services | 2 | 22 | 34 | 28 | 2 | 88 |
| To Improve Staff Experience and Wellbeing | | 2 | 20 | 1 | | 23 |
| To Deliver Value & Sustainability | 5 | 14 | 19 | 22 | | 60 |
| ALL | | 1 | 1 | | | 2 |
| Total | 9 | 46 | 93 | 58 | 2 | 208 |

**Q4 RAG Status**



1.0%
27.9%
4.3%
22.1%
44.7%

- Red - Unlikely to complete on time/meet target
- Amber - At risk - requires action
- Green - On Track
- Blue - Complete/ Target met
- Purple - Suspended/ Cancelled

| Q3 V \ Q4 > | Red | Amber | Green | Blue | Purple | Total |
|---|---|---|---|---|---|---|
| Red | 4 | | 2 | 1 | | 7 |
| Amber | 4 | 22 | 9 | 3 | | 38 |
| Green | 1 | 24 | 82 | 41 | | 148 |
| Blue | | | | 12 | | 12 |
| Purple | | | | 1 | 2 | 3 |
| Total | 9 | 46 | 93 | 58 | 2 | 208 |

1/42

93/326

# Annual Delivery Plan 2024/25 - Q4 Progress Summary

## RTP - Re-form, Transform, Perform

| Deliverable | Directorate | 2024/25 Q4 Narrative Highlight achievements, reflecting on planned activities and impact on stated outcomes, as well as any associated risks and challenges that impacted delivery | 2024/25 Q4 Planned Milestones | NHS Fife Strategic Priority | Deliverable 24/25 Q1 RAG Status | Deliverable 24/25 Q2 RAG Status | Deliverable 24/25 Q3 RAG Status | Deliverable 24/25 Q4 RAG Status |
|---|---|---|---|---|---|---|---|---|
| Business Transformation | Digital | Mapping and engagement activities underway Programme Brief and Plan redrafted for presentation to governance | Case for change provided to RTP Exec and Fife NHS Board Staff cohorts identified Supporting Digital Product enhancements confirmed | To Deliver Value & Sustainability | Red - Unlikely to complete on time/meet target | Red - Unlikely to complete on time/meet target | Amber - At risk - requires action | Amber - At risk - requires action |
| Surge Capacity - Improve flow within the VHK site, reducing length of stay and number of patients boarding to ensure patients are looked after in the most appropriate setting. Accurate PDD to inform planning for discharge, coordinated with the Discharge Hub. | Acute Medical | No reduction in bed footprint possible due to over capacity. SBAR agreed at SLT in March and to be discussed at EDG - model of care re prioritised with PDD focus, review of criteria and staffing & bed base to flex between 30-44 patients acknowledging seasonal variation/demand. | Reduction of Ward 9 to 11 to 30 beds and associated maintenance of new footprint Continue to monitor Locum Surge Consultant post | To Deliver Value & Sustainability | Red - Unlikely to complete on time/meet target | Red - Unlikely to complete on time/meet target | Amber - At risk - requires action | Amber - At risk - requires action |
| Attracting & Recruiting Staff to deliver Population Health & Wellbeing Strategy; Bank Governance – Enhanced Management & Staff Bank Consolidation. | Workforce | Medical locums transferred on 3 February 2025 and next phase of transition is to focus on AHP and Medical Records Banks. | Direct Engagement model in place and work transitioned over. Bank model changes fully in place and operating as Business as Usual. | To Deliver Value & Sustainability | Amber - At risk - requires action | Amber - At risk - requires action | Amber - At risk - requires action | Green - On Track |
| Non-compliant Rotas | Office of Medical Director | Savings target exceeded for the year with second stage of monitoring complete. Final savings to be reported once all results received and any re-monitoring completed and reviewed. Clinical Management to continue with existing processes to sustain compliance and online resources available to be updated by individual services and directorates for new cohorts. | Results of surveys cascaded to be reviewed. Second stage of monitoring to begin Services to address any concerns of rota monitoring results prior to second round beginning in February | To Improve the Quality of Health and Care Services | Green - On Track | Green - On Track | Green - On Track | Green - On Track |
| SLA and External Activity | Finance & Strategy | Agreement made nationally on SLA uplift of 6.64% therefore the NHSF 3% target was not met. | Planned implementation of PLICS locally Meeting scheduled with NHS Tayside to discuss decontamination service Ongoing development of Performance Management dashboard Ongoing discussions with other Boards Chief Executives relating to transition into more formal Performance Management arrangements RTP/SLA Moving towards a business as usual model in 2025/26 - Closing report to be developed | To Deliver Value & Sustainability | Red - Unlikely to complete on time/meet target | Red - Unlikely to complete on time/meet target | Red - Unlikely to complete on time/meet target | Blue - Complete/Target met |
| Digital & Information Projects | Digital | The Digital RTP activities have now concluded for 2024/25. | Assess Benefits for Quarter | To Deliver Value & Sustainability | Green - On Track | Amber - At risk - requires action | Amber - At risk - requires action | Blue - Complete/Target met |

| Deliverable | Directorate | 2024/25 Q4 Narrative<br>Highlight achievements, reflecting on planned activities and impact on stated outcomes, as well as any associated risks and challenges that impacted delivery | 2024/25 Q4 Planned Milestones | NHS Fife Strategic Priority | Deliverable 24/25 Q1 RAG Status | Deliverable 24/25 Q2 RAG Status | Deliverable 24/25 Q3 RAG Status | Deliverable 24/25 Q4 RAG Status |
|---|---|---|---|---|---|---|---|---|
| Medicines optimisation. Design and support delivery of medicines optimisation work to ensure optimal use of medicines budgets | Pharmacy & Medicines | The revised target for acute medicines efficiencies is likely to be surpassed by the end of financial year. Within the HSCP, delivery is expected to be 91% of target (noting the target was revised upwards, and delivery has surpassed original targets).<br><br>Medicines waste comms activity has been undertaken, aimed at clinicians and the public. | Monthly monitoring of the Medicines Optimisation plan and continued identification of opportunities.<br><br>Identification of /and quantification of efficiencies to meet an extended £3M target is ongoing, however it is very unlikely that this target<br><br>Review of current prescribing guidelines across a number of specialties to more clearly define treatment pathways and access to medicines<br><br>Comms and engagement plan with all staff.<br><br>Reducing medicines waste in hospital. | To Deliver Value & Sustainability | Green - On Track | Amber - At risk - requires action | Green - On Track | Blue - Complete/ Target met |
| Procurement Savings within Acute Services | Acute Services | Projecting £456,299 as at end of month 11 for in year impact and recurring saving of £500,000 target. | Ongoing reviews of expenditure and savings opportunities. | To Deliver Value & Sustainability | Amber - At risk - requires action | Green - On Track | Green - On Track | Blue - Complete/ Target met |
| Estates Rationalisation | Property & Asset Management | 24/25 targets met with consolidation of 3 buildings including Hayfield House, Cameron House and Haig House. Sharing of office assets with Fife Council enabled the buildings to be decanted. | | To Deliver Value & Sustainability | Green - On Track | Green - On Track | Green - On Track | Blue - Complete/ Target met |
| Infrastructure - Workforce | Digital | | Decommission Sites<br>Establish other hotdesking locations | To Deliver Value & Sustainability | Green - On Track | Green - On Track | Blue - Complete/ Target met | Blue - Complete/ Target met |

# Annual Delivery Plan 2024/25 - Q4 Progress Summary

## To Improve Health and Wellbeing

| Deliverable | ADP Reference | 2024/25 Q4 Narrative Highlight achievements, reflecting on planned activities and impact on stated outcomes, as well as any associated risks and challenges that impacted delivery | 2024/25 Q4 Planned Milestones | Recovery Driver | Deliverable 24/25 Q1 RAG Status | Deliverable 24/25 Q2 RAG Status | Deliverable 24/25 Q3 RAG Status | Deliverable 24/25 Q4 RAG Status |
|---|---|---|---|---|---|---|---|---|
| Increase capacity for providing in-hours routine and urgent dental care | 1.5 | The SDAI initiative is still ongoing as this is a government funded scheme. We are hopeful a new practice in Dunfermline will open this year but still have not heard regarding the Kirkcaldy area. There remains limited options to register with NHS dentists in Fife but this is updated regularly. The dental adviceline continues to receive around 2500 calls each month providing information to residents of Fife and to offer emergency care within PDS for unregistered patients. The sheer volume of calls and numbers of emergency appointments, on top of referrals and our registered patients does mean the PDS is under huge pressure - it is a credit to our staff that we are continuing to manage all of this. | | 1. Primary and Community Care | Red - Unlikely to complete on time/meet target | Red - Unlikely to complete on time/meet target | Red - Unlikely to complete on time/meet target | Red - Unlikely to complete on time/meet target |
| National - Child Health Replacement | 9.1 | National Programme Delay and new baseline of programme being undertaken | Services testing of new Child Health System | 9. Digital & Innovation | Amber - At risk - requires action | Amber - At risk - requires action | Amber - At risk - requires action | Red - Unlikely to complete on time/meet target |
| Deliver a more effective BCG and TB programme. Public Health Priority 1 and 2 | | Ongoing work to understand and manage complex clusters of TB in vulnerable populations. Developing ways to support TB patients in a way that works for them and improves uptake of treatments. Developing systems to be able to prioritise TB work among other health protection pressures. Supporting increasing workload to support clinics and associated work. | Review of local and regional TB demand and ensure capacity to manage within clinical and health protection teams. | | Amber - At risk - requires action | Amber - At risk - requires action | Amber - At risk - requires action | Amber - At risk - requires action |
| Improved Fife-wide ADHD pathways for children & Young people | 7.1 | Fife Wide review completed. Recommendations shared with SLT of Fife H&SCP in February 2025 - outcome awaited | Fife wide multi professional review of provision of services to children/ young people with suspected/ diagnosed ADHD

Identify core functions within CCH service and review CCH clinicians job plans/ clinic templates accordingly

Development of Fife wide business case to support ADHD service improvements. | 7. Women & Children Health | Amber - At risk - requires action | Amber - At risk - requires action | Amber - At risk - requires action | Amber - At risk - requires action |
| Development of improved digital processes to support OH activity and staff health and wellbeing. | | Upgrade of Cority system in place which will improve digitisation of activities, subject to resolution of multiple initial difficulties with new system. | Decision on future system procurement or further extension of current service provider. | 8. Workforce | Green - On Track | Green - On Track | Amber - At risk - requires action | Amber - At risk - requires action |
| 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. | 8.3 | Plans for service delivery model to be re-visited as part of Directorate modernisation. | New model of service delivery in place, to be monitored and reviewed. | 8. Workforce | Green - On Track | Green - On Track | Amber - At risk - requires action | Amber - At risk - requires action |

| Deliverable | ADP Reference | 2024/25 Q4 Narrative Highlight achievements, reflecting on planned activities and impact on stated outcomes, as well as any associated risks and challenges that impacted delivery | 2024/25 Q4 Planned Milestones | Recovery Driver | Deliverable 24/25 Q1 RAG Status | Deliverable 24/25 Q2 RAG Status | Deliverable 24/25 Q3 RAG Status | Deliverable 24/25 Q4 RAG Status |
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| Refreshed Mental Health and Wellbeing Strategy for Fife for 2025 - 2028 | 3.2 | The draft strategy and supporting documents (Year One Delivery Plan, Equality Impact Assessment, Risk Register, and the Participation and Engagement Reports) have been reviewed by key stakeholders as they have progressed through the Partnership's governance process. Constructive feedback and comments have been received from the Partnership's Senior Leadership Team, the Strategic Planning Group, the Quality and Communities Committee, and other stakeholder groups. These updates will be included in the strategy and supporting papers before the documents are shared with the Integration Joint Board in July 2025 for final review and approval prior to publication and wider circulation. A summary version and an easy read version of the strategy will also be provided. | Progress Year One Delivery Plan | 3. Mental Health | Green - On Track | Amber - At risk - requires action | Green - On Track | Amber - At risk - requires action |
| Improve access for patients and carers through improved communication regarding transport options | 1.7 | Suite of transport information and resources for public and patients. The Community Transport information and leaflet and the refresh of the NHS travel reimbursement information and leaflet have been completed and distributed.   Completion and distribution of information and resources  - NHS Fife How to get to our main hospitals.<br><br>Patient information letters now include a sentence highlighting transport options and travel cost reimbursement information.<br><br>Monitoring and evaluation not available for Q4 - this will be provided in June as a financial year comparison to 2023/24. | Monitoring data<br><br>Evaluation and feedback from patient and carers and staff | 1. Primary and Community Care | Green - On Track | Green - On Track | Green - On Track | Amber - At risk - requires action |
| Support the implementation of the Food 4 Fife Strategy and associated action plan as part of ambition to make Fife a sustainable food place | 6.4 | Food4Fife Strategy agreed May 2024.  Action Plans agreed and being implemented by subgroups. Partnership has continued to meet bi-monthly. Future of partnership co-ordinator post is at risk for 25/26 as no funding identified for next year. Funding maybe available from April 2026 via Good Food Nation.  Eating well as one of two themes in DPH annual report. | explore with Fife Council colleagues support for the partnership/co-ordination of the Food4Fife Partnership beyond April 2024 | 6. Health Inequalities | Green - On Track | Green - On Track | Green - On Track | Amber - At risk - requires action |
| Children's speech, language and communication development Plan | | CYP Operational Lead attended the national meetings. Key members of CYP SLT staff are attending feedback sessions with NELC to learn more about the national work.  CYP SLTs have received information about the key bonding/ interaction/communication messages. There are local links being made, e.g. HV and SLT in Kirkcaldy and Cowdenbeath working together to support conversations around this and putting it in to practice. | Want national work to influence local partners and universal work.  Ensure that SLTs are aware of key early interaction and bonding messages being shared with local partners and universal workforce. SLTs need to be aware of focus of message and robustly support this in local conversations. | 7. Women & Children Health | Green - On Track | Red - Unlikely to complete on time/meet target | Green - On Track | Green - On Track |

| Deliverable | ADP Reference | 2024/25 Q4 Narrative Highlight achievements, reflecting on planned activities and impact on stated outcomes, as well as any associated risks and challenges that impacted delivery | 2024/25 Q4 Planned Milestones | Recovery Driver | Deliverable 24/25 Q1 RAG Status | Deliverable 24/25 Q2 RAG Status | Deliverable 24/25 Q3 RAG Status | Deliverable 24/25 Q4 RAG Status |
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| 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. | 6.4 | Pathway in development for housing needs of young poeple with substance use issues.<br><br>DPH annual report drafted, consulted on and taken to Fife Board  March 2025.  DPH report aligned with 10 year Population Health Plan.<br><br>stakeholder workshop held and framework agreed for inclusion health network | Contributing to Fife housing partnership ending homelessness together priority group pathways. Contributing to opportunities Fife partnership priorities. Revise evidence review submitted to Scottish Government.<br><br>Consider contribution and strategic direction following release of 10yr Population Health Plan. Review feedback from Inclusion Health workshop to shape future development of Inclusion Health Network. | 6. Health Inequalities | Amber - At risk - requires action | Amber - At risk - requires action | Green - On Track | Green - On Track |
| Review existing wellbeing indicator collection data to develop multi-agency response in line with GIRFEC framework. | 7.1 | We have fostered strong multi-agency communication by establishing clear pathways for information sharing and collaboration, recognising the urgency of child protection, and building flexibility to ensure swift and effective response.<br><br>The implementation of the National Child Protection Guidance 2021 has enabled us to review and update our processes for sharing information, ensuring that critical details are communicated effectively across services. Additionally, we have strengthened our shared language around risk and vulnerability factors, promoting consistency and clarity across agencies..<br><br>The Child Protection Steering Group, the Child Health Management Group and the Health and Wellbeing Strategy Group, provide oversight and assurances on these processes and play a key role in driving improvements. These groups report to Fife Child Protection Committee and Children in Fife, providing updates on deliverables within Fife Children's Plan to ensure the best possible outcomes for children and young people. | Include Wellbeing Indicators as standing agenda item within Child Health Management Team meetings. | 7. Women & Children Health | Green - On Track | Amber - At risk - requires action | Green - On Track | Green - On Track |
| Specialist clinic provision to increase by 25% in our most deprived areas with a view to achieving 473 quits in FY 20024-25<br><br>Increase targeted Very Brief Advice (VBA) information sessions by 25% Fife wide to include mental health in patient sites.<br><br>Establish a drop in and bookable clinic within maternity units to receive as early as possible referrals for maternity clients.<br><br>Create referral pathway for in patient discharge on an opt out basis | 6.3 | The service has delivered a plan of promotional activities across all 7 localities which has resulted in a significant increase in service uptake and retention with our target groups. Offering 3,593 appointments from April to December 2024.<br><br>We have worked with colleagues from the HSCP and 3rd sector to raise awareness of VBA model and referral pathways.<br><br>Appropriate referrals from Fife maternity services for pregnant smokers has also increased with 115 referrals in Q4, We have established weekly clinics in the VHK & QMH maternity units offering advice and support to pregnant smokers and their support networks. | Increase awareness that the service is available using a variety of mechanisms; consider available opportunities to promote service and establish a marketing and communication plan<br><br>Provide out-reach service provision in most deprived communities; assess appropriate sites and permissions to park, signage<br><br>Deliver financial inclusion referral pathways for pregnant women and families with young children<br><br>Support NHS actions in the Fife Child Poverty Action Report including income maximisation for pregnant women and parents of under 5s | 6. Health Inequalities | Green - On Track | Amber - At risk - requires action | Green - On Track | Green - On Track |

| Deliverable | ADP Reference | 2024/25 Q4 Narrative Highlight achievements, reflecting on planned activities and impact on stated outcomes, as well as any associated risks and challenges that impacted delivery | 2024/25 Q4 Planned Milestones | Recovery Driver | Deliverable 24/25 Q1 RAG Status | Deliverable 24/25 Q2 RAG Status | Deliverable 24/25 Q3 RAG Status | Deliverable 24/25 Q4 RAG Status |
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| Deliver the child aspects of Fife Annual Poverty Plan with Fife Council and other partners. | 7.3 | Funding confirmed from the Child Poverty Practice Accelerator Fund to sustain the income maximisation worker to support maternity services for 2024/25. Positive feedback received on actions within Child Poverty Action Plan. Progressive recruitment approaches to support pathways into employment will be a focus next year. | Influence NHS Fife Anchor Strategy to focus ambitions relevant to child poverty<br><br>Support NHS actions including income maximisation for pregnant women and parents of under 5s; explore expansion to community child health services | 7. Women & Children Health | Amber - At risk - requires action | Green - On Track | Green - On Track | Green - On Track |
| CAMHS will build capacity in order to deliver improved services underpinned by these agreed standards and specifications for service delivery. | 3.1 | CAMHS continues to work on the development of Clinical Pathways, which is near completion.<br><br>CAMHS continues to develop strategies to improve communication and promote participation and engagement through, for example, the introduction of Patient/Carer Consultation Groups<br><br>Medical Consultation Pilot with Looked After CAMHS Services is completed and the evaluation findings will be incorporated in service delivery, as appropriate, to ensure mental health support is available for those who are most vulnerable.<br><br>A review of Tier 4 services has commenced to align with the CAMHS National Specification and the recently published Eating Disorders National Specification. This will include an appraisal of out of hours/extended working. | Implement CAMHS improvement plan derived from gap analysis against the national service specification<br><br>Focus resources on prioritised improvement dimensions - access and response, care pathways, communication and engagement<br><br>Development of Clinical Pathways for Core CAMHS for young people presenting with low mood, anxiety, trauma and eating which will include use of outcome measures, enable future audit of access to evidence-based interventions and work towards providing a good quality service.<br><br>Fife CAMHS Urgent Response Team will pilot extension in hours to provide timely assessment within Acute Hospitals for those presenting with increased risk which will improve throughput within Accident and Emergency and ensure use of paediatric beds for patients who have self-harmed is limited and appropriate.<br><br>Medical Consultation Pilot with Looked After CAMHS Services will be evaluated and incorporated in the service delivery, as appropriate, to ensure mental health support is available for those who are most vulnerable. | 3. Mental Health | Green - On Track | Green - On Track | Green - On Track | Green - On Track |
| 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. | 3.1 | The service has reviewed and implemented additional strategies to enable them to continue to meet and sustain the national waiting times standard.<br>CAMHS continue to maintain Early Intervention services to ensure children and young people receive timely access to specialist services.<br>Ongoing recruitment continues to ensure workforce is at full capacity.<br><br>CAMHS have initiated Parent/Carer consultation groups, ensuring their participation and engagement underpins service developments and their needs are met. | | 3. Mental Health | Green - On Track | Green - On Track | Green - On Track | Green - On Track |

| Deliverable | ADP Reference | 2024/25 Q4 Narrative Highlight achievements, reflecting on planned activities and impact on stated outcomes, as well as any associated risks and challenges that impacted delivery | 2024/25 Q4 Planned Milestones | Recovery Driver | Deliverable 24/25 Q1 RAG Status | Deliverable 24/25 Q2 RAG Status | Deliverable 24/25 Q3 RAG Status | Deliverable 24/25 Q4 RAG Status |
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| Child and Adult weight management programmes: Develop a sustainable workforce within the resources available via regional funding award | 6.3 | Achievements Baseline funding secured, ensuring recurring financial stability Approval for some fixed-term posts to be recruited substantively, improving workforce sustainability Performance framework embedded in reporting to Scottish Government, supporting ongoing monitoring and QI Continued QI approach to optimise resource use and maintain person-centred care Risks and Challenges Uncertainty due to unapproved substantive posts, risking staff turnover and unsustainable service delivery Admin post delays from Business Transformation increase workload and divert Clinicians from clinical tasks Formal governance structures delayed due to pending GLP-1 introduction, which may strain services further without substantive recruitment | Develop performance framework to evidence impact, improvement and targeted QI approaches Establish governance and assurance structure to ensure effective oversight, reporting and assurance of programme development | 6. Health Inequalities | Green - On Track | Green - On Track | Green - On Track | Green - On Track |
| 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. | 6.7 | Public Health perspective provided to new HRPM Safety Group Evaluation advice and support provided to ongoing HRPM work Working with ADP colleagues to gain further insights into the needs of people with lived experience | Continue to provide PH input to HRPM Safety Group Continue to provide evaluation advice and support to ongoing HRPM work Continue to work with colleagues from ADP to engage the Scottish Drugs Forum to gain further insights into the needs of Lived Experience individuals | 6. Health Inequalities | Green - On Track | Green - On Track | Green - On Track | Green - On Track |
| Design and delivery of a comprehensive medicines safety programme for NHS Fife, enhancing the safety of care and ensuring the Board meets its obligations to Scottish Government direction | 6.7 | Five new Valproate prescribing pathways to fully deliver the legislative requirements have been created by the group and await final governance approval by the ADTC. GP sub Committee currently reviewing the SLA and Model of Care for Lithium in NHS Fife. A DOAC prescribing and review toolkit are being developed with the aim to improve patient safety and support safe monitoring of these medicines | Circulate guidance on Topiramate and commence audit. Develop a Lithium model of care document (inc. shared care agreement). Agree dissemination pathways for high risk pain meds. Anticoagulant focus group to identify adverse events and training needs. | 6. Health Inequalities | Green - On Track | Green - On Track | Green - On Track | Green - On Track |

| Deliverable | ADP Reference | 2024/25 Q4 Narrative Highlight achievements, reflecting on planned activities and impact on stated outcomes, as well as any associated risks and challenges that impacted delivery | 2024/25 Q4 Planned Milestones | Recovery Driver | Deliverable 24/25 Q1 RAG Status | Deliverable 24/25 Q2 RAG Status | Deliverable 24/25 Q3 RAG Status | Deliverable 24/25 Q4 RAG Status |
|---|---|---|---|---|---|---|---|---|
| Develop and Enhance Children's Services | | Revised GIRFEC guidance now embedded Wellbeing Pathway also refreshed and embedded into practice.<br><br>Implementation of the revised child protection guidance across NHS Fife/HSCP and support the embedding of changes across the Children services partnership<br><br>To embed in cross organisational policy and practice in preparation for incorporation in law for UNCRC / Children's rights<br><br>The promise - Corporate Parenting Plan agreed and shared across partnership. Health Actions & routemap identified by NHS Health Leads Network | Child Wellbeing Pathway Implementation Complete and report submitted to CHMT<br><br>Implementation of health raised IRD for CAMHS. Full implementation of CPPM via IRD process. 16-17 year olds progressing via IRD. progress single agency information sharing guidance. Progress a process for adult health checks IRD.<br><br>UNCRC - SBAR to EDG & SLT Outcome agreed. SLWG continuing to meet regularly to support CS UNCRC commitments.<br><br>The promise - Actions & routemap identified by NHS Health Leads Network and brought to HC & The Promise Group for discussion | 7. Women & Children Health | **Green - On Track** | **Green - On Track** | **Green - On Track** | **Green - On Track** |
| Ensure effective coordination and governance for adult screening programmes in Fife | 6.3 | Adult Screening published statstics for Breast, Bowel and AAA and were presented as part of public health indicatorss and IPQR for the Public Health and Wellbeing Committee in December 2024. This provided greater awareness and opportunity for scrutiny of the uptake of the three screening programmes by the members of the PHWC.<br>The NHS Fife annual Integrated Screening Report was produced in October 2024 and it was presented at the Executive Directors Group Meeting and the Public Health Assurance Committee.<br>A Screening Inequalities Outreach Officer was employed in December 2024 to oversee the implementation of the Inequalities Action Plan. This has lead to a very active period of work since December 2024. This is ongoing.<br>The "No Cervix Cervical Exclusion Audit" was completed within NHS Fife in September 2024 and clinics to follow up some patients were held up until December 2024. Consultations were held in Q4 regarding the audit of a smaller cohort of patients with "No Further Recall" exclusion applied. This audit will be carried out in the 2025/26 financial year. | Lead the coordination, governance and quality assurance of adult screening programmes including monitoring uptake and performance<br><br>Produce the annual NHS Fife Integrated Screening Report<br><br>Continue work to understand and address inequalities in the uptake of screening among Fife residents including the Bridging the Gap Project and implement the Screening Inequalities Action Plan<br><br>Investigation and management of screening programme incidents and adverse events.quality assurance of adult screening programmes including monitoring uptake and performance<br><br>Produce the annual NHS Fife Integrated Screening Report<br><br>Continue work to understand and address inequalities in the uptake of screening among Fife residents including the Bridging the Gap Project and implement the Screening Inequalities Action Plan<br><br>Investigation and management of screening programme incidents and adverse events. Complete the "No Further Recall" (NFR), Cervical Exclusion Audit. This is part of the National Cervical Exclusion Audit which started in 2021. | 6. Health Inequalities | **Green - On Track** | **Green - On Track** | **Green - On Track** | **Green - On Track** |
| Home First: people of Fife will live long healthier lives at home or in a homely setting | 2.6 | Hospital at Home multi-factorial review and 'hub and spoke' model feasibility study completed. A number of actions were identified and an SBAR paper is being prepared for SLT to seek approval to progress some of these. | Implement measurement and reporting tool for the successful implementation of the Home First vision<br><br>Leadership workshop to review the Home First Delivery structure and ensure alignment with strategic direction. | 2. Urgent and Unscheduled Care | **Green - On Track** | **Green - On Track** | **Green - On Track** | **Green - On Track** |

| Deliverable | ADP Reference | 2024/25 Q4 Narrative<br>Highlight achievements, reflecting on planned activities and impact on stated outcomes, as well as any associated risks and challenges that impacted delivery | 2024/25 Q4 Planned Milestones | Recovery Driver | Deliverable 24/25 Q1 RAG Status | Deliverable 24/25 Q2 RAG Status | Deliverable 24/25 Q3 RAG Status | Deliverable 24/25 Q4 RAG Status |
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| Locality Planning Groups will utilise Public Health Scotland data, the Fife Strategic Needs Assessment, and local intelligence to develop and finalise Locality Plans for 2025-26, outlining key priorities and measurable actions. Quarterly locality meetings will provide a forum for health and social care professionals to take accountability for the delivery and evaluation of these plans | 6.5 | Locality Event was attended by 115 delegates - feedback survey highlighted attendees had an increased knowledge and understanding of locality planning.<br><br>The Senior Leadership Team endorsed the current locality planning approach would continue in 2025/26.<br><br>Locality Delivery plans updated with Q4 actions.<br><br>Monitoring and evaluation of Community Chest Round 1 projects is ongoing - no decision will be made in regard to future funding till all round 1 projects have submitted evaluation report.<br><br>PHS and local strategic needs assessment data was presented at the March locality meetings to support discussions that may inform new priorities for 25/26. | Review and evaluate Locality Fife wide event.<br><br>Locality Planning development session with the Senior Leadership Team planned for 10th Feb 2025 and actions from this session will be taken forward.<br><br>Continue to monitor and develop the locality delivery plans 24/25.<br><br>Decide on the approach to Community Chest funding for 2025-26 and communicate with carers on the way forward.<br><br>Co-ordinate and facilitate the 7 locality planning meetings in March 2025. | 6. Health Inequalities | Green - On Track | Green - On Track | Green - On Track | Green - On Track |
| Public Health Priority 4: National Drugs Mission Priorities; MAT treatment standards; Fife NFO strategy; Fife ADP strategy | 6.2 | Working with ADP colleagues to gain further insights into the needs of people with lived experience. Adressing Alcohol Harm and Death Group have worked to identify and priortise actons required and progress is being made in two key projects to deliver these actions. SDF have added questions to their MIST survey on use of high risk pain medicines and results are awaited. | Continue to work with colleagues from ADP to engage the Scottish Drugs Forum to gain further insights into the needs of Lived Experience individuals.<br>Actively participate in the multidisciplinary Fife Addressing Alcohol Harm and Death Group to support delivery of actions to improve services and pathways. | 6. Health Inequalities | Green - On Track | Green - On Track | Green - On Track | Green - On Track |
| To embed a working business continuity management systems process that is measurable and able to be easily monitored. | | Business continuity mangment systems (BCMS) are bedding in with reporting mechanisums and analytics now being available. The number of service areas has expanded. Resilience coordinator post now being in situ aupports the continued momentum to BCMS dashboard and visibility to plans and master ledgers. B13/23 audit has been provided with evidenced actions . | Compliance and performance metrics is reported quarterly through the Resilience Forum.<br><br>To continue working towards revising and updating NHS Fife Business Continuity policy | 2. Urgent and Unscheduled Care | Green - On Track | Green - On Track | Green - On Track | Green - On Track |
| Work with local authorities to take forward the actions in their local child poverty action report | 7.3 | Briefing and training sessions have been delivered to key staff groups.<br><br>Communication Action Plan has been delivered.<br><br>Annual reporting data and information has been collated. A total of 520 referrals and an overall annual financial gain to families of £515,433.84 | Workforce development – delivering training sessions for staff and managers, refresher training sessions and staff briefings.<br><br>Communication strategy – delivering communication action plan 2024-25.<br><br>Meeting quarterly reporting requirements, auditing data and quality assurance. | 7. Women & Children Health | Green - On Track | Green - On Track | Green - On Track | Green - On Track |
| Work with partners to increase efforts to reduce the impact of climate change on our population. | | Participated in sustainabilitry ambassador network meetings and CPD sessions | Support any activity of the Sustainability Ambassador network that has been established. | 10. Climate | Green - On Track | Green - On Track | Green - On Track | Green - On Track |

| Deliverable | ADP Reference | 2024/25 Q4 Narrative<br>Highlight achievements, reflecting on planned activities and impact on stated outcomes, as well as any associated risks and challenges that impacted delivery | 2024/25 Q4 Planned Milestones | Recovery Driver | Deliverable 24/25 Q1 RAG Status | Deliverable 24/25 Q2 RAG Status | Deliverable 24/25 Q3 RAG Status | Deliverable 24/25 Q4 RAG Status |
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| Work with the Chief Executive of NHS Fife to establish NHS Fife as an Anchor Institution in order to use our influence, spend and employment practices to address inequalities. | 6.4 | Anchor progress has been self assessed 6 monthly using PHS Progression Framework. This has been reported through Anchor Institution Programme Board on a 6 monthly basis. Feedback from the Anchor Institution Programme Board steers the operational group and assists with the AI workplan for the coming year.<br><br>Annual metrics reporting submitted in draft to SG on 17/03/2025.<br><br>25/26 Anchor objectives submitted in draft to SG on 17/03/2025.<br><br>Focussed intentions on partnership working and communicating Anchor ambitions more widely. | Align Anchor ambitions with Population Health & Wellbeing Strategy<br><br>Align Anchor ambitions with NHS Fife Mid-term Delivery Plan and Public Health Mid-term Delivery Plan focussing on recovery drivers.<br><br>Support leads to report on NHS Fife progression within Anchor ambitions<br><br>Continue developing and AI workplan, reporting to AI Programme Board<br><br>Strengthen and explore links with partners and third sector agencies and community planning groups<br><br>Submit metrics and focussed objectives to SG.<br><br>Communicate our Anchor ambitions more widely | 6. Health Inequalities | Green - On Track | Green - On Track | Green - On Track | Green - On Track |
| Fife will eliminate Hepatitis C as a public health concern. | | Increased treatment initiation from 2024/25 rate | Create implementation plan. Task Group for HCV elimination in fife has not yet been reestablished due to operational pressures. | 1. Primary and Community Care | Amber - At risk - requires action | Amber - At risk - requires action | Green - On Track | Blue - Complete/ Target met |
| Carry out focused work to make sure we proactively improve access and uptake of vaccinations across our whole population | 1.2 | Area Immunisation Steering Group monitoring of vaccine uptake by geography & deprivation - meeting February 2025.<br><br>First meeting of the Immunisation Transformation Oversight Group in January 2025 - TOR and membership established. Improvement plan for teenage programme reviewed. Follow-up meeting with senior staff from education and headteachers from schools with lower uptake.<br><br>Additional clinics in weekends and evenings targeting teenage and MMR for <5 years. | | 1. Primary and Community Care | Green - On Track | Amber - At risk - requires action | Green - On Track | Blue - Complete/ Target met |
| 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 and the planning, delivery, and evaluation of services within NHS Fife and its partners. | | Lead or collaborate on work across all six Public Health priorities and ensure outputs from this work are produced to agreed timescales and standards and disseminated in a range of formats as appropriate. | Investigation and management of screening programme incidents and adverse events. | 6. Health Inequalities | Green - On Track | Green - On Track | Green - On Track | Blue - Complete/ Target met |
| 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. | 6.3 | Area Immunisation Steering Group met 03/04/25 and reviewed annual shingles, pneumococcal RSV and MSM HPV data as planned.<br><br>Strategic Framework taken to Fife IJB January 2025 and approved.<br><br>Updated deliverables for 2025/26 taken to programme Board Feb 2025 and approved. | Review of annual adult shingles, pneumococcal and RSV data as well as selective immunisation programme activity data at Feb 25 meeting of Area Immunisation Steering Group.<br><br>Approval of 2024 - 2027 Immunisation Strategic Framework by Fife IJB. | 6. Health Inequalities | Green - On Track | Green - On Track | Green - On Track | Blue - Complete/ Target met |

| Deliverable | ADP Reference | 2024/25 Q4 Narrative Highlight achievements, reflecting on planned activities and impact on stated outcomes, as well as any associated risks and challenges that impacted delivery | 2024/25 Q4 Planned Milestones | Recovery Driver | Deliverable 24/25 Q1 RAG Status | Deliverable 24/25 Q2 RAG Status | Deliverable 24/25 Q3 RAG Status | Deliverable 24/25 Q4 RAG Status |
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| New risks identified through this surveillance by urgently convening incident meetings to evaluate the risks and agreeing shared actions. The results of these meetings can be quickly cascaded to networks of people who are able to intervene – frontline workers, peer networks and individual people who use drugs can be provided with information on the risks and advice on how to keep as safe as possible | 6.2 | New alert process and protocol in place and several alerts issued over the year for novel substances posing a public health risk to the population of Fife. The new protocol is aligned to  "Guidance on the management of clusters of drug related harms - Publications - Public Health Scotland". In partnership with NHS Fife Resilience team a nitazene preparedness and contingency planning session was successfully completed with services outwith treatment and support for addiction. A library of alerts  and a monthly monitoring group chaired by SAS and supported by PHS  is established. This is proactively monitoring trends across Scotland and enabling Fife ADP to respond in advance of instances of harm.  . | Continue to monitor process in line with the changeable nature of drug trends Improvement to harm reduction advice made | 6. Health Inequalities | Green - On Track | Green - On Track | Green - On Track | Blue - Complete/ Target met |
| 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 | 3.1 | | | 3. Mental Health | Green - On Track | Blue - Complete/ Target met | Blue - Complete/ Target met | Blue - Complete/ Target met |
| Develop and maintain an integrated community drop-in model provided by specialist Alcohol and Drug Teams and community services and partners. Focus on locality data, voices of local communities and services to repeat the process of locality-based service development | 6.2 | The 6 month review of KY Glenrothes was conducted and decision made to stop/ suspend the extension into Glenrothes.  The one stop shops have continued in Kirkcaldy, Levenmouth and Cowdenbeath localities. Kirkcaldy and Cowdenbeath were reviewed and a decision was made to move one from Lochgelly to Cowdenbeath town as a result of the review. | 6 month review of KY Glenrothes to be conducted and decision made by SLWG to continue or cease or make adaptions to deliver dependent on review findings  Review of Kirkcaldy additional one stop shop and continued support provided by ADP Services | 6. Health Inequalities | Green - On Track | Purple - Suspended/ Cancelled | Purple - Suspended/ Cancelled | Blue - Complete/ Target met |

## To Improve the Quality of Health and Care Services

| Deliverable | ADP Reference | 2024/25 Q4 Narrative Highlight achievements, reflecting on planned activities and impact on stated outcomes, as well as any associated risks and challenges that impacted delivery | 2024/25 Q4 Planned Milestones | Recovery Driver | Deliverable 24/25 Q1 RAG Status | Deliverable 24/25 Q2 RAG Status | Deliverable 24/25 Q3 RAG Status | Deliverable 24/25 Q4 RAG Status |
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| Review of Specialty Paediatric Nursing workforce/services (including Diabetes, Epilepsy, Rheumatology, Endocrinology, Respiratory, Cystic Fibrosis) in line with safer staffing legislation and Working Paper 8 "Review of Clinical Nurse Specialist roles within Scotland" of the Scottish Governments Transforming Roles Program. | 7.1 | Progress paused due to workforce challenges and inability to consider development of new/ additional nursing roles this financial year | Review of updated Workforce Tools / Safer Staffing guidance (in relation to caseload and role) in each specialty | 7. Women & Children Health | Amber - At risk - requires action | Amber - At risk - requires action | Red - Unlikely to complete on time/meet target | Red - Unlikely to complete on time/meet target |
| Implement IP Workforce Strategy 2022-24 | | Progress has been hindered due to delays in national deliverables, affecting local implementation. the 2 week CNS, Professional Judgement and Quality workforce planning tools run for the IPCT in March 2025 completed. A gap analysis and options paper are being developed, for review by the Executive Delivery Group to address these challenges and align future actions with strategy goals. | Take forward EDG agreed actions from recommendations paper. | 1. Primary and Community Care | Amber - At risk - requires action | Amber - At risk - requires action | Amber - At risk - requires action | Red - Unlikely to complete on time/meet target |
| Adherence to the NHS Scotland Model Complaints Handling Procedures (DH 2017) and compliance with National targets - Stage 1 | | Improvement in Stage 1 compliance target has been noted; however, ongoing absence within PET and Directorates has impacted ability to consistently maintain this. Standard template letters have improved response times. | Streamline PET Stage 1 process to prevent delays, encourage verbal resolution and increase compliance. Create bank of standard template letters for common complaint themes which require little or no investigation, e.g. wait times / car parking / immunisation clinic locations. | | Red - Unlikely to complete on time/meet target | Amber - At risk - requires action | Amber - At risk - requires action | Amber - At risk - requires action |
| Adherence to the NHS Scotland Model Complaints Handling Procedures (DH 2017) and compliance with National targets - Stage 2 | | Challenges experienced within PET and Directorates due to absences impacting on the ability to deliver the MCHP in a timely manner.<br><br>Planning a Quality Improvement project with H&SCP CCS to test new template for response letters and review systems and processes to improve the final response process and timeframes. | Quality Improvement Project with CCS<br>New Process in PET to streamline administration burden | | Red - Unlikely to complete on time/meet target | Amber - At risk - requires action | Amber - At risk - requires action | Amber - At risk - requires action |
| Deliver Patient Experience focused work across NHS Fife, gathering patient feedback and lived experiences | | NHS Fife TV screens now have Care Opinion advertised on them<br>Further Volunteer going through recruitment process, will support raising the awareness of Care Opinion and gathering patient stories. | PET supporting Care Assurance Walkarounds<br>Further Volunteer Recruitment to raise awareness of Care Opinion and gather patient Stories<br>Explore Lived Experience Groups<br>15-step Challenge to be explored<br>Care Opinion Kiosks to be tested<br>Advertising Care Opinion on NHS FIfe TV screens | | Amber - At risk - requires action | Amber - At risk - requires action | Amber - At risk - requires action | Amber - At risk - requires action |
| Digital / Scheduling: Digital systems will be enhanced to realise full potential of integration across health and social care | 2.1 | SPOA work suspended (see row 5 above)<br><br>TOC underway in Levenmouth where ANP's are supporting 3 x Care homes to upload FCP key details onto NHS portal. [Jun25 deliverable date may need to ne reviewed as impacted by SG removing the funding for the ReSPECT tool) | AWI: digital system / application to enable relevant multi-agency access to a single Anticipatory Care Plan | 2. Urgent and Unscheduled Care | Amber - At risk - requires action | Amber - At risk - requires action | Amber - At risk - requires action | Amber - At risk - requires action |

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| 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 | 3.1 | Service development and redesign to increase access to lower-intensity options has been implemented and is being evaluated. Initial evaluation suggests positive effect on RTT target. Recruitment has been delayed, with 10.5 WTE clinical posts currently wating for authorisation to recruit. This is limiting improvement in RTT performance and progress in eliminating very long waits. | Recruitment to maintain/increase capacity<br><br>Service development and redesign | 3. Mental Health | Amber - At risk - requires action | Amber - At risk - requires action | Amber - At risk - requires action | Amber - At risk - requires action |
| Rheumatology workforce model redesign | | 2 Advanced Nurse Practitioners now in post and competencies near completion.<br><br>Substantive Consultant vacancy out to advert. Podiatrist recruited to ensure succession planning.<br><br>Band 5 & 6 nursing posts out to advert and interview dates set.<br><br>Nursing Workforce planning created to ensure maximum development and utilisation of the team.<br><br>Clinical Coordinator post has been approved and will be advertised.<br><br>Advanced practice training needs analysis underway with Nursing, Physio and Podiatry Leads. | Develop and roll-out revised workforce plans<br><br>Review roll-out plan and Consider future/next steps | 1. Primary and Community Care | Green - On Track | Amber - At risk - requires action | Amber - At risk - requires action | Amber - At risk - requires action |
| Translation and implementation of agreed Business case Options for Co-badged Clinical Trials Unit/ Clinical Research Facility with University of St Andrews | | Development track for this milestone has changed due to change of Dean at University of St Andrews School of Medicine, revisiting impact of Scottish Brain Sciences leasing space at Eden Campus (USTAN) and likely trajectory for VPAG investment coming to NHS Fife via SLA with NHS Tayside. Planned meeting with Director of Estates and Director of Transformation in 1Q 25/26 to review potential space in Phase 1 (4 Bed Bay in Ward 9 which abuts current CRF footprint) | Collaborative development of agreed business case with University of St Andrews Business Transformation Team. | 6. Health Inequalities | Green - On Track | Amber - At risk - requires action | Amber - At risk - requires action | Amber - At risk - requires action |
| Improving effective governance and monitoring systems for IPC to ensure there is a co-ordinated and rapid response to reduce the risk of infections and to drive continuous quality improvement | | The team remains actively engaged and contributing to the national SLWG exploring a surveillance solution for One for Scotland - end date Jan 2027.<br><br>Delay in InPhase rollout has impacted the possibility of introduction an IPC Audit on this platform | Planning for recommencing local InPhase meetings to explore electronic auditing | | | Amber - At risk - requires action | Amber - At risk - requires action | Amber - At risk - requires action |
| To meet the recommendations of the Women's Health Plan | 7.2 | Progress made on development of enhanced Women's Health / Gynaecology centre at QMH site (due to open towards end of April 2025). Developments relating to other deliverables rolled-over to 2025/26 due to lack of development funding and training opportunities | Plan and funding to be in place for Specialist Gynaecology Centre at QMH | 7. Women & Children Health | Green - On Track | Green - On Track | Amber - At risk - requires action | Amber - At risk - requires action |
| Support the creation of Person Centred Care Planning Principles | | Delayed due to capacity | Meeting with ADON and HON with MH to discuss next steps | | | Amber - At risk - requires action | Green - On Track | Amber - At risk - requires action |

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| Committed to controlling, reducing and preventing Healthcare Associated Infections (HAI) and Antimicrobial Resistance (AMR) in order to maintain individual safety within our healthcare settings. | | NHS Fife remains committed to controlling, reducing, and preventing HCAI and AMR to ensure individual safety within healthcare settings. The ongoing IPC and robust surveillance programme, continues to focus on minimising the risk of HAIs and AMR. Throughout this quarter, NHS Fife sustained its participation in the national surveillance programme, monitoring SAB, CDI, and ECB. Efforts align with the reduction targets outlined in DL (2023) 06. The team are preparing for the recently published new targets for 2025/26. The anticipated updates to the NIPCM and TBPs has been further postponed to Spring 2026. The team remains actively engaged, contributing to this critical work through the national extraordinary NPGE Working Group. The eCatheter bundle group met on 12th March 2025 to finalise the pathways for the catheter insertion & maintenance systems for both the acute & HSCP. IPC continue to work with D&I to fully integrate these updated bundles onto Patientrack | Prepare for upcoming changes to NIPCM and TBPs. eCatheter insertion and maintenance bundle update to have been completed on patientrak, then planned role out in NHS Fife. | | Amber - At risk - requires action | Green - On Track | Green - On Track | Amber - At risk - requires action |
| Best Start 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. Review need and gaps for, and embed Psychological services | 7.1 | We have introduced CoC TO Intrapartum areas, now 50% achieved, 75% is the national target. Progress with Transitional Care in the Neonatal Unit, dependent on clinical space. Work being taken forward with Patient Experience regarding the Maternity Engagement Strategy. | Recommencement of ANC audits post RSV vaccinations | 7. Women & Children Health | Green - On Track | Green - On Track | Green - On Track | Amber - At risk - requires action |
| Delivery of Clinical Governance Strategic Framework | | 4 out of the 11 workstreams have been delivered 2023/2024 2 out of the 11 workstreams have been partially delivered 5 out of the 11 workstreams have been allocated a revised timescale for completion - outstanding workstreams will be carried over to 25/26 | Completion of the 2024/25 workplan actions | | Green - On Track | Green - On Track | Green - On Track | Amber - At risk - requires action |
| Development and Implementation of an Adult Neurodevelopmental Pathway with clear links to CYP NDD Pathway. | 3.1 | Options paper presented to CCCS QMAG.  Paper being revised following feedback.  To go back to CCCS QMAG for sign-off before being sent to SLT. | Agreement regarding preferred option at CCCS QMAG. Sign-off by SLT including authorisation of funding if required for preferred option. | 3. Mental Health | Green - On Track | Green - On Track | Green - On Track | Amber - At risk - requires action |
| Improve compliance with CAPTND dataset | 3.1 | Psychology Service has worked closely with Digital and Information to develop TrakCare package that will meet service and CAPTND reporting requirements.  D&I implementation target date is now June 2025. | All Psychology Service staff will have access to TrakCare, supporting Psychology Service full compliance with CAPTND reporting requirements. | 3. Mental Health | Green - On Track | Green - On Track | Green - On Track | Amber - At risk - requires action |

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| Local Enhanced Services Review | | In order to progress with the review of Enhanced Services currently available to GP practices an options appraisal has been drafted which will be shared with the Enhanced Services SLWG for discussion and decision. | | 1. Primary and Community Care | Green - On Track | Green - On Track | Green - On Track | Amber - At risk - requires action |
| Local - Implement Paperlite / Electronic Patient Record | 9.5 | Implementation of Morse extended to September 2025 Implement of Results Reconciliation reprioritised | Implementation of Morse to be completed Implementation of Results Reconciliation | 9. Digital & Innovation | Green - On Track | Green - On Track | Green - On Track | Amber - At risk - requires action |
| Pandemic Preparedness: Critical to major incident levels. | | The draft Pamemic respone framework plan is circulating to key stakholders for subject specialist advice /input - SLWG will take forward to final version | Pandemic response framework plan draft is now circulating to key stakeholders for their input | | Green - On Track | Green - On Track | Green - On Track | Amber - At risk - requires action |
| To develop the resilience risk profiling for Emergency Planning for NHS Fife. | | Resporting analytics work is currently still underway for governance and assurance to evidnce based practice with EPRR response planning | Monitor and evaluate incidents that relate to emergency planning through use of incident management software | 2. Urgent and Unscheduled Care | Green - On Track | Green - On Track | Green - On Track | Amber - At risk - requires action |
| Delivery of Research Innovation and Knowledge Strategy | | Four priority themes identified (Sustainability, Collaboration, Culture and Communication), Microsoft Forms Survey of RIK Dept staff and revised Microsoft Survey of internal and external stakeholders and partners. Data reviewed by Leadership team and considered in the context of objectives. University of St Andrews School of Medicine is refreshing strategy due to appointment of new Dean and agreed that will develop and finalise Strategies in parallel. | RIK Strategy approved by Executive Directors Group and Clinical Governance Committee | 9. Digital & Innovation | | Green - On Track | Green - On Track | Amber - At risk - requires action |
| Embed the National Leading Excellence In Care Education and Development Framework into existing and new education programmes | | EiC Support Nurse has been encouraging staff to utilise resource. | Delayed due to workload challenges, but is part of PPD workplan for Sept 2025. PPD will also support Band 6 development which will be aligned to EiC LEIC | | | Green - On Track | Green - On Track | Amber - At risk - requires action |
| Support the creation of a digitalised person-centred record | | Significant progress has been made to identify patient pathways. Project lead has left post and EiC lead going on secondment May 2025 | meeting organised for April 4th with Heads of D & I to discuss next steps. | | | White - Not Started | Green - On Track | Amber - At risk - requires action |
| Development of a new OP specialist Gynaecology Unit | 7.2 | Progress made on development of enhanced Women's Health / Gynaecology centre at QMH site (due to open towards end of April 2025). | Seek approval of funding from FCIG to commence architect commission and scope of work within amended business case. | 7. Women & Children Health | Red - Unlikely to complete on time/meet target | Red - Unlikely to complete on time/meet target | Red - Unlikely to complete on time/meet target | Green - On Track |

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| Community Rehab & Care: To develop a modernised bed base model in Fife that is fit for the future | 2.6 | Following a pause in the reconfiguration work while there was a bed modelling exercise across NHS Fife undertaken, the HSCP has restarted the project to transform the bed base. The clinical pathways are under discussion and the transformation of the bed numbers and locations is being agreed as part of a multi disciplinary working group. Staff side are involved in all planning conversations and there are plans for wider communication and engagement with staff, patients and public.<br><br>Engaged with estates to commence costings | Map existing workforce and develop workforce configuration requirements<br><br>Review data available and undertake strategic needs assessment to achieve the right balance between bed base and community based provision.<br><br>Review all existing pathways and referral processes to enable redesign in line with transformed bed numbers.<br><br>Review and redesign inpatient services in line with RTP<br><br>Deliver enhanced care and rehabilitation community services to support the delivery of care within the right environments for the people of Fife | 2. Urgent and Unscheduled Care | Green - On Track | Amber - At risk - requires action | Red - Unlikely to complete on time/meet target | Green - On Track |
| Develop and scope an SDEC model of care to support same say assessment and increase our ambulatory models of care. | 2.2 | TOC commenced Feb 2025 for two weeks. Stakeholder feedback triangulated with quantitative data utilised . Further 3 month TOC now in progress. Scheduling of GP patients also commenced and redirection to OOH / Urgent care service overnight. | TOC to be commenced . Scheduling of GP patients to be implemented | 2. Urgent and Unscheduled Care | Green - On Track | Amber - At risk - requires action | Amber - At risk - requires action | Green - On Track |
| Continue to deliver the Community Listening Service. | | Risk has been diminished with Volunteer Team in PET taking on aspects of administration function. | Aspects of CCL management have moved across into Volunteer Team within Patient Experience team. Milestones are ongoing review to see how this is working in a collegiate sense whilst Spiritual are retains operational and strategic delivery of CCL service. | 8. Workforce | Amber - At risk - requires action | Amber - At risk - requires action | Green - On Track | Green - On Track |
| Implement new referral management and electronic patient records system (TrakCare/morse) within P&PC Physiotherapy service. | | Services went live with MORSE on 25/03/25 and currently in the supported transition phase.<br><br>Work continues on testing phase for transition from TIARA to TrakCare scheduled for 14th May 2025 | Staff training and implementation of new digital processes across the P&PC Physio services<br><br>Transition P&PS Physiotherapy services from Tiara onto TrakCare/morse digital system with support from eHealth | 1. Primary and Community Care | Amber - At risk - requires action | Amber - At risk - requires action | Green - On Track | Green - On Track |
| Develop mechanism for Health Visiting data analysis to assist partnership working with associated agencies, ensuring early intervention measures and anticipatory care needs are identified expeditiously. | 7.1 | Robust Data Analysis Framework: Begun to implement a comprehensive data analysis framework within the Health Visiting service with support from digital team.<br>Enhanced Professional Interfaces: Improved collaboration across children's services by implementing similar and linked digital systems.<br>Planned Activities and Impact: Continued refinement of data analysis tools to ensure proactive identification of care needs, enhancing the effectiveness of interventions.<br>Ongoing training for staff on new digital system to maximise their utility and improve multi-agency collaboration.<br>Challenges: Resistance to change from staff adapting to new digital systems, impacting on effective implementation. Delay within digital teams to update electronic system. | Establish a pathway in reflection to the improvement plan to allow all services working with children's and young people access to relevant data for further development. | 7. Women & Children Health | Green - On Track | Amber - At risk - requires action | Green - On Track | Green - On Track |

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| Forensic Mental Health services are reviewed and restructured to ensure appropriate pathways that enable patient flow and maximise rehabilitation and recovery. | 3.4 | Multidisciplinary workforce paper in progress covering all MH&LD services. This will be presented to the Mental Health Oversight Group.\n\nRedesign of rehabilitation services is under consideration. This is led via the Mental Health Redesign Programme Board. There is an ambition to improve flow to/from inpatient services through redesign.\n\nProcesses related to out of area placement are being strengthened e.g. return/update process for Clinical Advisory Panel, development of single spreadsheet to monitor out of area placements and progress towards repatriation/discharge | Workforce review | 3. Mental Health | Green - On Track | Amber - At risk - requires action | Green - On Track | Green - On Track |
| MAT based outcomes embedded in all ADP service level agreements. The standards implemented and fully maintained and PHS assessment supports this | 6.2 | In May 2024, Fife ADP and its partners including NHS Fife achieved a green status on implementation for 2023/24 for standards 1 to 5 from the external PHS assessment process. Provisional green was achieved for MAT Standards 6 to 10. This was an improvement on the previous year. Monthly numerical monitoring has shown a consistency and sustainability of this performance in year. | Completion of the FAIR (Facts, Analyse, Identify and Review model) in partnership with lived experience panel.\n\nInformation gathering for end of year PHS assessment.\n\nMAT 3 reporting reviewed and additional service added to the numerical reporting mechanism | 6. Health Inequalities | Green - On Track | Amber - At risk - requires action | Green - On Track | Green - On Track |
| CAMHS will achieve full compliance with CAMHS and Psychological Therapies National data set and enhance systems to achieve compliance. | 3.3 | Work continues with system supplier to embed supplementary questionnaire in TrakCare as part of the current clinical workflow to allow recording.\n\nWork continues with NHS Fife information services to ensure reporting of items from the supplementary questionnaire.\n\nWork continues on both these aspects so full compliance can be achieved. | | 3. Mental Health | Green - On Track | Green - On Track | Green - On Track | Green - On Track |
| Community Mental Health Teams for Adult and Older Adult services that are responsive to need and reduce admission by offering alternative pathways | 3.2 | Pathways now embedded within service with last pathway- PDS submission for SG about to go live on 31st March 2025. There will be a 6 month service review to ensure that all three localities are adhering to the new pathways and will also allow the service to action any difficulties in a timely manner. | OA CMHT have developed pathways for the whole service - in the process of being implemented to bring consistency across the 3 localities within the service. | 3. Mental Health | Green - On Track | Green - On Track | Green - On Track | Green - On Track |
| Comply with the requirements of the COVID enquiry and Operation Koper, Crown Office. | | This is being coordinated through the PET. Learning and adapting the process. | Provide information and expert advice as required | | Green - On Track | Green - On Track | Green - On Track | Green - On Track |
| 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. | | Regional helth protection workforce is available and able to respond as needed. Relationships across the region with other services are being developed and maintained. Pandemic preparedness ongoing, and being aligned with national plans where possible. | National VAM plans and funding remain in place. Health Protection workforce at expected numbers. Outbreak management and community testing capacity is available as needed. | 1. Primary and Community Care | Green - On Track | Green - On Track | Green - On Track | Green - On Track |
| Delivery of Care at Home / Commissioning: Maximise capacity, and commission and deliver care at home to meet locality needs | 2.3 | More than 2/3 home care staff trained, more than 2/3 of Fife reviewed. On target savings. | Continue / conclude review of double-up packages of care | 2. Urgent and Unscheduled Care | Green - On Track | Green - On Track | Green - On Track | Green - On Track |

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| Delivery of the objectives set within the Pharmacy and Medicines Strategic Framework for 2024-2026 | | Key workstreams continue to progress. Review will be undertaken mid-2025 in preparation for next version. | Year end position stock take and review of plans for 2025 | 8. Workforce | Green - On Track | Green - On Track | Green - On Track | Green - On Track |
| Develop, Enhance and re-invigorate Regional Networks | 4.4 | All network clinical pathways performing well supporting delivery of planned care. | Maintaining safe network arrangements between neighbouring boards. | 4. Planned Care | Green - On Track | Green - On Track | Green - On Track | Green - On Track |
| Development of Medical Education Strategic Framework | | Engagement session with team has been held and framework is in draft. For completion by end of Q2 25/25 | | | Green - On Track | Green - On Track | Green - On Track | Green - On Track |
| Engage with Higher Education Institutions locally and regionally to develop collaborative way of working | 9.5 | Collaboration with Southeast HEIs regularly through Academic Liaison Group. NIHR Funding application with Queen Margaret University lead to be submitted focussing on decarbonising Healthcare services and MRC funding application with University of St Andrews to expand work of Fife Community Advisory Council. | Support at least 2 funding applications either locally in NHS Fife, in partnership with University of St Andrews, or as part of the Southeast Academic Liaison Group | 9. Digital & Innovation | Green - On Track | Green - On Track | Green - On Track | Green - On Track |
| Improve the mental health services build environment and improve patient safety | 3.6 | Ligature refurbishment programme is in place and work underway to improvement MH inpatient estates. Ward 3 refurbishment on target with move date from Ward 1 May 2025. Timeframes established for Ward 1 refurbishment and Ravenscraig move.

Ligature project board in place to oversee development. | | 3. Mental Health | Green - On Track | Green - On Track | Green - On Track | Green - On Track |
| Increase NHS Fife Innovation Test Bed activity | | Phase 2 projects are running to milestone targets with the exception of one project seeking extension currently. Other projects have had milestones delayed, with mitigations in place to meet the milestone within the September deadline.

Steering Group informed monthly of project progress and monthly meetings with projects leads provides feedback loop. | Ensure milestones for Phase 2 projects are on track, or risk mitigations in place.

Ensure Steering Group fully informed of milestone progress and feedback provided to project leads. | 9. Digital & Innovation | Green - On Track | Green - On Track | Green - On Track | Green - On Track |
| Increase redirection rate utilising flow and navigation | 2.2 | Redirection rate from NHS 24 - 77% Full utilisation of MIU at QMH & scheduling. GP redirection rate increased to 15%. Further work required to fully optimise H@H and respiratory and mental health pathways to offer alternatives to hospital admission. CBC in place to support Care Home admissions but with no ACP model in place success has been limited. | Fully embed Scheduling of GP patients | 2. Urgent and Unscheduled Care | Green - On Track | Green - On Track | Green - On Track | Green - On Track |
| 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 | | | Ongoing. Raise awareness of claims - similar claims and implement new procedures to avoid future claims | | Green - On Track | Green - On Track | Green - On Track | Green - On Track |

| Deliverable | ADP Reference | 2024/25 Q4 Narrative<br>Highlight achievements, reflecting on planned activities and impact on stated outcomes, as well as any associated risks and challenges that impacted delivery | 2024/25 Q4 Planned Milestones | Recovery Driver | Deliverable 24/25 Q1 RAG Status | Deliverable 24/25 Q2 RAG Status | Deliverable 24/25 Q3 RAG Status | Deliverable 24/25 Q4 RAG Status |
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| 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 mental health & wellbeing services and supports in primary care and community settings. | 3.3 | Development work on test of change, including initial meeting with stakeholders completed. | Implement phase 4 coproduction activity (deliver), to include a six-month test of change to improve access to mental health & wellbeing services and supports in NEF | 3. Mental Health | Green - On Track | Green - On Track | Green - On Track | Green - On Track |
| Non-compliant Rotas | | Savings target exceeded for the year with second stage of monitoring complete.<br><br>Final savings to be reported once all results received and any re-monitoring completed and reviewed.<br><br>Clinical Management to continue with existing processes to sustain compliance and online resources available to be updated by individual services and directorates for new cohorts. | Results of surveys cascaded to be reviewed.<br><br>Second stage of monitoring to begin<br><br>Services to address any concerns of rota monitoring results prior to second round beginning in February | | Green - On Track | Green - On Track | Green - On Track | Green - On Track |
| Ongoing development of Community Treatment and care (CTAC) services, supporting more local access to a wider range of services. | 1.2 | Recruitment to vacancies remains positive, and locality hubs have been established to enhance capacity and strengthen resilience towards delivering sustainable services. A review of accommodation and space for CTAC and MDT services is underway. However, the lack of additional funding for service expansion or backfill poses a risk to sustainability, potentially leading to inequitable service provision across Fife, unmet patient needs, and dissatisfaction among primary care partners. The next steps involve reviewing activity and demand to improve efficiencies in processes and procedures, including scheduling, ensuring the most effective use of resources within the available financial envelope.. | Continues to be scoped , planned and financial envelope to be confirmed | 1. Primary and Community Care | Green - On Track | Green - On Track | Green - On Track | Green - On Track |
| Preventing alcohol specific and drug related harm and death affecting children and young people | 6.2 | Rapid Action Group established in March 2024 has achieved the following outcomes:<br>Develop an approach to surveillance of drug related harms in the community that assesses data gathered from a range of sources including data that is currently collected (such as hospital rates, drug-related deaths, non-fatal overdoses) and key stakeholder data (such as SAS, RADAR, ADP commissioned services)<br>Community based Hospital Liaison Service and pathway for all CYP attending ED or admitted to hospital for a 24 to 48 hour response via a QR code<br>THINK again campaign co-produced with CYP on raising awareness about harms, risk of overdose and death from substances typically prevalent in the age group | Review of action plan and resetting of plan for the remainder of the year and into next financial year. Review will include support for school, parents and carers including residential school and children not in school. Public messaging and harm reduction advice about continual use in young people and risk of overdose.<br><br>Full drug awareness campaign to launch. | 6. Health Inequalities | Green - On Track | Green - On Track | Green - On Track | Green - On Track |

| Deliverable | ADP Reference | 2024/25 Q4 Narrative Highlight achievements, reflecting on planned activities and impact on stated outcomes, as well as any associated risks and challenges that impacted delivery | 2024/25 Q4 Planned Milestones | Recovery Driver | Deliverable 24/25 Q1 RAG Status | Deliverable 24/25 Q2 RAG Status | Deliverable 24/25 Q3 RAG Status | Deliverable 24/25 Q4 RAG Status |
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| Prevention & Early Intervention: new models of care ensuring early discharge and prevention of admission, and local frameworks for frailty | 2.6 | Heart Failure training for Diuretic IV in the Community - creating pathways with Hospital at Home  Needs assessment and Action Plan completion as part of the DWD collaborative. Fife are well represented on each sub group. Frailty, Discharge to assess, Home First Community Hospitals and Integrated Hubs. Work will commence to progress the whole system outcomes  Completion of the Assessment and Rehabilitation Centre model transformation nearing completion. Awaiting for the digital aspects of the redesign to be finalised.  Discussions have taken place regarding patient self administration of IV antibiotics and 24 hour IV pumps  however this requires to be progressed collectively between Acute and the Partnership. Head of Service has agreed to discuss this at a more senior level with the relevant Acute partners. | Heart Failure training for Diuretic IV in the Community - creating pathways with Hospital at Home  South West Fife Locality currently trained and on patient 5 out of 6 on Test of Change.  Dunfermline also now have trained staff that can undertaken IV Abs.  Additional staff across Fife are now also undertaking training.  Review and redesign of Assessment and Rehabilitation Centre model  Develop processes to implement patients self management of IV Antibiotic Therapy | 2. Urgent and Unscheduled Care | **Green - On Track** | **Green - On Track** | **Green - On Track** | **Green - On Track** |
| Reprovision of unscheduled care/ crisis care provision for patients presenting out of hours with a mental health crisis | 3.1 | Options appraisal completed. To be presented at MH programme board on 31/03/25 | Report to Programme Board with recommended option for service improvement. | 3. Mental Health | **Green - On Track** | **Green - On Track** | **Green - On Track** | **Green - On Track** |
| Review of actions outlined in the Framework for Effective Cancer management to improve delivery of Cancer Waiting Times | 5.3 | Introduction of new cancer tracking reports to streamline workload and effectively highlight patients who require action from individual services. Introduction of new cancer tracking reports to streamline workload and effectively highlight patients who require action from individual services. | Collaborate nationally to learn from NHS Lanarkshire model to improve cancer waiting times performance.  Review and identify actions once the Framework for Effective Cancer Management is published. | 5. Cancer Care | **Green - On Track** | **Green - On Track** | **Green - On Track** | **Green - On Track** |
| Support for Doctoral Training Program (DTP) Fellows | | 2 new Fellows (1 is a Global Fellow) appointed and commenced with University of St Andrews School of Medicine on 1 Day week lead in to 0.8 commencement in August 2025. | Cohort 5 (final) cohort launched and project proposals invited. | 8. Workforce | **Green - On Track** | **Green - On Track** | **Green - On Track** | **Green - On Track** |
| To support preparations within NHS Fife for the implementation of the HCSA Act (on-going during 2023/2024), which comes into force from 1 April 2024. | 8.4 | New data capture process introduced for Q3 HCSA reporting, utilising business objects and aligned to ADP format, allowing path to green to be demonstrated and generation of evidence.  Annual Report being prepared for submission to SG by 30/04/2025. | Continued review of SG HCSA feedback, submission of HCSA quarterly returns in line with agreed reporting mechanisms and governance cycles.  Board actions progressed. | 8. Workforce | **Green - On Track** | **Green - On Track** | **Green - On Track** | **Green - On Track** |
| Update cancer priorities and develop associated delivery plan as outlined in the Cancer Framework and support delivery of the 10 year Cancer Strategy | 5.1 | 2024/25 Annual Delivery Plan finalised and for circulation. | Finalise and circulate to relevant stakeholders and sign off. | 5. Cancer Care | **Green - On Track** | **Green - On Track** | **Green - On Track** | **Green - On Track** |

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| Work with Secondary care to develop shared care initiatives to continue to reduce the requirement for patients to attend ED | 1.6 | OOH Telehealth: Increased use of video calls and other technologies to provide remote consultations and access to urgent care services, this is being achieved through project development, and staff engagement<br><br>OOH Improving urgent care pathways in the community and enhancing links between primary and secondary care, working with mental health services to increase access to OOH mental health care<br><br>Emergency Department to urgent care OOH redirection, closely monitoring and promoting referrals to OOH from ED, including co-ordinator to co-ordinator liaising during the OOH period | Plans for the rollout of the national glaucoma shared care scheme within NHS Fife to alleviate the burden of glaucoma care on the hospital eye clinic are well underway with the aim of 'going live' In April 2024 | 1. Primary and Community Care | Green - On Track | Green - On Track | Green - On Track | Green - On Track |
| Embed Quality of Care Review Guidance (QoC) within all adult inpatient and community areas | | 2 areas within Acute are testing new EiC QoC Boards with the hope of rolling out across all Acute inpatient areas. Acute has embedded national QoC Guidance. 15 areas have completed reviews using guidance. Acute has also tested the guidance on the Right Decision Platform. Community Nursing is completing a QoC at present. Discussions with AHP Director about using QoC Guidance within AHP areas | Influence use of new QOC guidance with HSCP, Supporting Care Assurance is with HSCP April | | | Green - On Track | Green - On Track | Green - On Track |
| Increase the number of SCN utilising the CAIR dashboard to inform improvements whilst creating a culture of learning and sharing between areas | | Increased over the last 3 months from 70 to 95 users due to drive from EiC Support nurse. PHS Supported session for Acute Staff. A further one planned for HSCP staff. | | | | Green - On Track | Green - On Track | Green - On Track |
| Contribute Public Health perspective and evaluation support to Fife's Mental Health & Wellbeing Strategy | | PH input to development of Mental Health & Wellbeing Strategy/Delivery Plan has continued. Strategy due to go to IJB May 2025 following which PH input relating to evaluation can commence. | PH representation and advisory role within the Mental Health Strategy Implementation Group | 3. Mental Health | Amber - At risk - requires action | Amber - At risk - requires action | Amber - At risk - requires action | Blue - Complete/ Target met |
| Implement preventative podiatry service in care homes | | This work is ongoing but the bulk has been completed. | Implement the care plan for all moderate and high risk diabetics | 1. Primary and Community Care | Amber - At risk - requires action | Amber - At risk - requires action | Amber - At risk - requires action | Blue - Complete/ Target met |
| Expand on current system wide Urgent Care Infrastructure to develop more integrated, 24/7 urgent care models | 2.1 | In Hours Urgent Care ANPs provide urgent care to those patients during in-hours seeking healthcare, they support all general practices across Fife, including support with home visiting and care homes across Fife. This care is provided until 6pm every weekday, providing a seamless transition to the OOH period for patients to access 111 and be supported by the urgent care OOH team | Develop dual nursing posts which support rostering to encompass 24 hour approach to urgent care.<br><br>Further enhance and develop capacity and accessibility to HSCP led MIU/urgent Care centres | 2. Urgent and Unscheduled Care | Amber - At risk - requires action | Amber - At risk - requires action | Green - On Track | Blue - Complete/ Target met |

| Deliverable | ADP Reference | 2024/25 Q4 Narrative Highlight achievements, reflecting on planned activities and impact on stated outcomes, as well as any associated risks and challenges that impacted delivery | 2024/25 Q4 Planned Milestones | Recovery Driver | Deliverable 24/25 Q1 RAG Status | Deliverable 24/25 Q2 RAG Status | Deliverable 24/25 Q3 RAG Status | Deliverable 24/25 Q4 RAG Status |
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| Targeted actions to improve the quality of our Immunisation services | 1.2 | Immunisation QMAG meeting took place 31st January 2025<br><br>Improvement work progressed with Care Home Consent Processes through Care Home SLWG<br><br>Vaccine Stock SLWG convened to improve pathways of ordering, delivery, storage & wastage of vaccine stock. | | 1. Primary and Community Care | Green - On Track | Amber - At risk - requires action | Green - On Track | Blue - Complete/ Target met |
| Begin preparation to review the 2022-25 Cancer Framework in NHS Fife to ensure still relevant and up to date | 5.1 | Refreshed Cancer Framework has been drafted and aligns with the Population and Wellbeing Strategy and 10 year Cancer Strategy. | Finalise refreshed Cancer Framework which will align with the Population and Wellbeing Strategy and 10 year Cancer Strategy. | 5. Cancer Care | Green - On Track | Green - On Track | Green - On Track | Blue - Complete/ Target met |
| Continued development of digital front door for patients | 9.5 | Digital Letters functionality operational<br>Waiting List Validation extended | Implementation of Digital Letters - TrakCare<br>Extension of Waiting List Validation | 9. Digital & Innovation | Green - On Track | Green - On Track | Green - On Track | Blue - Complete/ Target met |
| Deliver an effective health protection function, including in- and out-of-hours duty cover to prevent and respond to communicable disease prevention. | | Regional service working well in-hours. OOH service remains with individual boards. Ongoing staff development and training. Recruitment progressing to plan. | Provide a 24/7 specialist health protection service for Fife | 1. Primary and Community Care | Green - On Track | Green - On Track | Green - On Track | Blue - Complete/ Target met |
| Delivering year on year reductions in waiting times and tackling backlogs focusing on key specialities including cancer, orthopaedics, ophthalmology, and diagnostics. | 4.1 | Weekly monitoring has improved position from last year with plans in place to further reduce long waits. | Waiting times overall should improve, particularly in >104 and .78 week position. | 4. Planned Care | Green - On Track | Green - On Track | Green - On Track | Blue - Complete/ Target met |
| Delivery of Clinical Governance Strategic Framework - Adverse Events | | Staff support pathway in place | | | Green - On Track | Green - On Track | Green - On Track | Blue - Complete/ Target met |
| Delivery of the Risk Management Framework | | The Risk Management Framework was endorsed by the Audit and Risk Committee on the 12 December 2024 and approved by the Board on 28 January 2025. | Completion of the 2024/25 workplan actions | | Green - On Track | Green - On Track | Green - On Track | Blue - Complete/ Target met |
| Enabling a "hospital within a hospital" approach in order to protect the delivery of planned care. | 4.2 | Successful utilisation of QMH over winter months, reducing cancellations due to bed capacity limitations.<br>BADS data under review as coding of procedures unable to account for DC activity which has moved | Maximise use of QMH and reduce day surgery within VHK | 4. Planned Care | Green - On Track | Green - On Track | Green - On Track | Blue - Complete/ Target met |
| Enhance Theatre efficiency | 4.10 | Successful utilisation of QMH over winter months, reducing cancellations due to bed capacity limitations. | Maintain theatre utilisation above 85% across VHK and QMH sites | 4. Planned Care | Green - On Track | Green - On Track | Green - On Track | Blue - Complete/ Target met |
| Ensure people have clear information and are sign posted to the HSCP Wells to enable tailored access to support via a 'good conversation', while awaiting a secondary care appointment / treatment. | 4.8 | Delivery of 'Waiting Well' workshop following a mapping exercise.<br>Waiting Well information forms a part of waiting list letter for patients. | Waiting times letters include signposting for waiting well information. Key engagement with the national waiting well network. | 4. Planned Care | Green - On Track | Green - On Track | Green - On Track | Blue - Complete/ Target met |

| Deliverable | ADP Reference | 2024/25 Q4 Narrative Highlight achievements, reflecting on planned activities and impact on stated outcomes, as well as any associated risks and challenges that impacted delivery | 2024/25 Q4 Planned Milestones | Recovery Driver | Deliverable 24/25 Q1 RAG Status | Deliverable 24/25 Q2 RAG Status | Deliverable 24/25 Q3 RAG Status | Deliverable 24/25 Q4 RAG Status |
|---|---|---|---|---|---|---|---|---|
| Ensuring there is a sustainable Out of Hours service, utilising multi-disciplinary teams. | 1.3 | Integrating a diverse team of healthcare professionals who work with the General Practitioners (GPs) as the Senior Clinical Decision Makers in urgent care settings, significantly enhances patient experience through comprehensive, efficient, and specialised care. Each team member brings unique skills and expertise that contribute to a holistic approach to patient management. Fife Urgent Care (Out of Hours) multi-disciplinary team includes: I. General Practitioners ii. Senior Advanced Nurse Practitioners iii. Advanced Nurse Practitioners iv. Urgent care Practitioners (UCP)s v. Advanced paramedic practitioners (APP)s vi. Health care support workers (HCSW)s vii. Scot Gem Medical Students viii. trainee GPs and medical students ix. student nurses x. student paramedics xi. Foreign exchange students North East Fife Minor Injury Units provide care to those of Fife seeking minor injury care, scheduled via FNC, promoting right care, in the right place, with ongoing collaboration with the local ED to ensure patients are supported by the right clinician, at the right time. This care provided includes rotating urgent care ANPs being trained in minor injury care to support a more sustainable workforce | Introduce integrated roles across In-hours and out of hours Review the role and scope of practice of ENPs Review new dual roles across Injury and Illness clinical skill sets | 1. Primary and Community Care | Green - On Track | Green - On Track | Green - On Track | Blue - Complete/ Target met |
| Expanding Endoscopy capacity and workforce | 5.2 | NHS Fife among best performing boards for endoscopy across Scotland. | Reduce waiting times for USC diagnostics and surveillance patients | 5. Cancer Care | Green - On Track | Green - On Track | Green - On Track | Blue - Complete/ Target met |
| Extending the scope of day surgery and 23-hour surgery to increase activity and maximise single procedure lists. | 4.5 | Treatment room usage now part of BAU releasing theatre space within QMH. | Increased utilisation of treatment room throughout 24/25 | 4. Planned Care | Green - On Track | Green - On Track | Green - On Track | Blue - Complete/ Target met |
| Implement outcomes of Specialist Delivery Groups including reducing variation. | 4.6 | Monitored through heatmap presented at IPCPB | Increase in services and conditions covered through ACRT and PIR | 4. Planned Care | Green - On Track | Green - On Track | Green - On Track | Blue - Complete/ Target met |
| Infection Prevention and Control support for Care Homes Continue to support Fife Care Homes to have a workforce with the necessary knowledge and skills in infection prevention and control to ensure they can practise safely, preventing and minimising the risks of HCAI to their residents, visitors, their co-workers and themselves. | | IPC Programme for 2024/25 complete, work progressed for 2025/26 programme and alignment with AMR NAP. | Promote outbreak training sessions to care homes in Fife | 8. Workforce | Green - On Track | Green - On Track | Green - On Track | Blue - Complete/ Target met |
| Maximising Scheduled Care capacity | 4.3 | End of year figures within trajectories identified for 24/25. Full utilisation of Non-recurring funds allocated to manage waiting times | Delivery of TTG and OP targets within DCAQ plan | 4. Planned Care | Green - On Track | Green - On Track | Green - On Track | Blue - Complete/ Target met |

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| Reducing the time people need to spend in hospital by promoting early and effective discharge planning and robust and responsive operational management | 2.5 | FELS management change process has completed. Drivers have now been upgraded to Technicians and fitting equipment releasing clinician time.  Two substantive H@H In-Reach Nurse Practitioners commenced within Acute Services during January 2025. | Fife Rehab Model Undertake required organisational/change management processes | 2. Urgent and Unscheduled Care | Green - On Track | Green - On Track | Green - On Track | Blue - Complete/ Target met |
| Undertake regular waiting list validation and maximise digital hub solutions | 4.7 | Exploration of 'overbooking' DC lists at QMH where it is anticipated there will be DNA patients. | | 4. Planned Care | Green - On Track | Green - On Track | Green - On Track | Blue - Complete/ Target met |
| Continue to ensure EiC is represented in all improvement and fundamentals of care delivery groups | | This is business as usual across Acute and HSCP. SG reports Bi Annual. | | | | Green - On Track | Green - On Track | Blue - Complete/ Target met |
| 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 | | | | 8. Workforce | Green - On Track | Green - On Track | Blue - Complete/ Target met | Blue - Complete/ Target met |
| Scoping further areas to support Public Health/ NHS Fife priorities for evaluation and research. | | | | 6. Health Inequalities | Green - On Track | Green - On Track | Blue - Complete/ Target met | Blue - Complete/ Target met |
| 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. | 3.4 | | | 3. Mental Health | Green - On Track | Blue - Complete/ Target met | Blue - Complete/ Target met | Blue - Complete/ Target met |
| Implement national Excellence in Care (EIC) objectives within NHS Fife In line with 3 Year strategy, embed in Fife by 2025. | | | | | Green - On Track | Blue - Complete/ Target met | Blue - Complete/ Target met | Blue - Complete/ Target met |
| 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 | | | | | Blue - Complete/ Target met | Blue - Complete/ Target met | Blue - Complete/ Target met | Blue - Complete/ Target met |
| Ensure the delivery of an effective resilience function for NHS Fife. | | | | 6. Health Inequalities | Blue - Complete/ Target met | Blue - Complete/ Target met | Blue - Complete/ Target met | Blue - Complete/ Target met |
| Digital / Scheduling: create a centre of excellence for scheduling across community services | 2.6 | | | 2. Urgent and Unscheduled Care | Green - On Track | Amber - At risk - requires action | Purple - Suspended/ Cancelled | Purple - Suspended/ Cancelled |

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| 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 | 10.6 | | | 10. Climate | Green - On Track | Amber - At risk - requires action | Purple - Suspended/ Cancelled | Purple - Suspended/ Cancelled |

## To Improve Staff Experience and Wellbeing

| Deliverable | ADP Reference | 2024/25 Q4 Narrative — Highlight achievements, reflecting on planned activities and impact on stated outcomes, as well as any associated risks and challenges that impacted delivery | 2024/25 Q4 Planned Milestones | Recovery Driver | Deliverable 24/25 Q1 RAG Status | Deliverable 24/25 Q2 RAG Status | Deliverable 24/25 Q3 RAG Status | Deliverable 24/25 Q4 RAG Status |
|---|---|---|---|---|---|---|---|---|
| National - eRostering | 9.1 | Pace of implementation will take longer to conclude the implementation. Focus remains on clinical areas as priority. | Replanning of implementation completed | 9. Digital & Innovation | Amber - At risk - requires action | Amber - At risk - requires action | Amber - At risk - requires action | Amber - At risk - requires action |
| Delivery of Staff Health & Wellbeing Framework aims for 2023 to 2025. | 8.3 | Core wellbeing support provision highlighted through Staff Care rebranding and consideration of Framework and Action Plan for 2025 -2028 underway. Absence trajectory not met to date, so Recovery Plan developed to support improvement. | Review of Action Plan to inform development of 2025/2026 aims. | 8. Workforce | Green - On Track | Green - On Track | Green - On Track | Amber - At risk - requires action |
| We will raise awareness of the challenges faced by carers and provide information and advice to carers on their rights and what supports are available. | 6.1 | In Quarter 4 we undertook a full review of activity relating to unpaid carers, and consulted with IJB representative and key stakeholders resulting in a refreshed delivery plan for 2025-26 in order to deliver our objectives within the current resource landscape and ensure that our actions are fully aligned to strategic objectives. Three specific actions will be taken forward in relation to this deliverable in 2025-26:<br><br>1. Review and update to Carers Information on the HSCP webpage.<br><br>2. Development, implementation and evaluation of Carers awareness raising campaign 25-26<br><br>3. Explore options for additional staff resource to support delivery of future carers information campaigns. | A revised short-term action plan will be developed to address the challenges of delivering the objectives within the current resource landscape. | 6. Health Inequalities | Amber - At risk - requires action | Amber - At risk - requires action | Amber - At risk - requires action | Green - On Track |
| We will work collaboratively to design and deliver services to reduce the negative impact of caring and support wellbeing, and promote supportive workforce environments for working carers | 6.1 | All SLAs have been reviewed as part of the Reimagining the third sector project. End of year reports of performance currently in production.<br><br>Actions have been agreed to make progress towards our deliverable, in 2025-26 we will:<br><br>1. Undertake a review of all commissioned support for adult carers, ensuring a whole system approach to supporting carers<br><br>2. Carer provider Forums (x4)- improving cross organisation working<br><br>3. Support commissioned partners to achieve carer positive status (level 1 engaged) by March 2026 | Work with HSCP Contracts to review the effectiveness of SLA's with partners in meeting the needs of carers, linked to the Reimagining the Third Sector project.<br><br>Work with CARF and other partners where required to develop an action plan to deliver the income maximisation project. | 6. Health Inequalities | Green - On Track | Amber - At risk - requires action | Amber - At risk - requires action | Green - On Track |
| Delivery of the eRostering (eR) Implementation Programme in conjunction with Digital & Information. | 8.4 | Revised plan and implementation within clinical areas progressing within Acute and HSCP, taking account of deep dive feedback / lessons learned. | Implementation of revised eRostering roll-out plan agreed for clinical areas, alongside SafeCare. | 8. Workforce | Green - On Track | Green - On Track | Amber - At risk - requires action | Green - On Track |

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| We will increase the range of breaks available to carers and ensure that carers have access to information about how to access a break. | 6.1 | The review of travel requirements will be incorporated into the SLA review in action above, and will be subject to financial assessment of capacity for each organisation.<br><br>The NCS is still subject to the process of development by ScotGov. This action will remain part of a watching brief to be progressed once further confirmation of the Duties and resources become available.<br><br>Decision taken to postpone the refresh of the SBSS until after further confirmation of the Duties and Resources that will come through the NCS has been confirmed.<br><br>Actions agreed for 2025-26 include:<br>1. Provide 300 carers with a microbreak via Crossroads crisis prevention service<br>2. Provide 100+ short breaks per year through the Respitality Scheme<br>3. Work collaboratively to review and assess the implications of recent government decisions around the NCS, and update Short Breaks Service Statement accordingly<br>4. Ensure that information about how to access a break is available to all carers. | Continue the review of the contractual arrangements with external partners to ensure carers have access to travel support.<br><br>As part of the short-term action plan development, analyse the impact of the National Care Service changes on our strategy to support the range of short breaks offered to carers.<br><br>Work with external partners to understand the existing capacity and future potential to develop these offers to carers. | 6. Health Inequalities | Green - On Track | Green - On Track | Amber - At risk - requires action | Green - On Track |
| We will seek the views of carers and involve carers in the planning of our services and supports. | 6.1 | Two specific actions will be taken forward in 2025-26 to make progress towards our deliverable:<br><br>1: The Annual Carers Experience Survey. Planning is already underway and will include Young Carers.<br><br>2. Carers Forums (x4) | Previously included above | 6. Health Inequalities | | | Amber - At risk - requires action | Green - On Track |
| Where carers choose to, we facilitate good conversations with carers about what matters to them and how services and supports could help | 6.1 | Two specific actions will be taken forward to work towards this deliverable:<br><br>1. We will build capacity within system to support completion of carers support plans<br><br>2. We will strengthen quality assurance processes to ensure that we can routinely report on the number and quality of Adult Carer Support Plans completed within the HSCP and the impact this is having on quality of life of the carers we support. | Previously included across multiple rows- relating to recruiting social work assistants and completion of ACSPs | 6. Health Inequalities | | | Amber - At risk - requires action | Green - On Track |

| Deliverable | ADP Reference | 2024/25 Q4 Narrative<br>Highlight achievements, reflecting on planned activities and impact on stated outcomes, as well as any associated risks and challenges that impacted delivery | 2024/25 Q4 Planned Milestones | Recovery Driver | Deliverable 24/25 Q1 RAG Status | Deliverable 24/25 Q2 RAG Status | Deliverable 24/25 Q3 RAG Status | Deliverable 24/25 Q4 RAG Status |
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| Develop a Health Visiting workforce model in alignment to the wider Primary Care Nursing with a focus on sustainable and flexible responses to agreed Health Visiting pathways and prioritisation for vulnerable families. | 7.1 | Workforce Alignment with Primary Care Nursing:<br>- Integrated Health Visiting (HV) Services within primary care, enhancing communication and referral processes for coordinated family care.<br>- Developed clear protocols and SOPs outlining Health Visitors' roles.<br>- Established a flexible workforce model with a mix of experienced practitioners and newer recruits.<br>Enhanced Focus on Vulnerable Families:<br>- Developed targeted interventions for vulnerable families, including prioritised home visits for at-risk groups and community groups/HV clinics.  IRD attendance.<br>- Implemented outcome measurement strategies through regular supervision and appraisals.<br>- Established feedback mechanisms via Care Opinion for families to share experiences.<br>Challenges:<br>- Resource constraints have halted HV post advertisements.<br>- Staffing levels have reduced HV pathways due to capacity issues. | Implement identified strategies and evaluate. | 7. Women & Children Health | Amber - At risk - requires action | Amber - At risk - requires action | Green - On Track | Green - On Track |
| We will build workforce capacity by developing skills and knowledge, and enhancing systems, processes and workflows to ensure that carers are recognised and supported in their role at the earliest possible time. | 6.1 | The first collaborative session between operational teams has been held.  The event was successful and agreed as a starting point for ongoing direct collaboration.<br><br>Eligibility criteria- supporting carers framework was endorsed by IJB in March, implications for social work practice are being considered by CSWO and operational managers to support practice.<br><br>The actions which will be taken towards this deliverable in 25-26 are:<br><br>1. Develop a suite of learning and development resources for frontline staff<br><br>2. Review and enhance the hospital discharge support service | Partnership workshop designed and delivered involving Social Work Assistants and Fife Carers Centre Locality Workers to strengthen collaboration and deliver better support for carers.<br><br>Post-sign off of the Eligibility Criteria for social work, begin a review of the impact for carers who have an Adult Carer Support Plan (ACSP).<br><br>Work with colleagues in nursing and Fife Carers Centre to develop a plan to extend the scope of the carers support hospital discharge service to the hospital admissions service, as set out in the carers strategy | 6. Health Inequalities | Amber - At risk - requires action | Amber - At risk - requires action | Green - On Track | Green - On Track |
| PPD Succession Planning | | Significant increase in number of mandatory resuscitation training places offered and delivered this financial year. Face-to-face clinical skills sessions now re-established.  Cohort 3 of Assistant Practitioners (APs) finished in September with a further cohort of 9 Acute Trainee APs commenced in February 2025. 4 Return to Practice students commenced in February 2025.  Financial constraints limiting staffing resources has limited our activity, particularly the delivery of leadership training. | | | Amber - At risk - requires action | Green - On Track | Green - On Track | Green - On Track |

| Deliverable | ADP Reference | 2024/25 Q4 Narrative Highlight achievements, reflecting on planned activities and impact on stated outcomes, as well as any associated risks and challenges that impacted delivery | 2024/25 Q4 Planned Milestones | Recovery Driver | Deliverable 24/25 Q1 RAG Status | Deliverable 24/25 Q2 RAG Status | Deliverable 24/25 Q3 RAG Status | Deliverable 24/25 Q4 RAG Status |
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| Pre Registration Trainee Pharmacy Technicians (PTPT) 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 | | PTPT recruitment paused until June Established PTPTs continuing progress through the programme | Ongoing progress through the programme | | Amber - At risk - requires action | Green - On Track | Green - On Track | Green - On Track |
| Continue to deliver and enlarge on Staff Support/VBRP Project. | | Current risk and challenges are around ongoing financial support for this project. However planning is in place to submit an additional bid to the Charity Committee to build upon the positive evaluation which has now been obtained. | Interim evaluation has been completed which shows highly positive quantitative and qualitative information.   Plans gong forward are to present these finds to Charity Grants Committee in May 25 to demonstrate value of project with a view to embedding methodology in NHS Fife | 8. Workforce | Green - On Track | Green - On Track | Green - On Track | Green - On Track |
| Delivering Anchor Institution workforce aims - Promoting employability priorities. | 6.4 | Updates to workforce content and metrics submitted to overall Anchors Framework. | Review of programme aims for 2025/2026 identified and progressed in line with Anchors Ambitions, ADP and Workforce Planning priorities. | 6. Health Inequalities | Green - On Track | Green - On Track | Green - On Track | Green - On Track |
| Development and implementation of the NHS Fife Workforce Plan for 2022-2025. | 8.5 | Workforce Plan drafted in line with template provided by SG and shared with key stakeholders for comment in preparation for submission to SG. | Develop draft Workforce Plan for 2025/2026 (national direction now received). | 8. Workforce | Green - On Track | Green - On Track | Green - On Track | Green - On Track |
| Development of workforce planning for Pharmacy and Medicines, including readiness for pharmacist graduate prescribers from 2026, education and training of staff groups and development of the Pharmacy Technician pipeline. | | Recruitment of PGFTPs in progress - challenging to maintain numbers of staff within the system. Work ongoing to finalise identification of DS and DPPs for this group. Skill mix in aseptic has improved following creation of PSW post, releasing Pharmacy Technician and Pharmacist capacity | Recruitment complete for Post Grad Foundation Trainee Pharmacist (PGFTPs) DS and DPP identified for first cohort of PGFTPs that will register as prescribers 2nd cohort of Pharmacy  Support Workers complete Modern Apprenticeship Review of IP legacy staff approach/ position  Progress on scope of practice and available support for DPPs | 8. Workforce | Green - On Track | Green - On Track | Green - On Track | Green - On Track |

| Deliverable | ADP Reference | 2024/25 Q4 Narrative Highlight achievements, reflecting on planned activities and impact on stated outcomes, as well as any associated risks and challenges that impacted delivery | 2024/25 Q4 Planned Milestones | Recovery Driver | Deliverable 24/25 Q1 RAG Status | Deliverable 24/25 Q2 RAG Status | Deliverable 24/25 Q3 RAG Status | Deliverable 24/25 Q4 RAG Status |
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| Education reform for Pharmacy -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. -Foundation training programmes and embedding the advanced practice framework for Pharmacists -Developing Pharmacy and Support workers through accredited courses and modules. -Collaborative working across the East Region to support simulation training for post graduate foundation trainees -Support for undergraduate experiential learning is also being developed to enhance the quality of education at that level -Work is also ongoing to develop clinical skills and leadership across all roles and increase research capability across the professions | | Review of supervisory approach ongoing, incorporating detailed skills and experience mapping exercise. Modelling work on DPP requirements for FTY and post-reg programme for coming years, and progressing plan for identification Submission to NES for FTY programme capacity completed | Identification of DS and DPPs for FTY programme. Holistic review of staff providing support, allowing for identification of best local approach | | Green - On Track | Green - On Track | Green - On Track | Green - On Track |
| Improving support and developing the Mental Health workforce | 3.5 | Workforce continues to be a central factor as part of the wider Mental Health redesign. Options appraisals in development for Urgent care, Older Adults and Rehab services focussed on alternative to admission, bed reduction and reallocation of workforce to ensure sustainable staffing models are in place. | Establish whole system options; define all options for skill mix and maximised use of available budget. | 3. Mental Health | Green - On Track | Green - On Track | Green - On Track | Green - On Track |
| Medical Workforce Recruitment and Retention Strategic Framework | | Medical Workforce Recruitment and Retention Strategic Framework currently being drafted | Present the final draft of the Medical Workforce Recruitment and Retention Strategic Framework to the committees | | Green - On Track | Green - On Track | Green - On Track | Green - On Track |
| Progression with ScotCOM in collaboration with the University of St Andrews | | Recruitment underway for hub 1 posts | | | Green - On Track | Green - On Track | Green - On Track | Green - On Track |
| We will launch and develop a leadership framework – Our Leadership Way in Fife. | | Different forums/settings have engaged in the Leadership framework during this quarter, including; Digital & Information Leaders, Maternity Services, Acute Heads of Nursing/Clinical Nurse Managers, Extended Workforce Leadership Team, Corporate Nursing Directorate, AHP Professional Leadership Council, Area Clinical Forum, Finance & Performance Directorate, Pharmacy Leaders, Respiratory Nursing Leaders, Staff Side - Area Partnership Forum.   The design, development and publication of the  Leadership Framework has been celebrated, endorsed and approved by EDG, APF, SGC and NHS Fife Board.  The framework will be published in April/May 2025. | Publish leadership framework.  Celebrate the influences of leaders at all levels in bringing life to the shared leadership ethos that matters to Fife. | 8. Workforce | Green - On Track | Green - On Track | Green - On Track | Green - On Track |

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| We will plan and deliver a range of services and support to young carers to help them to meet their personal caring, social and learning goals. | 6.1 | Actions carried over from previous quarter with clear plan for delivery. We have drafted the Carers Strategy delivery plan for 2025-26. The following actions have been agreed:<br><br>1. Work with education colleagues to complete an options appraisal for a study support service for young carers, assessing and comparing different delivery models against set criteria to identify and recommend a preferred option.<br><br>2. Provision and evaluation of Young carers education support service in all 152 Fife schools<br><br>3. Review approach to identifying young carers at school gate<br><br>4. Development of a monitoring and evaluation framework to support learning and improvement of young carers support services. | Work with Education colleagues and others to review the Study Support pilot initiative and develop a Plan for 2025-26 and beyond. | 6. Health Inequalities | **Green - On Track** | **Green - On Track** | **Green - On Track** | **Green - On Track** |
| 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 | 1.2 | | | 1. Primary and Community Care | **Green - On Track** | **Green - On Track** | **Blue - Complete/ Target met** | **Blue - Complete/ Target met** |

## To Deliver Value & Sustainability

| Deliverable | ADP Reference | 2024/25 Q4 Narrative Highlight achievements, reflecting on planned activities and impact on stated outcomes, as well as any associated risks and challenges that impacted delivery | 2024/25 Q4 Planned Milestones | Recovery Driver | Deliverable 24/25 Q1 RAG Status | Deliverable 24/25 Q2 RAG Status | Deliverable 24/25 Q3 RAG Status | Deliverable 24/25 Q4 RAG Status |
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| Hospital Pharmacy Redesign Introduction of automation in hospital Pharmacy stores, dispensaries and clinical areas. Centralisation of Pharmacy stores and dispensaries | | No direct progress on this area. However, progress noted below on digital medicines programme will serve as an enabler, particularly Pharmacy Stock Control system | - | | Red - Unlikely to complete on time/meet target | Red - Unlikely to complete on time/meet target | Red - Unlikely to complete on time/meet target | Red - Unlikely to complete on time/meet target |
| Roll out of Digital Pathology | 5.1 | Caldicott required for validation, achieved Mar-25 and meetings with supplier commenced to increase capacity in test environment to allow validation to commence. | Complete verification of scanner and IMS and validation of Consultant reporting. | 5. Cancer Care | Amber - At risk - requires action | Red - Unlikely to complete on time/meet target | Red - Unlikely to complete on time/meet target | Red - Unlikely to complete on time/meet target |
| Delivery of New Laboratory Information system (LIMS) as part of accelerated implementation followed by implementation of national roll out. | 9.1 | Final update to resolve agreed issues with local implementation (phase 1) which can't wait until the nation build (phase 2) due to be released to testing environment by end of Q4. Once tested update will be deployed to live, timeframe for this not currently clear but likely to be first month of Q1 25/26. A number of configuration changes have been tested and deployed in Q4. Work to input into National build commenced. | Complete phase one, prepare for national LIMS project. | 9. Digital & Innovation | Red - Unlikely to complete on time/meet target | Amber - At risk - requires action | Amber - At risk - requires action | Red - Unlikely to complete on time/meet target |
| National - GP IT Reprovisioning - GP Sustainability | 9.1 | Activities paused following GP IT supplier being in administration. | Complete Docman 10 Upgrade | 9. Digital & Innovation | Amber - At risk - requires action | Amber - At risk - requires action | Amber - At risk - requires action | Red - Unlikely to complete on time/meet target |
| Support delivery of Re-form, Transform, Perform (RTP) through supporting service change | | Reporting is now established - complete 25/26 programme plans still being developed 25/26 programme plans not complete so not yet agreed | Monthly RTP performance reporting delivered 2024/25 Programme Plan delivery underway 2025/26 Programme plans developed and agreed | | Amber - At risk - requires action | Green - On Track | Green - On Track | Red - Unlikely to complete on time/meet target |
| Business Transformation | | Mapping and engagement activities underway Programme Brief and Plan redrafted for presentation to governance | Case for change provided to RTP Exec and Fife NHS Board Staff cohorts identified Supporting Digital Product enhancements confirmed | 9. Digital & Innovation | Red - Unlikely to complete on time/meet target | Red - Unlikely to complete on time/meet target | Amber - At risk - requires action | Amber - At risk - requires action |
| Surge Capacity - Improve flow within the VHK site, reducing length of stay and number of patients boarding to ensure patients are looked after in the most appropriate setting. Accurate PDD to inform planning for discharge, coordinated with the Discharge Hub. | 2.5 | No reduction in bed footprint possible due to over capacity. SBAR agreed at SLT in March and to be discussed at EDG - model of care re prioritised with PDD focus, review of criteria and staffing & bed base to flex between 30-44 patients acknowledging seasonal variation/demand. | Reduction of Ward 9 to 11 to 30 beds and associated maintenance of new footprint  Continue to monitor Locum Surge Consultant post | 2. Urgent and Unscheduled Care | Red - Unlikely to complete on time/meet target | Red - Unlikely to complete on time/meet target | Amber - At risk - requires action | Amber - At risk - requires action |
| Delivery of digital medicines programme, including the roll out of HEPMA and progressing commitments to implement automation within the hospital dispensary function | | IDL system has been implemented, with support and supplementary development ongoing  Final preparation for go-live of pharmacy stock control system, including, UAT training and development of SOPs | Ongoing support of IDL system implementation and learning/ developments as required  Stock control system implementation and go live | 9. Digital & Innovation | Amber - At risk - requires action | Amber - At risk - requires action | Amber - At risk - requires action | Amber - At risk - requires action |

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| Enhanced data availability and sharing | | Implementation of GP Data Sharing delayed. | Implementation of GP Data Sharing (early adoption)<br><br>Assessment of GP Data Sharing - early adoption phase | 9. Digital & Innovation | Amber - At risk - requires action | Amber - At risk - requires action | Amber - At risk - requires action | Amber - At risk - requires action |
| Maximise models of care and pathways to prevent presentations and support more timely discharges from ED using a targeted MDT approach | 2.4 | ED performance remains off trajectory. Respiratory and Mental health pathways not yet in place. H@H & frailty pathways being developed and optimised further. | ED performance to achieve 77% | 2. Urgent and Unscheduled Care | Amber - At risk - requires action | Amber - At risk - requires action | Amber - At risk - requires action | Amber - At risk - requires action |
| National - LIMS Implementation | 9.1 | Risk continues to be identified with the national LIMS Programme - delays expected. | | 9. Digital & Innovation | Amber - At risk - requires action | Amber - At risk - requires action | Amber - At risk - requires action | Amber - At risk - requires action |
| 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. | 10.1 | In absence of funding to deliver projects, we have been proactively identifying assets and systems for replacement/upgrade to enable net zero progress. | | 10. Climate | Amber - At risk - requires action | Amber - At risk - requires action | Amber - At risk - requires action | Amber - At risk - requires action |
| Work towards mental health services receiving 10% of NHS frontline spend by 2026 and plan to invest 1% of this spend on the mental health of children and young people. | 3.4 | Finance colleagues have provided financial data and continue to provide support to enable the services to review. | Priority areas identified and improvements costed | 3. Mental Health | Amber - At risk - requires action | Amber - At risk - requires action | Amber - At risk - requires action | Amber - At risk - requires action |
| Develop and Implement the Public Participation and Community Engagement Strategy | | NHS Fife has made significant progress in embedding meaningful public participation in service planning and delivery inline with the Scottish Governments Planning with people. The Public Participation and Community Engagement Strategy and operational plan was agreed by EDG and the NHS Fife Board.<br>Key achievements include strengthened collaboration with Fife Health and Social Care Partnership, and the integration of public feedback into service redesign projects. Challenges have included ensuring wide-reaching engagement and managing expectations around service changes, but ongoing efforts in transparency and responsiveness have helped address these issues.<br>Further challenges are associated with no financial or workforce support being allocated to NHS Fife Corporate Communications to fully take forward the aspirations outlined in the strategy and to fully implement the operational plan. This will become particularly problematic as the NHS transformation agenda and financial sustainability targets require service redesign and for NHS Fife to adhere to planning with people best practice and guidance. | • Formalise the established relationship with Fife Health and Social Care Partnership to ensure joint working aligned with delegated NHS Fife services, The transformation agenda and financial sustainability.<br>Align the NHS Fife Public Engagement and Participation Strategy with the new Fife Health and Social Care Partnership strategy being developed in 2025/26<br>• Continue to develop key mechanisms where public input can directly influence service improvements. | | Amber - At risk - requires action | Green - On Track | Green - On Track | Amber - At risk - requires action |

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| Develop Strategic vision across all of Primary Care | 1.2 | Data gathered of allocation at individual practice level; KPIs for each service being introduced; Clearer understanding of gaps in delivery, significant challenges in realising revised models for non priority MoU2 services to reach improvement in parity.<br><br>Local milestone of July 2025 for operational transition of pharmacotherapy; challenges remain, not withstanding national directive. Progression to BAU not started. | Evaluate the effectiveness of delivery in the revised non-priority MoU2 services.<br><br>Commence progression of Pharmacotherapy to a state of business as usual. | 1. Primary and Community Care | Amber - At risk - requires action | Green - On Track | Green - On Track | Amber - At risk - requires action |
| Achievement of Waste Targets as set out in DL(2021) 38 | 10.3 | We have made great progress with our a 10% reduction in clinical waste target however we are still working towards our 70% reduction target. We are 381 tonnes short but have achieved 790 tones so far. | Achieve a 10% reduction in clinical waste & ensure that 70% of all domestic waste is recycled and composted | 10. Climate | Green - On Track | Green - On Track | Green - On Track | Amber - At risk - requires action |
| Development and initiation of NHS Fife Innovation Project Review Group (IPRG) | 9.5 | NHS Fife IPRG to be restructured following review of the content of the meetings. Restructure will separate out initial project screening review, developed project paperwork and oversight and ANIA projects into 3 separate groups to provide better governance. | develop implementation pathway for supported projects to be handed over to appropriate service/ directorate for implementation. | 9. Digital & Innovation | Green - On Track | Green - On Track | Green - On Track | Amber - At risk - requires action |
| Outline plans to implement a sustainable travel approach for business, commuter, patient and visitor travel | 10.4 | Due to publication of new SHTM, we need to re-review our current strategy to ensure it aligns with national guidance. | Publish NHS Fife sustainable travel strategy | 10. Climate | Green - On Track | Green - On Track | Green - On Track | Amber - At risk - requires action |
| Delivery of Digital and Information Framework | | Work continues to develop the Digital Framework. Consultation is ongoing with key stakeholders | Completion of Digital Framework | 9. Digital & Innovation | | Green - On Track | Green - On Track | Amber - At risk - requires action |
| Implement Same Day Emergency Care (SDEC) and rapid assessment pathways | 2.2 | | Effective SDEC in operation | 2. Urgent and Unscheduled Care | Green - On Track | Red - Unlikely to complete on time/meet target | Amber - At risk - requires action | Green - On Track |
| Attracting & Recruiting Staff to deliver Population Health & Wellbeing Strategy; Bank Governance – Enhanced Management & Staff Bank Consolidation. | 8.1 | Medical locums transferred on 3 February 2025 and next phase of transition is to focus on AHP and Medical Records Banks. | Direct Engagement model in place and work transitioned over.<br><br>Bank model changes fully in place and operating as Business as Usual. | 8. Workforce | Amber - At risk - requires action | Amber - At risk - requires action | Amber - At risk - requires action | Green - On Track |

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| To achieve additional capacity to meet 6 week target for access to 3 key Radiology diagnostic tests (MR,CT and US) | 5.2 | Radiology have delivered the projected activity required to ensure that 90% of patients are waiting less than 6 weeks.   CT have continued to maintain on target performance by making efficient use of Scottish Government waiting times(SG WT) funding.<br>MRI also have maintained on target performance. Successful trials for "Deep Resolve" software have been successful, and the software will be implemented in Q4. This will reduce the requirement for SG funded mobile scanners in the next financial year.<br>US waiting lists reduced significantly (from 26 weeks to 10 weeks) in Q1 and Q2 using SG WT funding. Following the withdrawal of funding, activity has reduced and further improvements to routine waiting times has been limited. | 90% of patients waiting less than 6 weeks for MRI/ CT & US imaging. | 5. Cancer Care | Green - On Track | Amber - At risk - requires action | Green - On Track | Green - On Track |
| Develop and Implement the Corporate Communication Strategy | | During Q4, NHS Fife successfully finalised its five-year Corporate Communications Strategy, ensuring a clear, cohesive approach to internal and external communications. Engagement sessions were conducted with key stakeholders, including staff, community partners, and service user feedback, allowing for a more inclusive strategy development process. The strategy aligns with NHS Scotland's wider transformation agenda, supporting efficiency, innovation, and improved access to healthcare services.<br>Key achievements include the development of a refreshed website development plan, improved staff communication channels, and an enhanced approach to public health messaging. Challenges included capacity constraints and balancing communication priorities amidst evolving service demands. However, mitigation strategies ensured continued progress. | Review annually the Corporate Communications Strategy, ensuring alignment with NHS Fife's key priorities and national health strategies.<br>Conduct internal staff survey to refine the strategy and inform a new internal communications plan for 2025/26 inline with the new staff intranet development.<br>Develop individual communications plans, addressing key themes such as workforce health and wellbeing, transformation agenda and digital innovation. | | Amber - At risk - requires action | Green - On Track | Green - On Track | Green - On Track |
| Attracting & Recruiting staff to deliver Population Health & Wellbeing Strategy; Recruitment Shared Services Implementation Consolidation & enhanced International Recruitment service. | | Test of change of two additional functionalities in Job train, add a vacancy and vacancy approval being undertaken. | Continue to review of ERRS model to gain wider service benefits across the model. | 8. Workforce | Green - On Track | Green - On Track | Green - On Track | Green - On Track |
| 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 | 1.4 | Delivery groups established and progressing the 10 priority areas in Year 1 Action Plan.  Auditing workforce development 2024-2025 and workforce planning for 2025-2026 is being progressed. Dissemination of strategy and comms. | P&EI Oversight Group to meet for the first time. Creation of more detailed action plan to sit below Delivery Plan. | 1. Primary and Community Care | Green - On Track | Green - On Track | Green - On Track | Green - On Track |

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| Enhance the capacity and capability across the team | | The capacity and capability across the procurement team has greatly improved over the year. An enhanced level of engagement and support has been provided across NHS Fife to increase the benefits derived from procurement. | Develop Learning programme to ensure team remain aware of and comply with extant legislation and SFIs, to provide and develop robust advice and information to services<br><br>Engage with Finance Business Partners, review compliance of procurement contracts, Explore with services potential value and sustainability opportunities<br><br>Work with services to scope out and deliver cost improvement opportunities and identify potential future cost pressures<br><br>Complete review of authorisation limits, updating Financial Operating Procedures and other procurement procedures as required<br><br>Take forward outcomes of 2024 PCIP to implement best practice across the department. | | **Green - On Track** | **Green - On Track** | **Green - On Track** | **Green - On Track** |
| Further developing agile working and use of digital solutions in Directorate through investment in Workforce Analytics provision to support series of organisational priorities, including Health and Care Staffing Act and eRostering Programme. | | New data capture process introduced for Q3 HCSA reporting, utilising business objects and aligned to ADP format, allowing path to green to be demonstrated and generation of evidence. Workforce modelling data and potential shared with People & Change Board. Proposal for Trainee Workforce Information / Analyst progressing. | On-going production and analysis of workforce information to support workforce planning and service delivery, including HCSA reporting requirements. | 8. Workforce | **Green - On Track** | **Green - On Track** | **Green - On Track** | **Green - On Track** |
| Further strengthen our business partnering model, supported by a strong management accounting team, to improve business performance and decision making support. | | Following protracted significant vacancy levels (c22%) within the FMT, we have filled vacancies through a combination redesign and internal development opportunities. We have reduced our vacancy level to 7% at the end of 24/25.<br><br>The Financial Management Team has designed and delivered face to face finance training to 161 budget holder colleagues equivalent to 65% of eligible attendees. Candidate feedback has been very positive; demand remains high; and training will be picked up again next financial year. | Make financial reporting more concise, action focused and forward looking<br><br>Proactive recruitment following service redesign to add capacity and improve support to organisational decision making<br><br>Increase the use and sharing of available data and information to provide finance business insight e.g. Discovery reporting tool / learning from national Financial Improvement Network<br><br>Review financial data and reporting to confirm improvements made and identify further opportunities<br><br>Identify learning needs, consolidate improvements across the FBP team ensuring best practice adopted by all | | **Green - On Track** | **Green - On Track** | **Green - On Track** | **Green - On Track** |
| Improve sustainability of Primary Care | 1.1 | Sustainability loans for 3 of the applications have been progressed and paid out in 2024/25 with 3 applications being carried forward into 2025/26.<br><br>Contract for x2 of the 2C Practices has been awarded and date to return to independent 17J status is 1 September 2025. | Create tailored support to practices across Fife, dependent on individual need to proactively support sustainability<br><br>Transfer of 2C practices to stable 17j Independent Practices | 1. Primary and Community Care | **Green - On Track** | **Green - On Track** | **Green - On Track** | **Green - On Track** |

| Deliverable | ADP Reference | 2024/25 Q4 Narrative<br>Highlight achievements, reflecting on planned activities and impact on stated outcomes, as well as any associated risks and challenges that impacted delivery | 2024/25 Q4 Planned Milestones | Recovery Driver | Deliverable 24/25 Q1 RAG Status | Deliverable 24/25 Q2 RAG Status | Deliverable 24/25 Q3 RAG Status | Deliverable 24/25 Q4 RAG Status |
|---|---|---|---|---|---|---|---|---|
| Increase capability within the team to deliver service improvement and meet growing service demand | | The Financial Services Accountant post has been successfully imbedded within the team during the year, providing enhanced support for corporate reporting and decision making across the organisation. The Direct Engagement Payment Process has been effectively imbedded during the year. | Support the Direct Engagement workstream to a successful conclusion, imbedding new process for the payment of Agency Doctors and AHP's | | Green - On Track | Green - On Track | Green - On Track | Green - On Track |
| IPQR Review | | Monthly reports continue to be produced accordingly on time. Comments relating to IPQR to be included in report to Board, previously focussed solely on escalations.<br>Collation of trajectories for 2025/26.<br>Work ongoing testing PowerBI for dashboard for IPQR metrics. | Quarterly review of trajectories/targets<br><br>Monthly reports produced and distributed accordingly<br><br>Incorporate agreed metrics relation to Primary Care | | Green - On Track | Green - On Track | Green - On Track | Green - On Track |
| Local - Records Management Plan Implementation | 9.2 | Records Management Teams continue to work with services to implement | | 9. Digital & Innovation | Green - On Track | Green - On Track | Green - On Track | Green - On Track |
| Mental Health Services will have a robust data gathering and analysis system to allow for service planning and development | 3.3 | MH Data and Information group in place which reviews high-level data requests, system requirements and reporting functions. Input from D&I team and establishment of MH Data hub provides robust analysis function. | | 3. Mental Health | Green - On Track | Green - On Track | Green - On Track | Green - On Track |
| Post successful transition to the SE Payroll Consortium arrangement, work with the senior leadership of the consortium to ensure effective continuity of a payroll service for NHS Fife and contribute to service redesign to ensure NHS Fife's needs are addressed. | | Continued support to the payroll consortium through constructive discussions whilst attending the payroll quality board meetings. Ensuring NHS fifes needs in relation to payroll are met. | Consult and agree with the consortium service re-design arrangements, ensuring NHS Fife priorities are addressed<br><br>Develop and agree SLA to ensure a robust and timely payroll service inclusive of all pre transfer needs<br><br>Agree service monitoring process with consortium including key performance indicators | | Green - On Track | Green - On Track | Green - On Track | Green - On Track |
| Refreshed Performance Reporting | 6.1 | Significant progress has now been made. A full suite of power BI reports have now been created and power platform is now being used to develop this further. | Automation of Performance Reporting | 6. Health Inequalities | Green - On Track | Green - On Track | Green - On Track | Green - On Track |
| Support Delivery Strategic Planning function | | Public Holiday debrief took place in Jan-25 with output forming basis of introductory presentation at System Flow event in Feb-25. Summary to be presented at IUCPB with relevant actions taken forward.<br>ADP Q3 report produced, presented at Committees and Board, to be submitted to SG following.<br>Draft for ADP 25/26 was presented at FPR Committee as draft. Plan was submitted to SG on time (17 Mar) and approved by Board (24 Mar). | "Hot Debrief" of festive period to take place (Jan-25)<br><br>Organise Planning/Review Event (Feb-25)<br><br>ADP24/25 Q3 to be produced<br><br>Submission of draft and final ADP25/26 | | Green - On Track | Green - On Track | Green - On Track | Green - On Track |
| Transfer our referral system and EPR from Tiara to Morse and TrakCare within the Podiatry service | | Move to MORSE completed, move to TrakCare deferred to May 25 in order to ensure that TrakCare build meet service needs | Expands digital admin process for example, use of patient hub. | 1. Primary and Community Care | Green - On Track | Green - On Track | Green - On Track | Green - On Track |

| Deliverable | ADP Reference | 2024/25 Q4 Narrative Highlight achievements, reflecting on planned activities and impact on stated outcomes, as well as any associated risks and challenges that impacted delivery | 2024/25 Q4 Planned Milestones | Recovery Driver | Deliverable 24/25 Q1 RAG Status | Deliverable 24/25 Q2 RAG Status | Deliverable 24/25 Q3 RAG Status | Deliverable 24/25 Q4 RAG Status |
|---|---|---|---|---|---|---|---|---|
| Transformation of HR transactional activity enhancing the HR Operational delivery model through case management and manager support building on manager / employee self-service. | | There is a risk the work required to build level 0 and level 1 in the shared service centre is delayed due to other priorities. | Part of Shared Service Centre, work underway to identify transactional activity and volume to build service level 0 and level 1. Continue to embed new service delivery model and review. | 8. Workforce | **Green - On Track** | **Green - On Track** | **Green - On Track** | **Green - On Track** |
| SLA and External Activity | | Agreement made nationally on SLA uplift of 6.64% therefore the NHSF 3% target was not met. | Planned implementation of PLICS locally<br><br>Meeting scheduled with NHS Tayside to discuss decontamination service<br><br>Ongoing development of Performance Management dashboard<br><br>Ongoing discussions with other Boards Chief Executives relating to transition into more formal Performance Management arrangements<br><br>RTP/SLA Moving towards a business as usual model in 2025/26 - Closing report to be developed | | **Red - Unlikely to complete on time/meet target** | **Red - Unlikely to complete on time/meet target** | **Red - Unlikely to complete on time/meet target** | **Blue - Complete/ Target met** |
| Digital & Information Projects | 9.5 | The Digital RTP activities have now concluded for 2024/25. | Assess Benefits for Quarter | 9. Digital & Innovation | **Green - On Track** | **Amber - At risk - requires action** | **Amber - At risk - requires action** | **Blue - Complete/ Target met** |
| Medicines optimisation. Design and support delivery of medicines optimisation work to ensure optimal use of medicines budgets | | The revised target for acute medicines efficiencies is likely to be surpassed by the end of financial year. Within the HSCP, delivery is expected to be 91% of target (noting the target was revised upwards, and delivery has surpassed original targets).<br><br>Medicines waste comms activity has been undertaken, aimed at clinicians and the public. | Monthly monitoring of the Medicines Optimisation plan and continued identification of opportunities.<br><br>Identification of /and quantification of efficiencies to meet an extended £3M target is ongoing, however it is very unlikely that this target<br><br>Review of current prescribing guidelines across a number of specialties to more clearly define treatment pathways and access to medicines<br><br>Comms and engagement plan with all staff.<br><br>Reducing medicines waste in hospital. | 6. Health Inequalities | **Green - On Track** | **Amber - At risk - requires action** | **Green - On Track** | **Blue - Complete/ Target met** |
| Procurement Savings within Acute Services | | Projecting £456,299 as at end of month 11 for in year impact and recurring saving of £500,000 target. | Ongoing reviews of expenditure and savings opportunities. | | **Amber - At risk - requires action** | **Green - On Track** | **Green - On Track** | **Blue - Complete/ Target met** |
| Action plan for the National Green Theatres Programme | 10.6 | Neptune system is installed in theatre 10 phase 3 at Victoria Hospital. We are keeping up to date with the bundles released from CfSD and have achieved all outstanding targets from these bundles. | Create a timeline and plans for achieving remaining targets | 10. Climate | **Green - On Track** | **Green - On Track** | **Green - On Track** | **Blue - Complete/ Target met** |
| Decarbonisation of Fleet in line with Targets | 10.4 | We are 80% complete in respect to the 2025 target with clear plans in place to be 100% complete by December 2025. | Have plans in place to replace 12 ICE vehicles to electric | 10. Climate | **Green - On Track** | **Green - On Track** | **Green - On Track** | **Blue - Complete/ Target met** |
| Delivery of ICO and NISD Audit Improvement Plans Architecture and Resilience Developments | 9.2 | Current Year actions now complete | Key System Architecture and Resilience Documented | 9. Digital & Innovation | **Green - On Track** | **Green - On Track** | **Green - On Track** | **Blue - Complete/ Target met** |

| Deliverable | ADP Reference | 2024/25 Q4 Narrative Highlight achievements, reflecting on planned activities and impact on stated outcomes, as well as any associated risks and challenges that impacted delivery | 2024/25 Q4 Planned Milestones | Recovery Driver | Deliverable 24/25 Q1 RAG Status | Deliverable 24/25 Q2 RAG Status | Deliverable 24/25 Q3 RAG Status | Deliverable 24/25 Q4 RAG Status |
|---|---|---|---|---|---|---|---|---|
| Delivery of integrated drug and alcohol education age and stage appropriate throughout the full school life by school-based staff and specialist support from ADP commissioned services | 6.2 | Completed pilot and roll out of additional and flexible support working well in schools. Alcohol information sessions are being delivered at S2 level by guidance teachers in all schools. Thus creating capacity for tailored support to CYP at their and the schools request. Delivery has also occurred to CYP not in the school environment therefore reaching more CYP at risk. Educational sessions on new emergent drug trends and support on how to have a positive conversations about drugs and alcohol have ben delivered to parents online and in group settings. School nursing now trained in alcohol and drug awareness and progressing to drug brief intervention and alcohol brief intervention training | Further training delivered in pilot schools and outputs/outcomes gathered from training and delivery to students  Assessment of workforce development approach between third sector and school nursing | 6. Health Inequalities | Green - On Track | Green - On Track | Green - On Track | Blue - Complete/ Target met |
| Delivery of Property and Asset Management Strategy | | Phase 1 target met with submission of the plan in January 25 as agreed. | Submit Phase 1 to SG by end January 2025 or any amended timescale determined by SG | 10. Climate | Green - On Track | Green - On Track | Green - On Track | Blue - Complete/ Target met |
| Development of a delivery plan to embed and deliver the Realistic Medicine Programme in NHS Fife | | | Ensure Realistic Medicine principles are embedded in Fife  To work with colleagues to promote sustainable and greener healthcare to fit in with the greener action plan To encouraging staff to access RM module on Turas  To encourage parents and families to ask BRAN questions  To Evaluate shared decision making from patients' perspectives | | Green - On Track | Green - On Track | Green - On Track | Blue - Complete/ Target met |
| Develop plans to make sure CIS delivers on key operational priorities | 1.2 | Participation in national Task & Finish Group around Childhood schedule changes including 18 month visit.  Scottish Government financial return completed for childhood schedule changes including 18 month visit.  Maternity immunisation improvements made to the RSV programme - funding for maternity post. | Maternity immunisations  Preparation for children's 18 month visit | 1. Primary and Community Care | Green - On Track | Green - On Track | Green - On Track | Blue - Complete/ Target met |
| Digital Enablement Workplan for patients and staff ITIL 4 Improvement | 9.3 | Work has completed on the necessary ITIL4 changes. Focus turns to the processes being embedded into day to day operations and planning. | Implementation Complete | 9. Digital & Innovation | Green - On Track | Green - On Track | Green - On Track | Blue - Complete/ Target met |
| Estates Rationalisation | | 24/25 targets met with consolidation of 3 buildings including Hayfield House, Cameron House and Haig House. Sharing of office assets with Fife Council enabled the buildings to be decanted. | | | Green - On Track | Green - On Track | Green - On Track | Blue - Complete/ Target met |

| Deliverable | ADP Reference | 2024/25 Q4 Narrative Highlight achievements, reflecting on planned activities and impact on stated outcomes, as well as any associated risks and challenges that impacted delivery | 2024/25 Q4 Planned Milestones | Recovery Driver | Deliverable 24/25 Q1 RAG Status | Deliverable 24/25 Q2 RAG Status | Deliverable 24/25 Q3 RAG Status | Deliverable 24/25 Q4 RAG Status |
|---|---|---|---|---|---|---|---|---|
| Implementation of environmental prescribing improvements per the Scottish Government Quality Prescribing for Respiratory guide 2024 while delivering patient level reviews and appropriate clinical guidance to drive high quality clinical care. | 10.6 | Primary care pharmacy team continue to deliver medication reviews relating to respiratory prescribing, within broader Polypharmacy based approach. Formulary position remains in place. Inhaler technique support work ongoing | Ongoing delivery of review  Continued embedding of communication and engagement approaches | 10. Climate | Green - On Track | Green - On Track | Green - On Track | Blue - Complete/ Target met |
| Outline plans to implement an approved Environmental Management System. | 10.5 | We have made good progress with developing the legal register, we have also set out a SharePoint process for document control. We have carried out 3 audits and have more planned | Have made progress with carrying out a legal review for all sites | 10. Climate | Green - On Track | Green - On Track | Green - On Track | Blue - Complete/ Target met |
| Outline plans to increase biodiversity and improve greenspace across our estate | 10.5 | We have planted trees and UKHab survey is will be funded by SG. We are engaging with Fife Coast and Countryside Trust (FCCT) who now maintain our grounds and gardens, to improve biodiversity by the regimes of maintenance. | Have made progress with creating biodiversity audits for all key sites | 10. Climate | Green - On Track | Green - On Track | Green - On Track | Blue - Complete/ Target met |
| Reduction of Medical Gas Emissions through implementation of national guidance | 10.1 | External assessment of Entonox within maternity, demonstrates staff are not being exposed to unsafe levels. This work is now completed.  Other areas are working under BAU.  The technical update for Entonox migration is ongoing and will conclude Q1 2025/26  The SLWG will be wound up early in 25/26 and work managed through the medical gas committee |  | 10. Climate | Green - On Track | Green - On Track | Green - On Track | Blue - Complete/ Target met |
| Set out our approach to adapting to the impacts of climate change and enhancing the resilience of our healthcare assets and services | 10.2 | NHS Fife have created a Business Continuity Plan dashboard that will link to flood risk.  NHS Scotland climate mapping tool has been developed.  Initial partnership with Fife Council has been established to develop a climate model, this will identify highest risk sites | Have created a dashboard for climate risk | 10. Climate | Green - On Track | Green - On Track | Green - On Track | Blue - Complete/ Target met |
| Complete NHS Fife's Phase 2 M365 Programme |  |  |  | 9. Digital & Innovation | Green - On Track | Green - On Track | Blue - Complete/ Target met | Blue - Complete/ Target met |
| Infrastructure - Workforce | 9.3 |  | Decommission Sites Establish other hotdesking locations | 9. Digital & Innovation | Green - On Track | Green - On Track | Blue - Complete/ Target met | Blue - Complete/ Target met |
| Refresh of the Primary Care Improvement Plan | 1.1 |  |  | 1. Primary and Community Care | Blue - Complete/ Target met | Blue - Complete/ Target met | Blue - Complete/ Target met | Blue - Complete/ Target met |
| Review existing arrangements which support children with neurodevelopmental differences. |  |  |  | 7. Women & Children Health | Blue - Complete/ Target met | Blue - Complete/ Target met | Blue - Complete/ Target met | Blue - Complete/ Target met |

| Deliverable | ADP Reference | 2024/25 Q4 Narrative Highlight achievements, reflecting on planned activities and impact on stated outcomes, as well as any associated risks and challenges that impacted delivery | 2024/25 Q4 Planned Milestones | Recovery Driver | Deliverable 24/25 Q1 RAG Status | Deliverable 24/25 Q2 RAG Status | Deliverable 24/25 Q3 RAG Status | Deliverable 24/25 Q4 RAG Status |
|---|---|---|---|---|---|---|---|---|
| Develop the NHS Fife Organisational Change Model to support delivery of change. | | 1. Update to NHS Fife Board (March 2025)- update provided to Director of Planning and Transformation. 2. Develop a 'Change Hub' and teaching programme to support organisation (March 2025). Work has commenced on delivery of this. This work will continue into Q1 2025-26. 3. Develop evaluation plan for 2025-26 onwards. This has not started. This work will continue into Q1 2025-26. 4. Completed all-staff survey on the staff experiences of change. | 1. Update to NHS Fife Board (March 2025) 2. Develop a 'Change Hub' and teaching programme to support organisation (March 2025). 3. Develop evaluation plan for 2025-26 onwards. This has not started. | | Green - On Track | Green - On Track | Green - On Track | Amber - At risk - requires action |
| Supporting implementation of the Population Health & Wellbeing Strategy | | We have commenced drafted the annual report to the NHS Fife Board. A draft is on track to be completed by the end of March 2025. | Commence annual report for 2024-25 | | Green - On Track | Green - On Track | Green - On Track | Green - On Track |

# NHS Fife

| | |
|---|---|
| **Meeting:** | **Public Health & Wellbeing Committee** |
| **Meeting date:** | **12 May 2025** |
| **Title:** | **RTP Infrastructure and Change Programme** |
| **Responsible Executive:** | **Neil McCormick, Director of Property & Asset Management** |
| **Report Author:** | **Ben Johnston, Head of Capital Planning & Project Director** |

Executive Summary:

- Within the Reform Transform and Perform (RTP) Framework for 2025/25 the Infrastructure Programme has been set the following financial savings target.

    o Energy, medical devices, waste and site rationalisation - £2m

    o Decontamination - £0.4m

    o Transport (patient) - £0.6m

- There is deemed to be a moderate level of assurance around the first two items given our track record on the 2024/25 RTP programme and progress already made around decontamination. Patient transport is a whole system initiative and at relatively early stage in development so merits limited assurance for the time being.

- Significant capital and grant funding is required to deliver change within this programme. Some funding has been ring-fenced for FY 2025/26. Funding constraints will be a contributing factor affecting pace of delivery and transformational change.

- A detailed delivery programme is included within the Programme Initiation Document (Appendix 1) and Milestone Chart (Appendix 2).

## 1    Purpose

**This report is presented for:**
- Assurance

**This report relates to:**
- Annual Delivery Plan
- Government policy / directive
- NHS Board Strategic Priorities (all four)

**This report aligns to the following NHSScotland quality ambition(s):**
- Safe
- Effective
- Person Centred

## 2 Report summary

### 2.1 Situation

The RTP Framework for 2025/26 was presented to the NHS Fife Board on 25 March 2025. It set out the financial context for FY 2025/26 and provided a framework in which change, and financial sustainability can be managed. Four change programmes were identified, one of which was Infrastructure. This paper and the appended Programme Initiation Document (PID) covers in more detail our planned objectives for FY 2025/26.

### 2.2 Background

The Reform Transform and Perform Framework was set up in FY 2024/25 to help concentrate efforts to tackle various financial pressures. NHS Fife is on track to deliver over £25m in savings for 2024/25.

The Infrastructure & Change programme forms one part of the Reform, Transform and Perform Framework. The programme contributed >£2m of savings as part of the £25m.

As we move into FY 2025/26, the financial challenge remains with a £39m financial gap. Target savings of £28.6m have been set across several programmes as detailed below.

*Table 1 - FY 2025-26 Savings Target*

| Programme | Savings Target |
|---|---|
| Clinical Services | £9.3m |
| Infrastructure | £3m |
| People | £8.2m |
| Business | £2.5m |
| Supplies | £5.6m |

A breakdown of the infrastructure target savings is identified in the table below.

*Table 2 - Infrastructure Savings Target*

| Area | Savings Target | Budget Area |
|---|---|---|
| Energy, medical devices, waste and site rationalisation | £2m | Savings from Estates and Facilities budget |
| Decontamination | £0.4m | Acute budget |

| | | |
|---|---|---|
| Transport | £0.6m | System wide budgets |

## 2.3 Assessment

The proposals for the 2025/25 Infrastructure and Change programme are set out in the attached PID – Appendix 1.

This report provides the following Level of Assurance:

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

\* A moderate level of assurance for Energy, medical devices, waste, site rationalisation and decontamination is considered appropriate on the basis that a proven record of delivery has been established under the first year of RTP. Discussions on decontamination are also well advanced with an outcome anticipated early in 2025/26.

\*\* Assurance around patient transport savings is less certain at this stage. There is a significant opportunity in this area, although considerations are at an early stage and requiring whole system leadership to progress.

### 2.3.1 Quality, Patient and Value-Based Health & Care

This programme will contribute significantly towards the quality of patient environment. Working in parallel with the clinical services change programmes it will also contribute towards patient and value-based health and care. The programme will directly and indirectly support three of NHS Fife's four strategic priorities.

### 2.3.2 Workforce

The programme will also contribute towards NHS Fife's other strategic priority – "improvement of staff experience". In the longer term, a rationalised, coherent, and sustainable estate footprint will benefit staff in respect to quality of environment.

In implementing these plans there will be a lot of change that can be unsettling for staff. This will require to be carefully managed within each of the projects being implemented.

### 2.3.3 Financial

The savings targets for the programme in FY 2025/26 are set out in table 2 (£3m). It should also be noted over and beyond the £3m, the estate rationalisation work will support service saving plans within mental health and community services. There will also be opportunities to support the acute directorate with re-design changes within scheduled and unscheduled care. Therefore, the Infrastructure and Change programme will contribute to direct and indirect savings within the £28.6m.

The programme will depend on capital support and grant funding to enable delivery. For FY 2025/26 a general allocation of £500k has been reserved by the Fife Capital Investment Group to support RTP related works/projects. In addition, £1.5m has been allocated to support the mental health work for FY 2025/26.

Separately there is some promise of additional funding through sustainability grants and the Business Continuity Essential Investment submission to Scottish Government.

Generally, there is likely to be insufficient funding to support everything we would like to achieve, and this may impact pace of delivery (identified as a risk).

### 2.3.4 Risk Assessment / Management

The key programme risks are set out in the PID (refer to Appendix 1).

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

Project specific EQIA's will require to be completed by the clinical services implementing the changes.

### 2.3.6 Climate Emergency & Sustainability Impact

Climate and sustainability form a significant part of the proposed programme. There is an opportunity to make progress against out carbon commitments whilst saving money on energy in the process.

Particulars relating to sustainability deliverables are set out in the PID (appendix 1).

### 2.3.7 Communication, involvement, engagement and consultation

Communication and engagement will be undertaken at project level for each specific project forming part of the programme. Wider communication and engagement relating to the RTP programme more generally will also continue to be undertaken.

### 2.3.8 Route to the Meeting

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

- Executive Leadership Group, 17 April 2025

## 2.4 Recommendation

This paper is provided to members for:

- **Assurance** – This report provides a **"moderate" and "limited" level of assurance** as explained under Section 2.3.

## 3 List of appendices

The following appendices are included with this report:

- Appendix No.1, Infrastructure and Change Project Initiation Document FY 2025/26, Version 0.3
- Appendix No. 2, Infrastructure & Change Milestone Chart V1.0

**Report Contact**
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# Infrastructure & Change

Programme Initiation Document

FY 2025/26

Version 0.3

# 1   Background

The Reform Transform and Perform Framework was set up in FY 2024/25 to help concentrate efforts to tackle various financial pressures. NHS Fife is on track to deliver over £25m in savings for 2024/25.

The Infrastructure & Change programme forms one part of the Reform, Transform and Perform Framework. The programme contributed >£2m of savings as part of the £25m.

As we move into FY 2025/26, the financial challenge remains with a £39m financial gap. Target savings of £28.6m have been set across a number of programmes as detailed below.

*Table 1 - FY 2025-26 Savings Target*

| Programme | Savings Target |
|---|---|
| Clinical Services | £9.3m |
| Infrastructure | £3m |
| People | £8.2m |
| Business | £2.5m |
| Supplies | £5.6m |

A breakdown of the infrastructure and change target savings is identified in the table below.

*Table 2 - Infrastructure Savings Target*

| Area | Savings Target | Budget Area |
|---|---|---|
| Energy, medical devices, waste and site rationalisation | £2m | Savings from Estates and Facilities budget |
| Decontamination | £0.4m | Acute budget |
| Transport | £0.6m | System wide budgets |

It should also be noted over and beyond the £3m noted above, the estate rationalisation work will support service saving plans within mental health and community services. There will also be opportunities to support the acute directorate with re-design changes within scheduled and unscheduled care. Therefore, the Infrastructure & Change programme will contribute to direct and indirect savings within the £28.6m.

This programme initiation document aims to create a living document that defines the reconfigured Infrastructure & Change programme by capturing programme scope, outline planning, desired outcomes and benefits. By summarising the thinking in these areas, it is hoped this helps to create a common understanding on the programme and allows investment appraisal/ongoing programme viability decisions to be made.

## 2 Programme Mandate

The programme receives an overall mandate from the Executive Leadership Team (ELT). The below diagram outlines the governance arrangements of the programme:
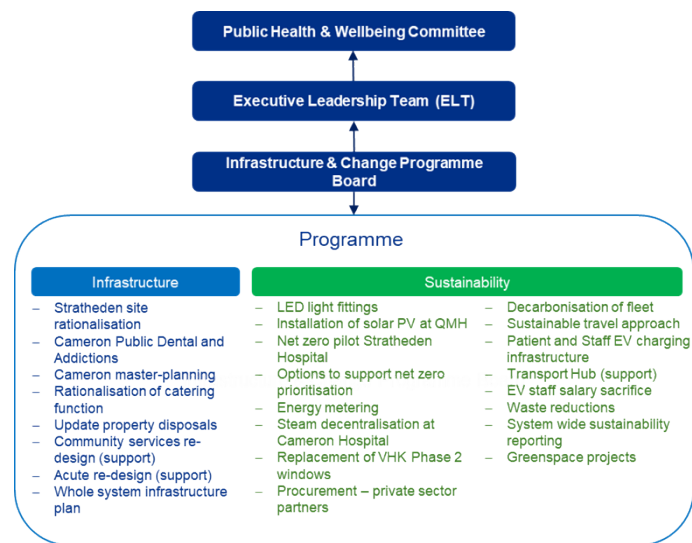


*Figure 1 - Programme Governance*

## 3 Programme Vision

The overall vision of the Infrastructure & Change Programme is as follows:

Ensure a future-proofed and sustainable infrastructure able to flex and evolve to meet the evolving demands of healthcare in Fife.

## 4 Drivers for Change

NHS Fife is required to meet a financially balanced position each year. Several compounding factors have made this requirement extremely challenging in recent years. Scottish Government have clear expectations around our financial performance.

However, over and beyond we recognise that the current arrangements are unsustainable to meet the needs of an ever-changing population demographic. NHS Fife is not just responsible for delivering healthcare services - we are responsible for improving the health and wellbeing of our population. Our clinical services, workforce, partnerships, and financial decisions must all align with this broader purpose.

As we move into the next phase of RTP, we must take a longer-term, system-wide approach to transformation. This means not just making necessary efficiencies today but laying the foundations for the future of care in Fife.

## 5 Programme Scope

### 5.1 In Scope

Infrastructure

- Stratheden site rationalisation*
- Completion of Cameron site rationalisation (Public Dental & Addictions)*
- Progress long-term master-planning options for Stratheden and Cameron*

- Option study for consolidation of catering function across sites
- Update potential property disposals for consideration
- Support community services to achieve proposed service re-design*
- Support acute scheduled and unscheduled care re-design*
- Support development of the Whole System Infrastructure Plan (Phase 2), once direction and guidance are provided by Scottish Government

Sustainability

- Implement energy reduction plans
  - Ongoing installation of LED light fittings*
  - Installation of solar PV at QMH*
  - Net zero pilot project at Stratheden Hospital (feasibility study)
  - Researching options to support net zero prioritisation – make recommendation
  - Researching energy metering strategy options and commence implementation*
  - Steam decentralisation at Cameron Hospital*
  - Replacement of VHK Phase 2 windows*
- Procure private sector partners to assist with energy solutions including revenue options
- Decarbonisation of fleet (small/light vehicles)
- Implementation of sustainable travel approach
  - Increase patient and staff EV charging infrastructure*
- Support development of patient transport hub
- Implementation of salary sacrifice scheme for staff EV's
- Ongoing reduction in domestic waste (15% target)
- Ongoing reduction in food waste (33% target)
- Ongoing recycling of domestic waste (70% target)
- Reporting on system wide sustainability objectives and progress
- Implementation of green space projects at Lynebank and QMH*

*Items requiring capital or grant funding to enable.*

## 5.2 Out of Scope

As previously mentioned, the Infrastructure and Change programme will support system wide RTP savings. The programme will however only report on savings associated with the Estates and Facilities' Directorate budget. Reporting on service-related savings will be monitored and controlled under separate programmes.

## 6 Programme Structure

The programme structure and responsibilities is noted below.
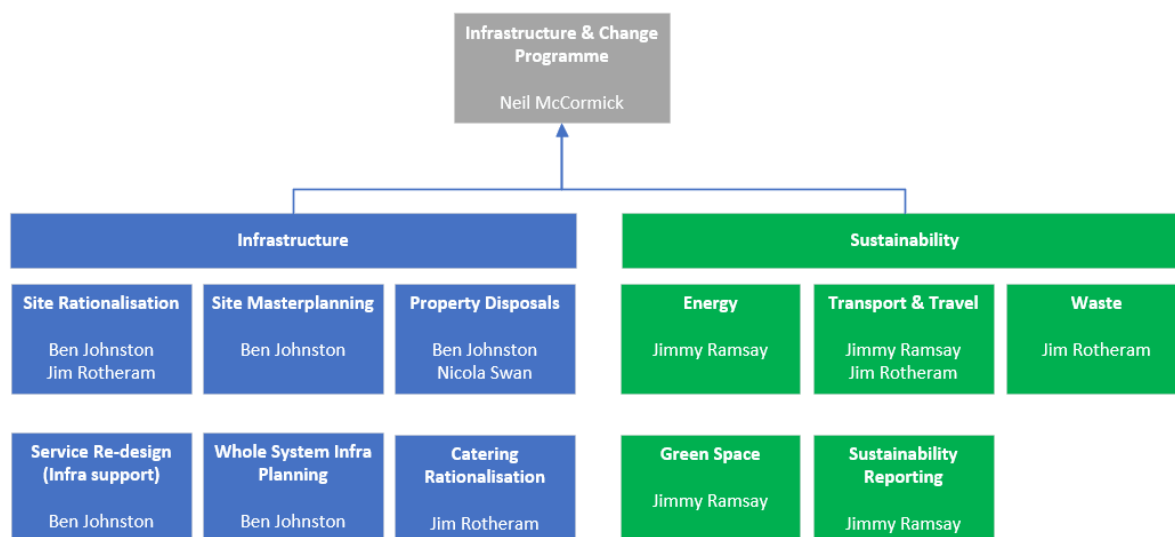
*Figure 2 - Programme Structure*

## 7 Expected Benefits and Dis-Benefits

### 7.1 Benefits

Financial

The anticipated financial benefits resulting from the programme for FY 2025/26 are noted in Table 2. Much of the programme is transformative taking place potentially over several years, with associated savings arising from the ongoing effort. As previously stated, transformation of our estate will support clinical services to re-design providing more effective and financially sustainable models of care.

Non-Financial

The following table outlines the anticipated non-financial benefits of the programme:

*Table 3 - Non-financial benefits*

| Benefit | Alignment |
|---|---|
| Consolidation and rationalisation of our footprint may support more effective and efficient service delivery for services and their patients. | Infrastructure |
| Rationalisation of our estate will create flexibility and space for future planning. | Infrastructure |
| Site rationalisation and consolidation may enable new land uses benefiting the people of Fife. | Infrastructure |
| A reduced estate footprint will reduce energy demand and carbon emissions. | Sustainability |
| A reduction in energy will lead to a reduction in carbon helping us to achieve our sustainability targets. | Sustainability |
| Sustainable travel may improve the health and wellbeing of our staff and service users. | Sustainability |
| More effective transport for patients will help to improve their overall experience of our services whilst also improving health inequalities. | Sustainability |

| Benefit | Alignment |
|---|---|
| A reduction in waste will contribute towards our sustainability targets. | Sustainability |
| Implementation of green space projects may improve the health and wellbeing of our staff and local communities. | Sustainability |

## 7.2 Dis-Benefits

The following disbenefits may apply to the Infrastructure & Change Programme:

*Table 4 - Dis-benefits*

| Dis-Benefit | Alignment |
|---|---|
| A significant amount of investment will be required to support this programme via capital and potential energy grants. | Infrastructure Sustainability |
| Site rationalisation and potential property disposals will create a lot of change affecting staff and service users. Whilst the objective is beneficial in the long-term, it could create tension and uncertainty in the short term. | Infrastructure |
| EQIA's will be required for specific projects to help identify any health inequalities potentially arising from the plans. These will require to be completed by the services concerned. | Infrastructure |

## 8 Programme Planning

The broad planned deliverables are identified below for FY2025-/6.

*Table 5 - Programme Deliverables*

| Deliverables | 25/26 Q1 | 25/26 Q2 | 25/26 Q3 | 25/26 Q4 | Ongoing | Notes |
|---|---|---|---|---|---|---|
| **Infrastructure** | | | | | | |
| Stratheden site rationalisation | | | | ✓ | ✓ | Multiyear programme |
| • Initial non-in-patient moves | | | | ✓ | ✓ | |
| • QMH Ward 3 | ✓ | | | | | Enabling project |
| • QMH Ward 1 (enabler) | | | ✓ | | | Enabling project |
| • Cairnie Ward | | | | ✓ | | Funding required |
| Cameron public dental and addictions | ✓ | | | ✓ | | |
| Cameron master-planning | | | | ✓ | | |
| Stratheden master-planning | | | | ✓ | | |
| Rationalisation of catering function | | | | ✓ | | Plan only |
| Update property disposals | ✓ | | | | | |

| Deliverables | 25/26 Q1 | 25/26 Q2 | 25/26 Q3 | 25/26 Q4 | Ongoing | Notes |
|---|---|---|---|---|---|---|
| Community services re-design (support) | | | ✓ | ✓ | ✓ | Funding required |
| Acute re-design (support) | | | | ✓ | | Scope TBC |
| Whole System Infrastructure Plan | | | | ✓ | ✓ | |
| **Sustainability** | | | | | | |
| Ongoing installation of LED light fittings | | ✓ | | ✓ | ✓ | Progressive |
| Installation of solar PV at QMH | | | | ✓ | | |
| Net zero pilot study at Stratheden Hospital | | ✓ | | | | |
| Options to support net zero prioritisation | | | | ✓ | | |
| Energy metering | | | | ✓ | ✓ | Progressive |
| Steam decentralisation at Cameron Hospital | | ✓ | | | | Planning |
| Replacement of VHK Phase 2 windows | | | | ✓ | | Planning |
| Procurement – private sector partners | | | | ✓ | | |
| Decarbonisation of fleet | | | | ✓ | | Small/light vehicles |
| Implementation of sustainable travel approach | | | | ✓ | | |
| Patient and staff EV charging infrastructure | | | | ✓ | | Planning |
| Transport hub (support) | | ✓ | | ✓ | ✓ | Progressive |
| Salary sacrifice scheme for staff EV's | | ✓ | | | | |
| Waste reductions | | ✓ | | ✓ | | Progressive |
| System wide sustainability reporting | | ✓ | | ✓ | ✓ | Ongoing |
| Greenspace projects | | ✓ | ✓ | ✓ | | Ongoing |

## 8.1 Programme Dependencies

The following are known dependencies that impact this programme:

Table 6 - Dependencies

| Item | Cause and Effect Relationship |
|---|---|
| D1: Full ELT Support | Requirement for support of all Executive Leadership Team (ELT) members to ensure the objectives of the programme are achieved. Senior Leadership will need to support engagement efforts of the programme by advocating the case for change in their own Directorates/Services. Without this engagement could be difficult and negatively impact programme timescales. |
| D2: Pace of service change / re-design | Services will need to work in parallel to change their services to enable site rationalisation and consolidation. |
| D3: Capital funding | It is likely that the work related to infrastructure will require significant capital funding before it can progress. Some sustainability projects may also require capital or grant funding. |

## 8.2  Programme Stakeholders

Programme Stakeholder will be diverse given the breadth of the programme. Individual projects will identify the relevant stakeholders.

Members of the Infrastructure & Change programme Board can be located in the terms of reference.

## 9  Programme Costs

Programme costs will be developed for each specific project and presented through governance for agreement. For FY 2025/26 a general allocation of £500k has been reserved by the Fife Capital Investment Group to support RTP related works/projects. In addition, £1.5m has been allocated to support the mental health work for FY 2025/26.

Separately there is some promise of additional funding through sustainability grants and the Business Continuity Essential Investment submission to Scottish Government.

Generally, there is likely to be insufficient funding to support everything we would like to achieve.

## 10 Programme Risks

Table 7 - Programme Risks

| Risk description | Likelihood score | Impact score | Overall score |
|---|---|---|---|
| **R1: Senior Leadership Support/resistance**<br><br>Potential for Leads to resist change impacting on programme and scope. | 3 | 3 | 9 |

| Risk description | Likelihood score | Impact score | Overall score |
|---|---|---|---|
| **R2: Financial**<br><br>There is a financial risk that the programme and will not receive enough funding to support the main deliverables set out for FY 2025/26. | 4 | 4 | 16 |
| **R3: Resource Capacity**<br><br>There may be insufficient resource in-house to manage the programme deliverables together with ongoing operational duties. This may affect pace. External support would attract additional cost. | 4 | 3 | 12 |
| **R4: Resource Experience**<br><br>We will have experience and knowledge gaps within the team especially for specialist areas that will require external support. | 4 | 3 | 12 |
| **R5: Pace of Service Change**<br><br>There is a risk that the pace of service change including communication and engagement activities could delay progress. | 4 | 4 | 16 |
| **R6: Pace of Construction/Works**<br><br>Projects take time to plan, fund and execute. There is risk the projects could delay the anticipated timeline for service change. | 4 | 4 | 16 |
| **R7: Whole System Support**<br><br>The programme will require support from other directorates and departments (like digital and medical records as an example). There is a risk that they may have insufficient capacity to support the programme. | 3 | 3 | 9 |
| **R8: Change Process**<br><br>This programme will contribute towards a lot of change affecting service users and staff. There is a risk of dissatisfaction arising from these changes. | 4 | 4 | 16 |
| **R9: RTP Savings**<br><br>There is a risk that the pace and scope of the programme is insufficient to achieve target savings. | 3 | 4 | 12 |

| Risk description | Likelihood score | Impact score | Overall score |
|---|---|---|---|
| **R10: Performance/quality**<br><br>There is a risk that our collective whole system plans have an adverse effect on performance and quality or an unintended consequence on another part of the system. | 3 | 4 | 12 |

## 11  Document Control Sheet

### 11.1 Key Information

| | |
|---|---|
| **Title** | RTP Infrastructure & Change Programme Initiation Document – FY 2025/26 |
| **Date Published / Issued** | |
| **Date Effective From** | |
| **Version / Issue Number** | 0.3 |
| **Document Type** | Programme Business Case |
| **Document Status** | Draft PID |
| **Author** | Ben Johnston |
| **Owner** | Neil McCormick |
| **Approver** | Neil McCormick |
| **Approved Date** | |
| **Contact** | Ben Johnston, Carron Waterson |
| **File Location** | |

### 11.2 Revision History

| Version | Date | Summary of Changes | Name |
|---|---|---|---|
| 0.1 | 11/04/25 | First Draft for review/comment ahead of onward submission. | Ben Johnston |
| 0.2 | 14/04/25 | Updated Draft | Ben Johnston |
| 0.3 | 28/04/25 | Updated Draft – Programme Planning | Carron Waterson |

| | Apr 25 | May 25 | June 25 | July 25 | Aug 25 | Sept 25 | Oct 25 | Nov 25 | Dec 25 | Jan 26 | Feb 26 | Mar 26 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Site Rationalisation** | | | | | | | | | | | | |
| **Site Masterplanning** | | | | | | | | | | | | |
| **Property Disposals** | | | | | | | | | | | | |
| **Service re-design (support)** | | | | | | | | | | | | |
| **Whole System Infra Planning** | | | | | | | | | | | | |
| **Catering Rationalisation** | | | | | | | | | | | | |

*Stratheden site rationalisation (multiyear programme)*

▲ **Initial non-inpatient moves (Stratheden)**

▲ **QMH Ward 3 refurbishment**

▲ **QMH Ward 1 refurbishment**

▲ **Renovation of Cairnie Ward (funding required)**

*Cameron Hospital site rationalisation*

▲ **Public Dental moved off site**

▲ **Addictions team moved off Cameron site**

▲ **Cameron Hospital**

▲ **Stratheden Hospital**

▲ **Update property disposals**

▲ **Acute Services re-design (support) scope to be confirmed**

▲ **Community Services re-design (support)**

▲ **Update plan (ongoing)**

● **ELT approval**

▲ **Staff engagement *(if approved)***

▲ **Implementation *(if approved)***

| | Apr 25 | May 25 | June 25 | July 25 | Aug 25 | Sept 25 | Oct 25 | Nov 25 | Dec 25 | Jan 26 | Feb 26 | Mar 26 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Energy** | | | | ▲ Installation of solar PV at QMH → | | | | | | ▲ Installation of solar PV at QMH → | | |
| | | | | | | | | | | ▲ Energy metering → | | |
| | | | | | | | | | | ▲ Steam decentralisation at Cameron Hospital → | | |
| | | | | | | | | | | ▲ Replacement of VHK Phase 2 windows → | | |
| | | | | | | | | | | ▲ Procurement – private sector partners → | | |
| **Transport & Travel** | | | | ▲ Transport hub (support) → | | | | | | ▲ Decarbonisation of fleet → | | |
| | | | | ▲ Salary sacrifice scheme for staff EVs → | | | | | | ▲ Implementation of sustainable travel approach → | | |
| | | | | | | | | | | ▲ Patient and staff EV charging infrastructure → | | |
| | | | | | | | | | | ▲ Transport hub (support) → | | |
| **Waste** | | | | ▲ Waste reduction projects → | | | | | | ▲ Waste reduction projects → | | |
| **Green Space** | ▲ Green space projects identified → | | ▲ Stakeholder engagement → | ▲ Green space projects initiated → | | | | | | | | |
| **Sustainability Reporting** | | | | ▲ Net zero pilot study at Stratheden Hospital → | | | | | | ▲ System wide sustainability reporting → | | |

# NHS Fife

**NHS SCOTLAND**

| | |
|---|---|
| **Meeting:** | **Public Health and Wellbeing Committee** |
| **Meeting date:** | **12 May 2025** |
| **Title:** | **Building our Inclusion Health Network** |
| **Responsible Executive:** | **Dr Joy Tomlinson, Director of Public Health** |
| **Report Author:** | **Gabe Docherty, Interim Consultant in Public Health and** |
| | **Dr Joy Tomlinson, Director of Public Health** |

Executive Summary:

- **Inclusion Health** is an umbrella term used to describe individuals who face social exclusion and encounter various risk factors for poor health, including poverty, violence, and complex trauma. This category includes those who are homeless, dependent on drugs and alcohol, vulnerable migrants, members of Gypsy, Roma, and Traveller communities, sex workers, individuals involved with the justice system, and victims of modern slavery.
- People belonging to inclusion groups often experience significantly worse health outcomes compared to the general population, with a lower average age of death.
- Inclusion health groups frequently face obstacles in accessing healthcare services and may have negative experiences due to multiple barriers in the healthcare delivery system.
- For a period during the COVID-19 pandemic an 'Inclusion Health' network and outreach team supported the needs of multiply excluded groups across Fife. This in effect, delivered an Inclusion Health services to socially excluded individuals and ensured that their needs were met.
- This paper presents the agreed approach to establishing an Inclusion Health Network for Fife. This approach has been endorsed by ELT and Fife Partnership Leadership Board. The purpose of this network will be to:
  - Provide leadership to the Inclusion Health and provide a focal point for a range of partners, including the Third sector, to raise inclusion health issues.
  - Act as an advocate for the resolution of these issues and, when appropriate, make representations to the appropriate body to seek a resolution of such.
  - Increase collaboration and integrated working opportunities; reduce duplication of effort; share best practice and, when appropriate, seek to expand effective practice.
  - Work with current Inclusion Health services that seek to ensure that excluded individuals receive the care that they need, irrespective of their circumstances. The network will work jointly with these services to look at ways of improving the care and support that they provide to inclusion health populations.
  - Develop robust governance systems for interventions.
  - Develop robust monitoring and evaluation approaches that will assess the effectiveness of interventions.

# 1    Purpose

**This report is presented for**:
- Discussion
- Assurance

**This report relates to a:**
- Emerging issue
- Local policy
  - To improve Health and Wellbeing
- National Health & Well-Being Outcomes

**This report aligns to the following NHSScotland quality ambitions**
- Safe
- Effective
- Person Centred

# 2    Report summary

## 2.1    Situation

People belonging to Inclusion Health groups often experience significantly worse health outcomes compared to the general population, with a lower average age of death. They also frequently face obstacles in accessing healthcare services and may have negative experiences due to multiple barriers in the healthcare delivery system.

The purpose of this paper is to set out the approach which will be used to establish an Inclusion Health Network. The aim of the Network will be to address barriers faced by people who are socially excluded and support the achievement of better outcomes for Inclusion Health populations and ultimately reduce service demand.

NHS Fife's Population Health and Wellbeing strategy clearly outlines our ambition to address inequalities.  Most of the indicators in the strategy are trending in the wrong direction.  Many of the Inclusion Health populations are living in precarious circumstances and experience significant inequalities.

It is proposed that an Inclusion Health Network is established in order to find innovative ways to support Inclusion Health populations and, to build upon existing initiatives and programmes.

## 2.2    Background

Data and intelligence for Inclusion Health groups is limited and, for some groups virtually non-existent. Available evidence includes:
- For the homeless population we know that the average age of death is 43 years for women and 46 years for men in Scotland compared with 81 years for women and 77 years for men in the general population.
- Public Health Scotland, using modelling to obtain the rate of opioid dependence in Scotland, estimated that around 1.3% in the 15-64 population are dependent on opioids.

- The Scottish Public Health Observatory, (ScotPHO) identified that, in the period 2020 to 2023, there were 22.7 per 1000 maternities with drug use in Fife compared with 17.2 per 1000 maternities nationally.
- Aldridge et al (2018) undertook a systematic review of the available worldwide evidence for four Inclusion Health populations (substance use disorders, homeless populations, prisoners and sex workers) and used English population data as a comparison. The excess mortality associated with considerable social exclusion is extreme. They found that males were almost 8 times and females almost 12 times more likely to die earlier than the general population.
- Collaborative research led by Professor Andrea Williamson of Glasgow University, presented at Department of Public Health CPD session in January 2025, has explored the impact of missing primary care appointments (2/3 or more per year) and for some, particularly those with mental health problems, the outcomes are severe morbidity and for some increased risk of mortality.

In addition to NHS Fife's Population Health and Wellbeing strategy, A Fairer Fife strategic priority theme -'Opportunities for all' - seeks to ensure that no one is left behind.  Many in Inclusion Health populations are being left behind and excluded. The Fife Strategic Assessment 2024 (Final Report) which was discussed at the Fife Partnership Board meeting on the 6 August 2024 provided a comprehensive overview of poverty and health in Fife.  This report provides an insight into poverty and inequalities. It reveals a worsening picture. The inequality gap in key life outcomes such as attainment, child poverty, crime rate, early mortality, emergency admissions, and participation of 16-19 year olds show that there is a greater gap in outcomes between most and least deprived areas of Fife. Inequalities in Fife persist and are widening.

**The Covid 19 Pandemic response – a good example of Inclusion Health**
Over the last 4 years considerable resource and focus has been placed on crisis support both through the Covid-19 pandemic and cost of living crisis. In particular, the Covid-19 pandemic response was an excellent example of how statutory agencies and the Third sector joined together to meet the needs of many Inclusion Health populations in a fast and effective manner. Seven Multi Disciplinary Teams (MTDs) were set up which were multi agency and empowered to be responsive to support local communities and our most vulnerable people.  The approach was successful due to being able to collectively respond to peoples' needs quickly and efficiently, funding being available and governance systems that facilitated prompt action.   Fife Council commissioned University of Aberdeen to assess the response the Covid-19 pandemic -*Post-Covid 19 'Fife Did Not let Me Down when I Really needed It.' A Research Report For Fife Council (2021).*

It highlighted the excellent work that was done during the pandemic and made a number of recommendations to continue support of individuals.

## 2.3  Assessment

Inclusion health populations generally experience significantly worse health outcomes than the general population.  Aldridge et al ( 2018) undertook a systematic review of the available worldwide evidence for four Inclusion Health populations (substance use disorders, homeless populations, prisoners and sex workers) and used English population data as a comparison. The excess mortality associated with considerable social exclusion is extreme. They found that males were almost 8 times and females almost 12 times more likely to die earlier than the general population. The average age of death is 43 years for

homeless women and 46 years for homeless men in Scotland compared with 81 years for women and 77 years for men in the general population.

People can be excluded from health and social care for a number of reasons eg they don't comply with the requirements of these 'systems', they miss appointment letters/texts etc, cannot afford bus fare to appointments or are excluded due to their behaviour.  We need to ensure that our systems and approaches do not systematically exclude Inclusion Health populations and, on occasion, we need to 'go the extra mile' to ensure that people are included.

**The need for and role of an Inclusion Health Network**
An Inclusion Health workshop, led by Public Health, was held 4 December 2024 involving key partners. The concept of creating an Inclusion Health network was welcomed.  Participant's explored how the Network could support the achievement of better outcomes for Inclusion Health populations. Participants, however, highlighted that their support was predicated upon the Network fitting into, and complementing, the existing landscape of efforts to support Inclusion Health Communities. Participants highlighted that it was critical that the proposed Inclusion Health Network was fully integrated into the Fife Community Planning policy and response structures and would add value to the current programmes. They highlighted that there was a risk that we could alienate key stakeholders if The Inclusion Health Network is seen as duplication of effort. The report from this event is included as **Appendix 1**. Feedback gathered during this event and subsequently, led to establishment of the principles which will guide the Network.

**The Inclusion Health Network: Principles underpinning Inclusion Health**

a. **Key Overarching Principle:  'What Matters to You and/or Your Community'**
   The bedrock for successful Inclusion Health is starting from the point that matters to the individual and/or the community whom you are aiming to support.  Support cannot be driven by the need to achieve a set performance target. The approach requires engagement with the individual and communities, identifying what matters to them and then responding to their needs.  To achieve this there are key enablers that require to be present.

b. **Senior leaders Creating Conditions to Enable and Empower Staff**
   The role of senior leaders is absolutely critical to the success of Inclusion Health.  The challenge  is to empower and enable staff to meet the needs of individual whilst working in a system that is target/outcome driven and which is faced with huge financial challenges.  This is hugely difficult and whilst senior leaders need to make brave decisions.

c. **Empowered and Compassionate Staff**
   Front line workers require flexibility to deliver on the individuals' needs and their organisations need to be supportive of their actions. This has the potential by using the Improvement Science methodology: - identify your approach, start small and establish baseline, intervene and measure impact and report. There may be opportunities to link this with NHS efforts in terms of workforce development commitment to staff who are being trained in programmes such as:

   - What Matters To You
   - Good Conversations
   - Trauma Informed Practice

The challenge will be to create a supportive environment in which staff feel safe and secure to compassionately care for and do what is right for the individual whilst working in a target/outcome driven public service. There will be the need to develop governance systems that provides employing bodies with appropriate assurance.

**How will the Inclusion Health Network function?**

a. **Roles and Responsibilities**

The Fife Inclusion Health Network responsibilities are:

- To act as a focal point for Inclusion Health issues, identify systemic exclusion of Inclusion Health populations and to work with the service providers to resolve these issues
- To provide Advocacy for Inclusion Health populations to a range of key stakeholders
- To review current Inclusion Health service provision and make recommendations for developments if necessary
- To increase collaboration and integrated working opportunities; reduce duplication of effort; share best practice and, when appropriate, seek to expand effective practice.
- To develop robust monitoring and evaluation approaches that will assess the effectiveness of interventions and to develop robust governance systems for interventions

b. **Membership**

The membership of the network will be 'organic' with a small core team and others being co-opted as appropriate. There will also be open access to Network meetings so that individuals can engage with the Network.

c. **Governance**

Support for establishment of the network has been given by EDG and Fife Partnership Leadership Board. At this early stage, there is a recognition that flexibility is needed in terms of reporting arrangements. The network will first engagement with locality groups and will develop governance arrangements with both of these leadership groups.

d. **Terms of Reference (TOR)**

The Terms of Reference for the Inclusion Health Network is included as **Appendix 2**.

e. **Monitoring and Evaluation**

It will be the job of the Network to develop appropriate systems of monitoring and evaluation. A framework will be necessary to ascertain if outcomes improve for those supported and if demands for services reduce.

This report provides the following Level of Assurance:

|  | Significant | Moderate | Limited | None |
|---|---|---|---|---|
| Level |  | X | 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 aim of the Inclusion Health Network is to ensure that Inclusion Health populations are fully included in all of our health services. This should lead to improved outcomes for the individuals and contribute to a range of public health and wellbeing goals.

### 2.3.2 Workforce
Initially the establishment of the Network will have no significant impact on staff. However, once the Network is in operation and it leads to developments there will be impact. It is not possible to determine this impact at this stage. Longer term, however, there is the potential that service demands from these populations decrease due to their improved health and level of care.

There is significant potential to boost staff morale and job satisfaction as it will support staff who are seeking to resolve issues on an individual level and are frustrated about not being able to provide the level of support that patients require. There is, however, a downside in that pressures could be placed on staff such as managing waiting lists and pressures of limited time appointments. This would have to be carefully managed.

### 2.3.3 Financial
Initially there would be no significant financial impact establishing and running the network as the costs would be absorbed within existing budgets. Some of the work of the Network will be to identify potential service developments. If this transpires then fully costed proposals would be developed.

### 2.3.4 Risk Assessment / Management
- Key stakeholders may not value the creation of an Inclusion Health Network and it is imperative that work is undertaken to ensure that stakeholders understand the value of the Network and the additionality that it can bring.
- Providing support to Inclusion Health populations can be time consuming and resource intensive. There is a risk that this reduces staff capacity to respond to waiting times/list pressures.
- There is a risk that mortality and morbidity will worsen in Inclusion Health populations if more is not done to support them.
- There is a risk that NHS services will not be able to respond to the needs of this population due to lack of capacity.

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

An Equality Impact Assessment has not been carried out at this stage as the Network itself has not yet been established and there is no workplan in place. As individual actions are agreed and the approach developed then a scoping assessment will be undertaken.

It is anticipated, this proposal will directly benefit population groups most at risk of experiencing health inequalities and would also support the following:
- Public Sector Equality Duty,
- Children's rights as defined by the United Nations Convention on the Rights of the Child (UNCRC),
- Board's Equalities Outcomes

**2.3.6 Climate Emergency & Sustainability Impact**

There may be the need to travel within Fife as part of the Network's work. This is an area which may require further consideration as the network becomes established.

**2.3.7 Communication, involvement, engagement and consultation**

This proposal has involved a series of meetings with key stakeholders to gain their views on the need for an Inclusion Health Network. A stakeholder workshop was held on 4 December 2024 and a short life development group involving key stakeholders convened 3 meetings to develop the proposal and the Terms of Reference

**2.3.8 Route to the Meeting**

In addition to the Inclusion Health Network workshop, a series of meetings were convened with key stakeholders to develop the proposal that has been included in this SBAR for the Inclusion Health Network.

Earlier version of this paper was tabled with:
- EDG on 20 March 2025 and 25 April 2025.
- Fife Leadership Board on 02 April 2025.

Both groups were supportive of establishing the Network.

## 2.4 Recommendation

Public Health and Wellbeing Committee are invited to **discuss** the establishment of the Inclusion Health Network for Fife and take **assurance** from the Inclusion Health workshop and terms of reference for the Network as detailed in Appendix 2.

Public Health and Wellbeing Committee are asked to note this early stage of development of the work and consider opportunities for further engagement with this approach.

## 2.5 List of Appendices

The following appendices are included with this report:

- Appendix No. 1, Inclusion Health Work Workshop 4 December 2024 Report
- Appendix No. 2, Terms of Reference for Inclusion Health Network

**Report Contact**
Dr Joy Tomlinson,
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## Sources of Evidence

[1] NRS report, see methodology for caveats to this data: Homeless Deaths 2022 | National Records of Scotland
[1] NRS report: Data Tables for Life Expectancy in Scotland, 2021-2023 | National Records of Scotland
[1] Main report here: Homelessness in Scotland: 2023-24 - gov.scot
[1] Equalities tables available here: Supporting documents - Homelessness in Scotland: 2023-24 - gov.scot
[1] Estimated Prevalence of Opioid Dependence in Scotland 2014/15 to 2019/20 - Estimated Prevalence of Opioid Dependence in Scotland - Publications - Public Health Scotland
[1] Maternities with drug use: ScotPHO profiles
[1] Chapter 8 Alcohol and drugs: The Scottish Health Survey 2021 - volume 1: main report - gov.scot

**ARTICLES AND REPORTS**

Morbidity and mortality in homeless individuals, prisoners, sex workers, and individuals with substance use disorders in high-income countries: a systematic review and meta-analysis

Robert W Aldridge, PhD[a,b] r.aldridge@ucl.ac.uk · Alistair Story, PhD[a,b,d] · Prof Stephen W Hwang, MD[e] · Prof Merete Nordentoft, DMSc[f] · Serena A Luchenski, FFPH[a,b] · Greg Hartwell, MFPH[g] · et al

Post-Covid 19 'Fife Did Not let Me Down when I Really needed It.' A Research Report for Fife Council (2021).

# Inclusion Health Network Workshop Report
## Wednesday 4 December

## Introduction

Over the last 4 years considerable resource and focus has been placed on crisis support both through the COVID-19 pandemic and cost of living crisis. In particular, the COVID-19 pandemic response was an excellent example of how statutory agencies and the third sector joined together to meet the needs of many Inclusion Health populations in a fast and effective manner. Since the COVID-19 pandemic response was stood down, the Public Health Department has recognised the need to strengthen support for Inclusion Health populations. The department has proposed establishing an Inclusion Health Network to provide leadership to the Inclusion Health and provide a focal point for a range of partners, including the third sector, to raise and resolve inclusion health issues.

Mr Gabe Docherty, Interim Consultant in Public Health, with the support of Ms Lorraine McQueen, Screening Inequalities Outreach Officer, were tasked with engaging with colleagues within the department and with key partners to develop the concept of the Inclusion Health Network and develop a proposal for how it would function.  This workshop was convened to explore the concept of creating an Inclusion Health Network and to ascertain if it is feasible and, if deemed feasible:

- ➢ Identify the unique role that it could play
- ➢ Identify where it would sit within the Fife policy/structure landscape and explore governance
- ➢ Identify critical relationships with other programmes/initiatives
- ➢ Identify challenges/obstacles to be overcome
- ➢ Identify next steps

A number of key stakeholders were invited to participate in the workshop and the event benefitted from a super turnout with 43 people in attendance. The programme for the day and those who are attended are listed in Appendix 1.

## The Event

### Welcome by Director of Public Health

Dr Joy Tomlinson, Director of Public Health warmly welcomed participants to the workshop and highlighted the need to focus efforts on the circumstances that Inclusion Health populations faced in terms of experiencing poor health, early mortality, challenges of poverty and accessing health services.  Dr Tomlinson made a pledge to use her powers as Director of Public Health to support efforts to meet the needs of Inclusion Health populations.

### Overview Presentation by Mr Gabe Docherty

Mr Docherty gave a brief overview of Inclusion Health and an outline proposal for the role of the Inclusion Health Network. The presentation is attached in Appendix 2. Key points from the presentation included:

### What is Inclusion Health?

Inclusion Health is an umbrella term used to describe individuals who face social exclusion and encounter various risk factors for poor health, including poverty, violence, and complex trauma. This category includes those who are

- ➢ Homeless

- ➢ Dependent on drugs and alcohol

- ➢ Vulnerable migrants

- ➢ Members of Gypsy, Roma, and Traveller communities

- ➢ Sex workers, individuals involved with the justice system and victims of modern slavery (this is not an exclusive list)

People belonging to these inclusion groups often experience significantly worse health outcomes compared to the general population, with a lower average age of death. Inclusion health groups frequently face obstacles in accessing healthcare services and may have negative experiences due to multiple barriers in the healthcare delivery system.

### The Network

The focus of the Network will be on supporting access to Health care for these populations.

The purpose of this Inclusion Health Network will be to:

- ➢ provide **leadership** to the Inclusion Health and provide a focal point for a range of partners, including the Third sector, to **raise inclusion health issues.**
- ➢ To act as an **advocate** for the resolution of these issue and, when appropriate, make representations to the appropriate body to seek a resolution of such.

- to increase **collaboration** and integrated working opportunities; reduce duplication of effort; **share** best practice and, when appropriate, seek to **expand** effective practice.
- To **review current Inclusion Health services** that seek to ensure that excluded individuals receive the care that they need, irrespective of their circumstances, and make **recommendations for developments and improvements** if required.
- To develop robust **governance** systems for interventions.
- To develop robust **monitoring** and **evaluation** approaches that will **assess** the **effectiveness** of interventions.

## The workshops

Participants participated in two facilitated workshops. Key issues were explored:

- Is there an appetite/support for the creation of such a network from key partners?
- What is the unique role that the Network would fulfil and how would it make a difference to Inclusion Health populations?
- How would it support both statutory and third sector partners across Fife in their efforts to support Inclusion Health populations?
- How would the Network complement the policy/programme structure within Fife? i.e. where would it fit within the existing 'policy landscape'?

The brief for Facilitators is included in Appendix 3

## Key Outputs from both workshops and the plenary discussion

There was wide support for the creation of the Inclusion Health Network. There were, however, a number of caveats attached to this support; there were a number of suggestions for improving the approach and there were suggestions of how to integrate the Network into existing programmes. Listed are a range of points that were made:

## Support for the creation of the Inclusion Health Network

- supports reducing or removing silo working
- supports a person centred and whole system approaches to achieve better care and better outcomes for individuals
- provides an Advocacy body that has the potential to influence change at decision making levels
- supports the collation of robust evidence/data and to support service change/improvements
- supports the identification and removal of existing barriers to NHS care by Inclusion Health populations
- supports services to understand each other and improve collaborative working
- A number of smaller projects or tests of change, such as Cowdenbeath Systems Approach Housing Services and KY Clubs are taking place across

Fife. The Inclusion Health Network could help review and support those existing projects that may be seeking to expand in the future.

## Concerns/Caveats to be considered and resolved in the development of The Inclusion Health Network:

- ➢ The Network cannot be a 'Talking Shop'
- ➢ The role and the function of the Network needs to be defined
- ➢ Unmet needs/gaps that the Network will address need to be defined
- ➢ The potential benefits to Inclusion Health populations need to be defined
- ➢ The added value that this network will bring needs to be defined.
- ➢ Where will it sit with existing partnership structures?
- ➢ How will the Network complement existing networks and groups already established in Fife to support Inclusion Health populations?
- ➢ How will it escalate issues for resolution and how will this be different/better than what is already in place?
- ➢ Could the Inclusion Health Network be integrated into existing networks/partnerships that support People/Place, Locality Planning/ Tackling poverty etc as opposed to creating another meeting?
- ➢ The Network needs to avoid duplication and make best use of capacity

## Suggestions to maximise the effectiveness of the Inclusion Health Network

- ➢ The membership of the network should be 'organic' with a small core team and others being co-opted as appropriate.
- ➢ It needs to have expertise from all services/levels/sectors
- ➢ It should not be exclusive, however, with an open access Teams channel with an open invitation to join meetings and propose actions
- ➢ It should be a mechanism for connection / community of practice and it is really important that front line staff/volunteers from both the statutory and third sectors actively engage in the Network
- ➢ The Network could be overwhelmed so it's important to have a clear position on what is in scope and out of scope for discussion
- ➢ It needs simple but clear rules on terms of engagement
- ➢ It needs to support the person-centred approach and whole system working
- ➢ It needs to be simple and not add to the complex governance landscape.
- ➢ It needs to represent and know the landscape to ensure it can support resolution.
- ➢ There are some key lessons for us to learn from groups which were set up in response to Covid-19 pandemic.
- ➢ Be a mechanism for connection / community of practice with regular gatherings with a teams channel
- ➢ maximise the opportunities to link with key programmes/areas of work. Participants highlighted the need to engage with 'No Wrong Doors' and Stage 2 of the Housing Bill – (Ask and Act: what will this new bill mean for health services (doesn't cover GP practices) and Third Sector orgs and how can the Network complement it?)

**Next Steps: A short-life development group to be convened and tasked with:**

- ➤ Reviewing and assessing the current Landscape; identifying the gap that the Network would fill and the unique role that it would play
- ➤ Reviewing and assessing where 'the best fit' is for the Network in terms of where it fits into the policy and governance structures within Fife
- ➤ Identifying and agreeing key relationships with other key programmes that the Network needs to establish
- ➤ Producing terms of reference for the Network which includes details of governance of the Network

# Terms of Reference

## Version 2

## 14 January 2025

# INCLUSION HEALTH NETWORK

## Transforming Our Collaborative Approach to Inclusion Health across the Kingdom leading to Better Outcomes and Reduced Service Demands

### 1. Official Name of Group

Fife Inclusion Health Network

### 2. Purpose

The purpose of this network will be to:

- o provide leadership to the Inclusion Health and provide a focal point for a range of partners, including the Third sector, and front line staff/members of the community to raise inclusion health issues.
- o To act as an advocate for the resolution of these issues and, when appropriate, make representations to the appropriate body to seek a resolution of such.
- o to increase collaboration and integrated working opportunities; reduce duplication of effort; share best practice and, when appropriate, seek to expand effective practice.
- o To review current Inclusion Health services that seek to ensure that excluded individuals receive the care that they need, irrespective of their circumstances, and make recommendations for developments and improvements if required.
- o To develop robust governance systems for interventions.
- o To develop robust monitoring and evaluation approaches that will assess the effectiveness of interventions.

## 3.  Accountable to

Both the Fife Partnership Leadership Board and Executive Leadership Team of NHS Fife. There will be key links to the Oversight Group which is implementing the Fife H&SCP Prevention and early Intervention Strategy

## 4. Programme Objectives

a.  To improve health outcomes for Inclusion Health populations through:
   - identifying barriers to inclusion in health services, advocating for change and working with the appropriate service providers to achieve the desired change
   - supporting service providers to identify the needs of Inclusion Health populations and identifying potential solutions
   - providing a focal point by which service providers, front line staff, third sector workers and lived experience individuals can raise issues and, when appropriate, supporting efforts to resolve the issues.
b.  To increase collaboration and integrated working opportunities; reduce duplication of effort; share best practice and, when appropriate, seek to expand effective practice.
c.  To review current Inclusion Health services that seek to ensure that excluded individuals receive the care that they need, irrespective of their circumstances, and make recommendations for developments and improvements if required.
d.  To develop robust monitoring and evaluation approaches that will assess the effectiveness of interventions and to develop robust governance systems for interventions.

## 5.  Roles and Responsibilities

The Fife Inclusion Health Network responsibilities are:

- To  act as a focal point for Inclusion Health issues, identify systemic exclusion  of Inclusion Health populations and to work with the service providers to resolve these issues

- To provide Advocacy for Inclusion Health populations to a range of key stakeholders

- To review current Inclusion Health service provision and make

recommendations for developments if necessary

- To increase collaboration and integrated working opportunities; reduce duplication of effort; share best practice and, when appropriate, seek to expand effective practice.

- To develop robust monitoring and evaluation approaches that will assess the effectiveness of interventions and to develop robust governance systems for interventions

## 6. Membership

The membership of the network will be 'organic' with a small core team and others being co-opted as appropriate.  There will also be open access to Network meetings so that individuals can engage with the Network.

- Public Health
- Housing,
- ADP
- General Practice including Practice management
- Community pharmacy
- Third Sector  ( To be confirmed  possibly including Resolution Fife, Care Rights Fife, We Are With You)
- Localities
- Mental Health
- Health Improvemnet
- NHS Fife Addictions Services
- Lived Experience representatives
- HSCP

Note this is not exclusive and open to change.

## 7. Chair

It is proposed that the Chairing and secretariat for the Inclusion Health network would rotate between NHS Fife and Fife Council on an 18 month basis. It is anticipated that NHS Fife would assume the Chair in the first instance with secretariat being provided by the department of Public Health

## 8.   Frequency of Meetings

- Meetings will be determined by the group subject to review in relation to the progression of the work

- Meetings and communications between meetings will be via Microsoft Teams.
- Where a member of the group is unable to attend a meeting, a Deputy should be identified to attend on their behalf, with the ability to progress actions.
- In the absence of the Chair, the meeting will be chaired by the Deputy Chair.

### 9. Minute of Meetings

- An Action Log will be taken of all meetings and meeting papers will be issued 1 week in advance of each meeting.
- All papers will be available within the Files tab of the Teams channel. Archiving and management of documents will be the responsibility of the secretariat of the Network.
- Risks identified will be escalated through the group.

## 10. Group Member Behaviours

Each representative:

- Will be an active participant in the group, ensuring effective dialogue, collaborative working to achieve the agreed purpose.
- Is required to agree to undertake the actions generated from meetings, liaise with the relevant operational and clinical teams, and provide feedback to the group. Where a representative cannot attend a deputy should be appointed and communicated to the meeting organizer.
- Should have relevant expertise and skills in areas relating to their representative areas.
- Act as a vocal and visible champion throughout their representative areas.
- Communicates and engages colleagues in their respective area on the progress according to the lines of communication within their relevant team.

## 11. Lifespan

The lifespan of this group will be reviewed 18 months after the initial meeting.

# NHS Fife

| | |
|---|---|
| **Meeting:** | **Public Health & Wellbeing Committee** |
| **Meeting date:** | **12 May 2025** |
| **Title:** | **Integrated Performance & Quality Report** |
| **Responsible Executive:** | **Ben Hannan, Director of Planning & Transformation** |
| **Report Author:** | **Susan Fraser, Deputy Director of Planning & Transformation** |

Executive Summary:

There are 15 metrics reported via the IPQR relating to Public Health and Wellbeing, of which, 3 (Mental Health Readmissions, Infant Feeding and Child Development) have no defined trajectory/target. Exception Report for Drugs and Alcohol Waiting Times has been added.

- CAMHS has exceeded the national standard of 90% for the 7th consecutive month, and is outwith control limits for the 3rd consecutive month, albeit in a positive direction.
- Psychological Therapies performance in Feb-25 achieved local trajectory but did not achieve national target and is within control limits.
- Bowel Screening - exceeded national desired threshold and is below desired threshold for SIMD: Fife is in the low range for Scotland.
- AAA Screening – exceeded desired threshold and below desired threshold for SIMD: Fife is in the mid range for Scotland.
- Childhood Immunisation (6-in-1 at 12 months of age) continues to see decreasing uptake.

This report provides Moderate Level of Assurance.

## 1    Purpose

**This report is presented for:**
- Assurance

**This report relates to:**
- Annual Delivery Plan

**This report aligns to the following NHSScotland quality ambition(s):**
- Safe
- Effective
- Person Centred
- NHS Board Strategic Priorities:
  - To Improve Health & Wellbeing
  - To Improve Quality of Health & Care Services
  - To Improve Staff Experience & Wellbeing

- To Deliver Value & Sustainability

## 2 Report summary

### 2.1 Situation

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

The period covered by the performance data varies and are listed below; some measures have a considerable data lag.

| Measure | Reporting Period | Date |
|---|---|---|
| Flu & Covid Vaccinations | Month End | Mar-25 |
| CAMHS; Psychological Therapies | Month End | Feb-25 |
| Smoking Cessation; Childhood Immunisation; Infant Feeding; Child Developmental Concerns | Month End | Dec-24 |
| Drugs & Alcohol Waiting Times; Mental Health Quality Indicators | Quarter End | Sep-24 |
| Alcohol Brief Interventions | Quarter End | Jun-24 |
| Bowel Screening | 2 Years-to-Date | Apr-24 |
| AAA Screening | Year-to-Date | Mar-24 |
| Breast Screening | 3 Years-to-Date | Mar-23 |

### 2.2 Background

The Integrated Performance & Quality Report (IPQR) is the main corporate reporting tool for the NHS Fife Board and is produced monthly. Each Governance Committee will receive separate extracts of the IPQR to scrutinise the performance areas relevant to each Committee. Reports which are not prepared for Governance Committees are data only and contain neither data analysis nor service commentary.

NHS Fife were required to provide trajectories for a range of metrics as part of ADP process for 2024/25. This requirement was extended to all applicable metrics included within IPQR with trajectories agreed with Services up to Mar-25. The IPQR will monitor achievement against 2024/25 trajectories and Mar-25 target.

A summary of the Corporate Risks has been included in this report. Risks are aligned to Strategic Priorities with risk level incorporated into the Assessment section.

Statistical Process Control (SPC) charts continue to be used for applicable indicators.

## 2.3 Assessment

The IPQR provides a full description of the performance, achievements and challenges relating to key measures in the report. There are no changes to measures or planned trajectories to report relating to Public Health and Wellbeing.

**Highlights of March 2025 IPQR**

A summary of the status of the Public Health and Wellbeing metrics is shown in the table below. Performance RAG highlighted in Assessment & Performance Exception Reports is based on, if applicable, agreed trajectories for 2024/25, otherwise against National/Local target.

| | | |
|---|---|---|
| meeting trajectory/target | | |
| within 5% of trajectory/target | | |
| out with 5% of trajectory/target | | |

| Public Health & Wellbeing | Current Position | Reporting Period | Planned Trajectory | Target |
|---|---|---|---|---|
| Smoking Cessation (2023/24) | 217 | Dec-24 | 354 | 473 |
| Alcohol Brief Interventions (2024/25) | 102.6% | QE Jun-24 | - | 80% |
| Drugs & Alcohol Waiting Times | 92.3% | QE Sep-24 | - | 90% |
| CAMHS Waiting Times | 100.0% | Feb-25 | 90.0% | 90% |
| Psychological Therapies Waiting Times | 78.0% | Feb-25 | 73.0% | 90% |
| Mental Health Readmissions within 28 days | 4.8% | QE Sep-24 | - | - |
| Breast Screening | 73.4% | 3YTD Mar-23 | - | 80% |
| Bowel Screening | 65.8% | 2YTD Apr-24 | - | 60% |
| AAA Screening | 86.6% | YTD Mar-24 | - | 85% |
| Infant Feeding | 32.3% | Dec-24 | - | - |
| Child Developmental Concerns | 16.7% | QE Dec-24 | - | - |
| Immunisation: 6-in-1 at Age 12 Months | 93.5% | QE Dec-24 | - | 95% |
| Immunisation: MMR2 at 5 Years | 86.8% | QE Dec-24 | - | 92% |
| Flu Vaccination (Winter, Age 75+) | 81.2% | Mar-25 | - | 80% |
| COVID Vaccination (Winter, Age 75+) | 77.8% | Mar-25 | - | 80% |

This report provides the following Level of Assurance:

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

### 2.3.1 Quality, Patient and Value-Based Health & Care

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

systematically evaluating these quality indicators, NHS Fife promotes optimal patient outcomes, improved care experiences, and effective utilisation of resources in line with national healthcare priorities.

### 2.3.2 Workforce

The Workforce section of the IPQR provides detailed reporting on workforce measures, ensuring robust oversight and management of staffing resources within NHS Fife. This section evaluates key indicators including staff sickness absence, vacancies, and Personal Development and Performance Review (PDPR) compliance. Monitoring these metrics enables identification of workforce pressures, informs targeted interventions, and supports effective workforce planning and engagement strategies. Through continuous analysis of workforce data, NHS Fife aims to enhance staff wellbeing, optimise performance, and maintain sustainable staffing levels to deliver safe, high-quality patient care.

### 2.3.3 Financial

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

### 2.3.4 Risk Assessment / Management

The IPQR includes a detailed mapping of key corporate risks aligned to performance measures, presented through the Risk Summary Table and supported by narrative within the Executive Summary of the IPQR. This structured approach enables NHS Fife to systematically identify, evaluate, and manage risks that may impact organisational objectives, patient care, operational delivery, and overall performance. Regular assessment ensures that risks are effectively monitored, mitigated, and escalated as appropriate, strengthening governance processes and supporting informed strategic decision-making.

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

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

### 2.3.6 Climate Emergency & Sustainability Impact

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

### 2.3.7 Communication, involvement, engagement and consultation

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

The Public Health & Wellbeing extract of the Position at March IPQR has been made available for discussion at the meeting on 12 May 2025.

### 2.3.8 Route to the Meeting

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

- **Executive Leadership Team**, 17 April 2025
- **Clinical Governance Committee**, 03 May 2025
- **Finance, Performance & Resources Committee**, 08 May 2025

## 2.4 Recommendation

This paper is provided to Public Health & Wellbeing Committee members for:

- **Assurance** – This report provides a "moderate" level of assurance.
- **Endorse** – Endorse the Public Health & Wellbeing section of the IPQR.

## 3 List of appendices

The following appendices are included with this report:

- Appendix No.1, IPQR Position at March 2025 PHW v1.0

**Report Contact**
Bryan Archibald
Planning and Performance Manager
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# Fife Integrated Performance & Quality Report (IPQR)

Position (where applicable) at March 2025
Produced in April 2025

# Introduction

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

The IPQR comprises the following sections:

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

**B. Indicatory Summary**
Summarising performance against full list of National Standards and local KPI's. These are listed showing current performance against target/trajectories with comparison with 'previous' performance.

**C. Assessment & Performance Exception Reports**
More detailed Indicator Summary for each area of Governance including (where appropriate) benchmarking, 'sparkline' trend, comparison with 'previous year' performance. There is also a column indicating performance 'special cause variation' based on SPC methodology. All charts with SPC applied will be formatted consistently based on the following;


—— 24-month Average  ----- Control Limit  ● Outlier

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

Also incorporated into this section is an assessment for indicators of continual focus or concern. Content includes data analysis, service narrative and additional data presented in charts, incorporating SPC methodology, where applicable.

| C1. Quality & Care | C2. Operational Performance & Finance | C3. Workforce | C4. Public Health & Wellbeing |
|---|---|---|---|

**Ben Hannan**
Director of Planning & Transformation
14 April 2024

Prepared by:
**SUSAN FRASER**
Associate Director of Planning & Performance

# A. Corporate Risk Summary

| Strategic Priority | Total Risks | Current Strategic Risk Profile | | | | Risk Movement | Risk Appetite |
|---|---|---|---|---|---|---|---|
| To improve health and wellbeing | 5 | 3 | 2 | - | - | ◀▶ | Hungry |
| To improve the quality of health and care services | 7 | 5 | 2 | - | - | ◀▶ | Open |
| To improve staff experience and wellbeing | 2 | 2 | - | - | - | ◀▶ | Open |
| To deliver value and sustainability | 6 | 5 | 1 | - | - | ◀▶ | Open |
| **Total** | **20** | **15** | **5** | **0** | **0** | | |

**Risk Key**

| High Risk | 15 - 25 |
|---|---|
| Moderate Risk | 8 - 12 |
| Low Risk | 4 - 6 |
| Very Low Risk | 1 - 3 |

**Movement Key**

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

There are currently 20 risks on the Corporate Risk Register. This includes two new risks under consideration: **Drug Related Morbidity and Mortality** and **Hospital Acquired Harm**. These have been through the March Committees and will go through the Board in May before final adoption.

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

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

## Quality & Care

| | Current | Previous | Change | | Current | Previous | Change | | Current | Previous | Change |
|---|---|---|---|---|---|---|---|---|---|---|---|
| SAER - Median Working Days to Report Approved | 342 | 260 | ▼ | HSMR | 0.96 | 0.96 | ▬ | Stroke Care Bundle | 70.3% | 69.0% | ◆ |
| Inpatient Falls | 8.59 | 8.32 | ◆ | Tissue Viability | 1.31 | 1.38 | ◆ | Ligature Incidents (Mental Health) | 2.76 | 0.54 | ▼ |
| Incidents of Restraint (Mental Health) | 15.17 | 9.95 | ▼ | Incidents of Physical Violence (Mental Health) | 13.98 | 14.12 | ◆ | Incidents of Self Harm (Mental Health) | 3.74 | 0.72 | ▼ |
| SAB HAI | 21.7 | 6.4 | ▼ | C Diff HAI | 21.7 | 9.7 | ▼ | ECB HAI | 65.0 | 12.9 | ▼ |
| S1 Complaints Closed in Month on Time | 66.7% | 57.1% | ▲ | S2 Complaints Closed in Month on Time | 13.8% | 29.0% | ▼ | | | | |

## Operational Performance

| | | Current | Previous | Change | | | Current | Previous | Change | | | Current | Previous | Change |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Emergency Access | A&E | 71.2% | 71.5% | ◆ | Delayed Discharges (Standard) | Acute/Comm | 58.2 | 54.0 | ▼ | Cancer | 31-day DTT | 92.9% | 94.5% | ▼ |
| | ED | 61.4% | 61.5% | ◆ | | MH/LD | 10.7 | 17.0 | ▲ | | 62-Day RTT | 68.9% | 67.1% | ◆ |
| Patient TTG | % <=12weeks | 43.1% | 44.5% | ▼ | New Outpatients | % <=12weeks | 37.6% | 37.0% | ▲ | Diagnostics | % <=6weeks | 88.2% | 86.6% | ◆ |
| | >52 weeks | 648 | 687 | ▲ | | >52 weeks | 5320 | 5268 | ◆ | | >26 weeks | 29 | 32 | ◆ |

## Finance

| | Current | Change | | Current | Change |
|---|---|---|---|---|---|
| Revenue Resource Limit Performance | Breakeven | | Capital Resource Limit Performance | Breakeven | |

## Workforce

| | Current | Previous | Change | | Current | Previous | Change | | | Current | Previous | Change |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Sickness Absence | 6.84% | 7.99% | ▲ | Personal Development Plan & Review | 44.6% | 44.6% | ◆ | Vacancies | Medical & Dental | 5.2% | 3.3% | ▼ |
| | | | | | | | | | Nursing & Midwifery | 2.4% | 2.7% | ◆ |
| | | | | | | | | | AHPs | 2.6% | 4.0% | ▲ |

## Public Health & Wellbeing

| | | Current | Previous | Change | | Current | Previous | Change | | | Current | Previous | Change |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Smoking Cessation | 40% Most Deprived | 217 | 195 | ▬ | Alcohol Brief Interventions | 103% | 96% | ▬ | Drugs & Alcohol | | 92.3% | 94.5% | ▼ |
| CAMHS | | 100.0% | 98.8% | ◆ | Psychological Therapies | 78.0% | 74.8% | ▲ | Mental Health Readmissions within 28 days | | 4.8% | 5.6% | ▲ |
| Breast Screening | | 73.4% | | ▬ | Bowel Screening | 65.8% | 66.2% | ▼ | AAA Screening | | 86.6% | 87.3% | ▼ |
| Infant Feeding | | 32.3% | 32.0% | ◆ | Childhood Immunisation | 6-in-1 @ 12 months | 93.5% | 94.0% | ▼ | Winter Vaccination | Influenza | 40.6% | | ▬ |
| Child Development | | 16.7% | 17.1% | ◆ | | MMR2 @ 5 years | 86.8% | 85.7% | ▲ | | Covid | 39.2% | | ▬ |

**Key**
- ▲ Improved performance from previous month
- ◆ No significant change from previous month
- ▼ Reduction in performance from previous month

To improve health and wellbeing | 5 | 3 | 2 | - | - | ◀▶ | **Hungry**

| Indicator | Current Position | Reporting Period | | Planned Trajectory | Target | SPC | Vs Previous | Vs Year Previous | Trend | Benchmarking | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Smoking Cessation (2024/25) | 217 | YTD | Dec-24 | 354 | 473 | ⚫ | — | — | | 🟡 | QE Sep-24 |
| Alcohol Brief Interventions (2024/25) | 103% | YTD | Jun-24 | | 80% | ⚫ | — | — | | ⚫ | |
| Drugs & Alcohol Waiting Times | 92.3% | Quarter | Sep-24 | | 90% | ⚫ | 🔻 | 🔺 | ～ | 🟡 | QE Sep-24 |
| CAMHS Waiting Times | 100.0% | Month | Feb-25 | 90.0% | 90% | ⚪ | 🔶 | 🔺 | ～ | 🟡 | QE Dec-24 |
| Psychological Therapies Waiting Times | 78.0% | Month | Feb-25 | 73.0% | 90% | ⚪ | 🔺 | 🔺 | ～ | 🟡 | QE Dec-24 |
| Mental Health Readmissions within 28 days | 4.8% | Quarter | Sep-24 | | | ⚫ | 🔺 | 🔻 | ～ | 🟢 | YE Sep-24 |
| Breast Screening | 73.4% | 3-YTD | Mar-23 | | 80% | ⚫ | — | — | | 🔴 | 2021-23 |
| Bowel Screening | 65.8% | 2-YTD | Apr-24 | | 60% | ⚫ | — | 🔻 | | 🔴 | 2023/24 |
| AAA Screening | 86.6% | YTD | Mar-24 | | 85% | ⚫ | — | 🔻 | | 🟡 | 2023/24 |
| Infant Feeding | 32.3% | Month | Dec-24 | | | ⚪ | 🔶 | 🔺 | ～ | 🟡 | QE Dec-24 |
| Child Developmental Concerns | 16.7% | Quarter | Dec-24 | | | ⚪ | 🔶 | 🔻 | ～ | 🟡 | QE Dec-24 |
| Immunisation: 6-in-1 at Age 12 Months | 93.5% | Quarter | Dec-24 | | 95% | ⚪ | 🔻 | 🔻 | ～ | 🔴 | QE Dec-24 |
| Immunisation: MMR2 at 5 Years | 86.8% | Quarter | Dec-24 | | 92% | ⚪ | 🔺 | 🔻 | ～ | 🔴 | QE Dec-24 |
| Flu Vaccination (Winter, Age 75+) | 81.2% | Week to | 30-Mar | | 80% | ⚫ | — | — | | 🟡 | ME Mar-25 |
| COVID Vaccination (Winter, Age 75+) | 77.8% | Week to | 30-Mar | | 80% | ⚫ | — | — | | 🟡 | ME Mar-25 |

**Performance Key**

| | |
|---|---|
| meeting trajectory/target | (green) |
| within 5% of trajectory/target | (amber) |
| out with 5% of trajectory/target | (red) |

**SPC Key**

⚪ Within control limits
⚪ (red outline) Special cause variation, out with control limits
⚫ No SPC applied

**Change Key**

🔺 "Better" than comparator period
🔶 No Change
🔻 "Worse" than comparator period
— Not Applicable

**Benchmarking Key**

🟢 Upper Quartile
🟡 Mid Range
🔴 Lower Quartile
⚫ Not Available

# Smoking Cessation

Sustain and embed successful smoking quits at 12 weeks post quit in the 40% most deprived SIMD areas (473 in 2024/25)

**217 quits**
**61.3%**
(to Dec-24)

**137** ↑ successful quits were required to achieve Trajectory for Dec-24

## C4. Public Health & Wellbeing

**Data Analysis**

There were 22 successful quits for the 40% most deprived SIMD areas in Dec-24 (34 successful quits in total); which is 18 short of the monthly target. Achievement against trajectory is 61.3% for Apr-Dec 2024 (compared to 56.2% for Apr-Dec 2023).

For all quit attempts, the quit success rate in 'Maternity' services is higher than for other services: and total quit success rate for Apr-Dec 2024 was 23%.

The most recent quarterly publication from Public Health Scotland, covering the quarter ending Sep-24 (Q2), showed that NHS Fife was in the mid-range of all Mainland NHS Boards, with a rate of 61.8% against a Scottish average of 74.4%.

**Achievements & Challenges**

Training has been delivered to maternity service staff in QMH. Positive impact of this workforce development is continued early referrals, coupled with the 1-1 support from the specialist service the quit success rate for pregnant smokers is the highest across the services at 57%. We aim to maintain this in the coming months by delivering a training event for the maternity services team at VHK.

Targeted outreach and promotional events in some of the lowest SIMD areas across Fife using the mobile unit has been reflected by increase in referrals from our priority groups.

In February 2025, the specialist service moved swiftly to re-introduce the treatment pathway for the return of Varenicline. Since 14 February there have been 107 patients successfully on the pathway, this is combined treatment of GP prescribing and specialist service behavioural change support.

No Smoking Day in March provided an opportunity to link in with a variety of other services and professionals across Fife. It continues to be a valuable awareness raising campaign and results in increased enquiries and referrals.

The specialist service offered 685 appointments across Fife in Q3, there was an increase in DNA and cancellations. In response to this, we have implemented a follow up process to re-engage with patients, this has seen a positive impact in supporting people with new quit attempts.

There has been no national update to the LDP Standard of 473 for NHS Fife of 40% most deprived SIMD areas or the reporting format. The challenge remains that it is not currently possible to report on 2 out of the 4 priority groups: 'People with mental health condition' and 'People with physical health conditions attributed to smoking'.

Sourcing suitable venues and potential access to a clinic room at VHK remains a challenge, the mobile unit has been utilised to provide clinic solutions at various sites. Ongoing team capacity in deficit due to absence and vacancy. These are being managed.

Actual ▬ Trajectory

Benchmarking QE Sep-24
Scotland
Fife
Quit Attempts

Achieved Rate

Most Deprived 40% SIMD 903 | Remaining 60% SIMD 539

Successful Quits (40% SIMD)
26, 32, 22, 27, 19, 23, 26, 20, 22

23%
13%
49%
60%
Quit Attempts
Successful Quits
● Total ● Specialist
● Pharmacy ● Maternity
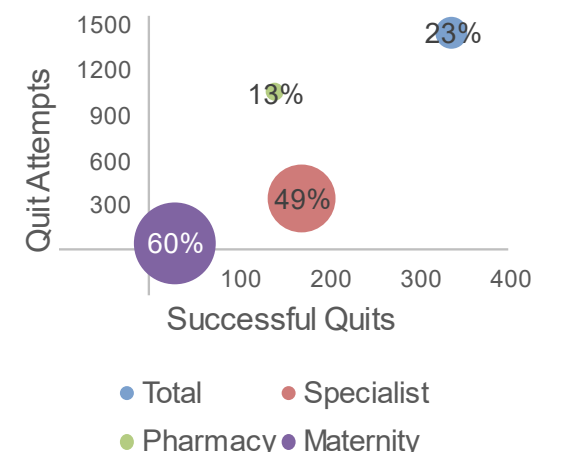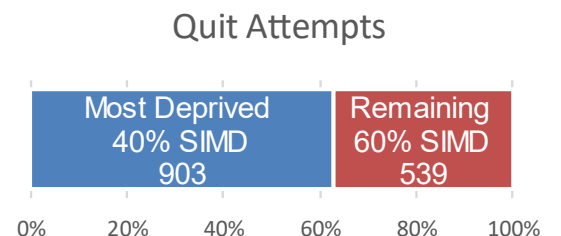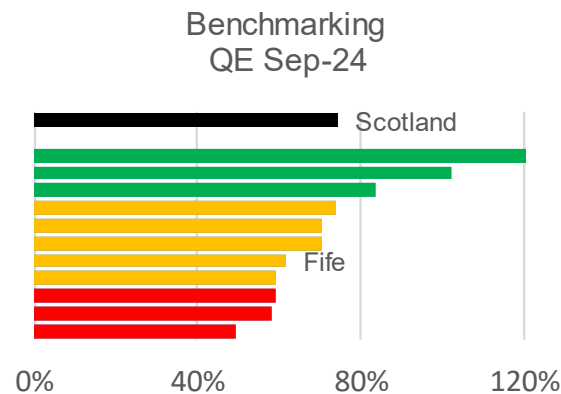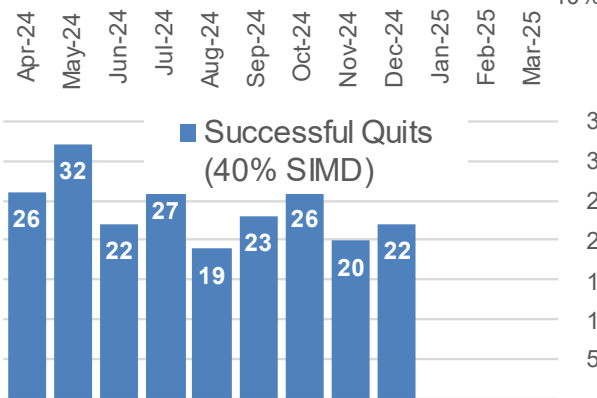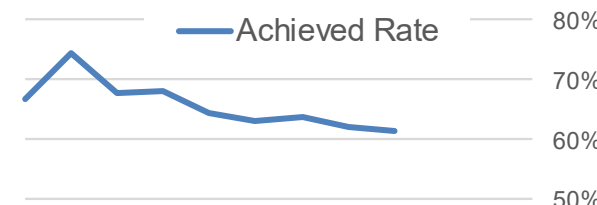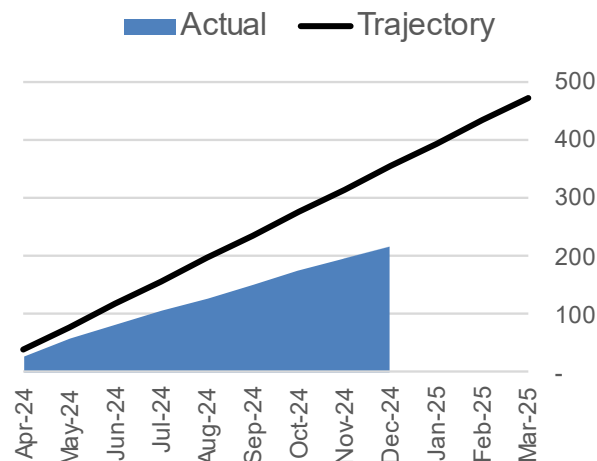
# Drug & Alcohol Waiting Times

90% of people referred for help with problematic drug or alcohol use will wait no longer than three weeks for specialist treatment that supports their recovery

**92.3%**

Target achieved Sep-24

## Data Analysis

Completed waits for QE Sep-24 was 92.3% a decrease from QE Jun-24 (94.5%) however performance still above the National Standard of 90.0%. Standard has been achieved the last 3 quarters.

Referrals have decreased to 873 the lowest figure since Mar-23, the average over 2024 so far is 913 per quarter. The number of ongoing waits has increased to 220 (192 at end of Jun-24) with 179 waiting less than 3 weeks.

Benchmarking for the QE Sep-24 shows NHS Fife to be in the mid-range of all mainland boards for completed waits, just above lower quartile performance and below Scotland average of 93.6%.

Data for QE Dec-24 has been published, however only 6 of 7 services are included therefore data has not been updated.

## Achievements & Challenges

Fife has met the target for both quarter 1 with 94.5% and quarter 2 with 92.3% for 2024/25. These quarters were not met the previous year and indicates an improvement in performance and compliance.

Quarter 3 was published on 25/03/2025 and this has also been met. NHS Fife Addiction Services was excluded from Q3 due to anomalies in the extract report. Public Health Scotland extract the service for all the quarters in the published report, but this will be rectified in Q4 publication in June 2025.

Local NHS database systems assure that the service was compliant with inputting of data locally and their referrals had met the target for Q3. However further investigations post publication indicated that reporting into DAISy was not aligned with local database systems. The ADP and Service are now monitoring weekly, and resolutions have been identified and executed and include additional training, information flow management and additional staff trained. This will ensure that local database is aligned more fully to the national database for Quarter 4.

### DAWT Completed Waits ≤ 3 Weeks



### Waiting List



### Benchmarking QE Sep-24

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

**100%**

Trajectory achieved
As of Feb-25

**C4. Public Health & Wellbeing**
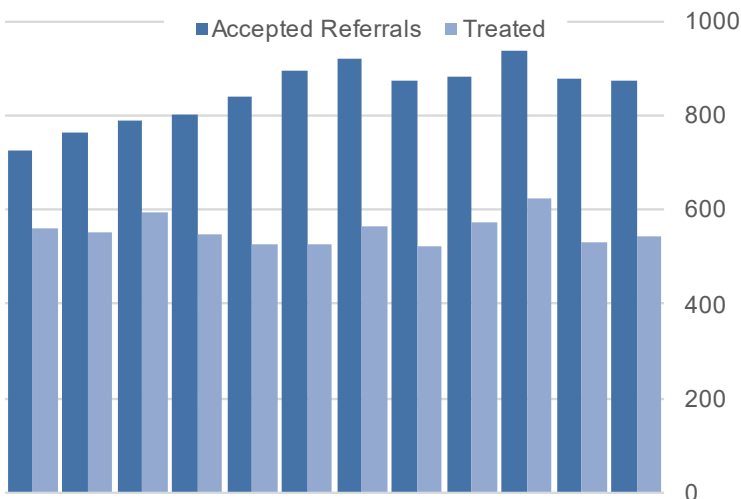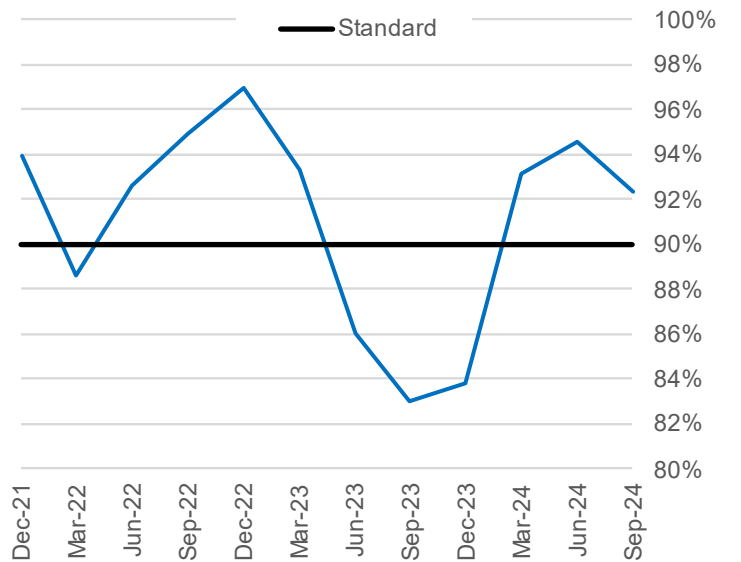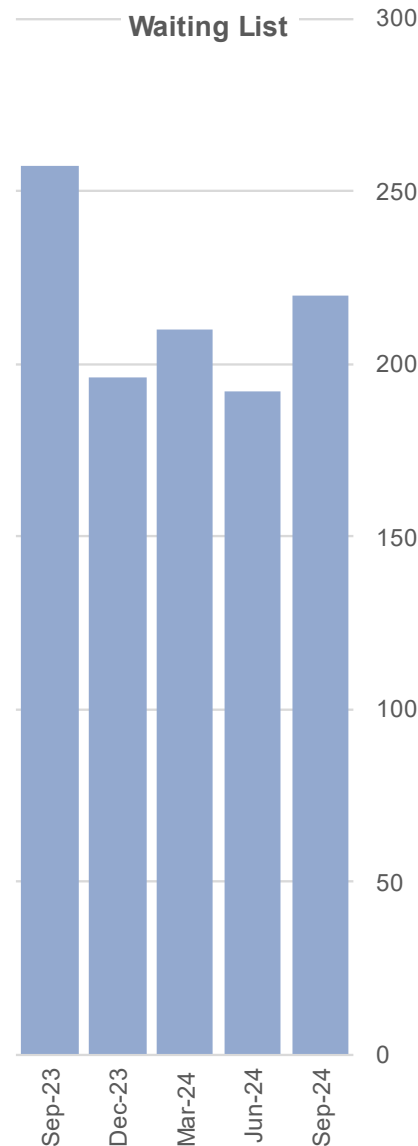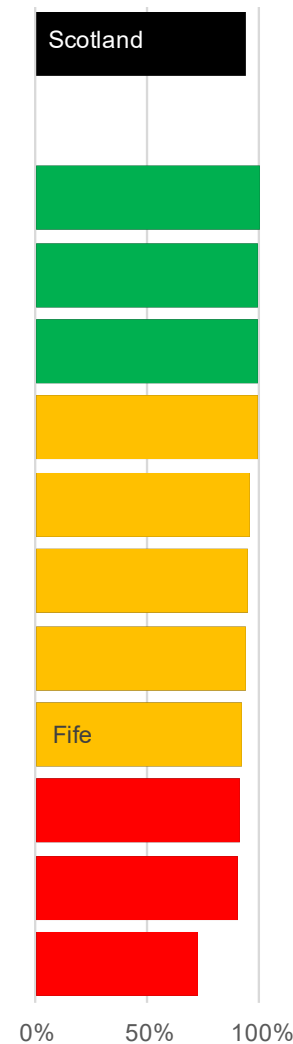
**Data Analysis**

Monthly performance increased from 98.8% in Jan-25 to 100% in Feb-25 which remains above national standard. In Feb-25 no patient was waiting more than 19 weeks for treatment.

The number of referrals received in Feb-25 was 233, an increase from Jan-25 and lower than same month in 2023. The overall waiting list increased to 71.

Referrals including Self-Harm as an element for the QE Feb-25 were responsible for 29% of total referrals this is lower than previous QE Nov-24 at 30%.

Benchmarking for the quarter ending Dec-24 shows NHS Fife lie in the mid-range of all mainland boards, 96.2% against Scotland average of 90.6%.

**Achievements & Challenges**

90% RTT achieved for seven consecutive months, August 2024 to February 2025.

The service has identified and adopted many positive strategies to reach this point of success and the waits over 18 weeks continue to decline with less than 10% of cases waiting over 18 weeks for eight consecutive months.

Referrals decreased compared to February 2024 and there continues to be a declining trend in referrals overall.

Overall, demand, capacity, activity and queue look balanced highlighting the success of the positive strategies implemented throughout the service.

To ensure we sustain the progress made on both the waiting list management and meeting the RTT, it is imperative vacancies are filled, and capacity is not reduced further.



**CAMHS 18 weeks RTT**
Standard — 24/25 Trajectory
Accepted Referrals — Treated — % Rejected

**Waiting List**
238, 172, 124, 71, 71
13 to 18..., 7 to..., 0 to 6...

**Benchmarking**
Scotland
Fife
Mainland NHS Board
QE Dec-24

**C4. Population Health & Wellbeing**
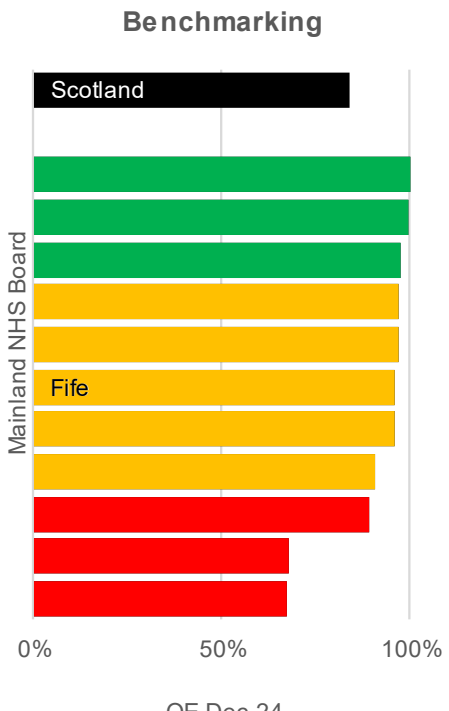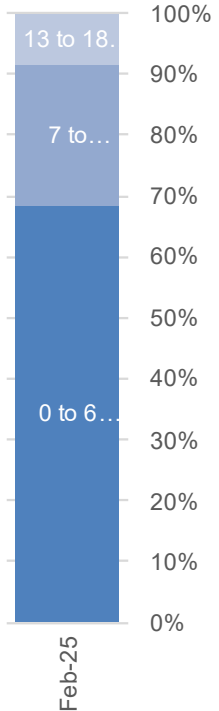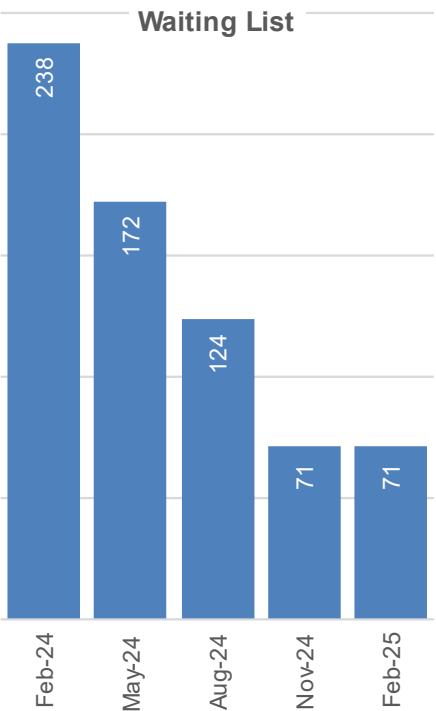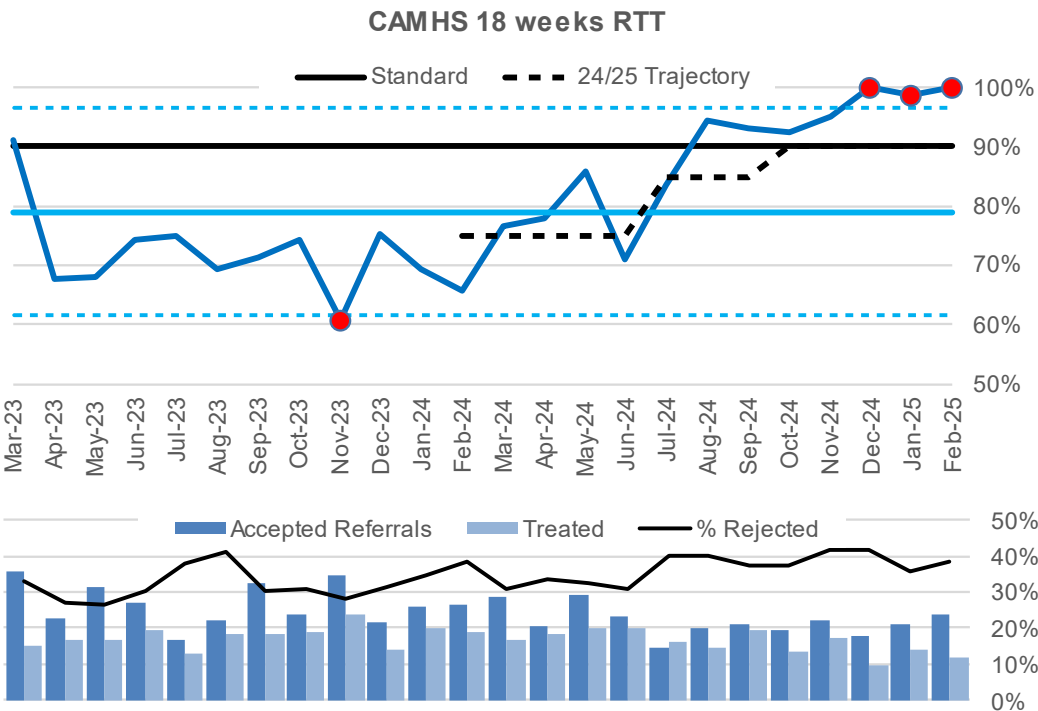
## Psychological Therapies

In 2024/25, maintain 73% of patients commencing Psychological Therapy based treatment within 18 weeks of referral (**National Standard 90%**)

**78.0%**

Trajectory achieved
Feb-25

### Data Analysis

In Feb-25, 572 patients started therapy, less than the 624 in Jan-25, but in line with usual fluctuations associated with clinicians' caseloads.

Patient seen within 18 weeks decreased to 446 compared to Jan-25 (467) but the ratio between this figure and the total seen means that the percentage of patients seen within 18 weeks was higher than the previous month, at 78.0%, which is above local target for 2024/25.

The overall waiting list has increased to 2,352 from 2314 in previous month, with the number waiting over 18 weeks decreasing to 998 and the number over 52 weeks increasing to 200.

Referrals for all ages increased by 42 (937) from month prior.

The % of referrals that were rejected in Feb-25 was 13.6%.

NHS Fife position improved in QE Dec-24 compared to QE Sep-24: however, it remains in the low-range and was comparable to the Scottish average (80.3% compared to 80.4%).

### Achievements & Challenges

Performance on the waiting times target has been above the local trajectory for the past six months. February's RTT performance is due in part to the reduced treatment starts for people waiting over 18 weeks, although the overall improvement trajectory suggests service improvement actions around lower intensity PTs are having a positive impact. The referral rate for adults with complex problems remains higher than capacity for provision of highly specialist PTs and the number of patients waiting over 52 weeks has increased over the past six months. The Psychology Service continues to work closely with colleagues from the Scottish Government's PT implementation support team, focusing on improving accuracy of trajectory modelling, including more detailed assessments of service capacity. The go live date of TrakCare has been delayed, which will delay access to improved reporting, however mitigations are in place to ensure this does not affect service delivery. The Psychology Service also continues to audit performance against the SG Psychological Therapies and Interventions specification and develop improvement actions. The challenges associated with staff absence and vacancy for both clinical and clinical support admin staff remain and the service is working to mitigate as far as possible the impact on staff health and well-being and service quality of these pressures.
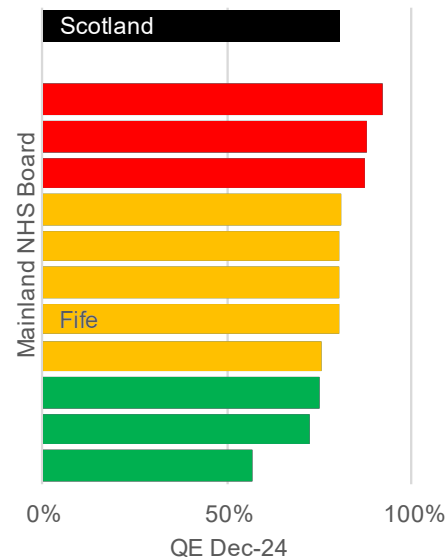


Psychological Therapies 18 weeks RTT
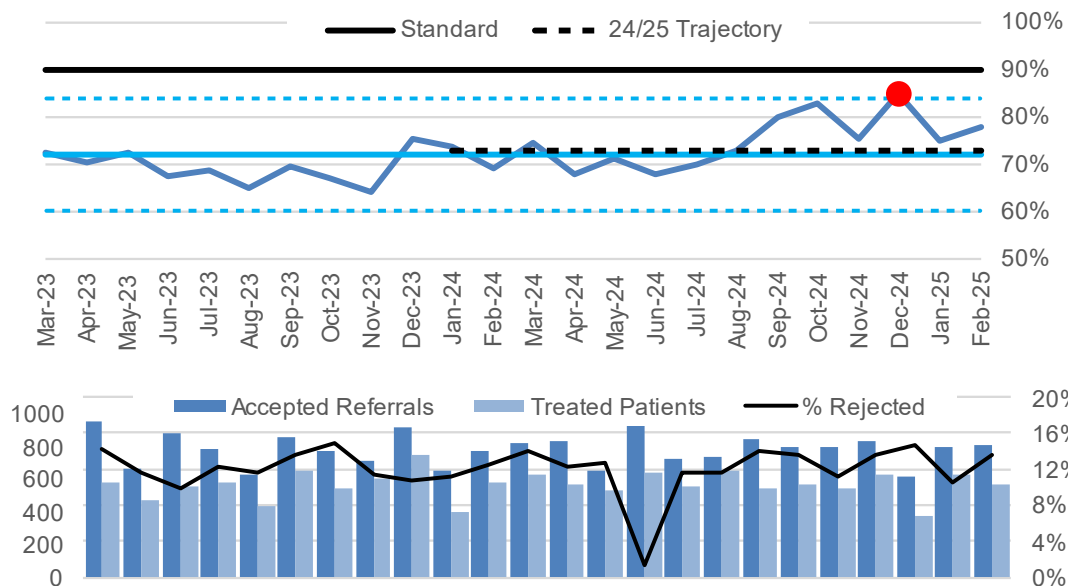


Waiting List
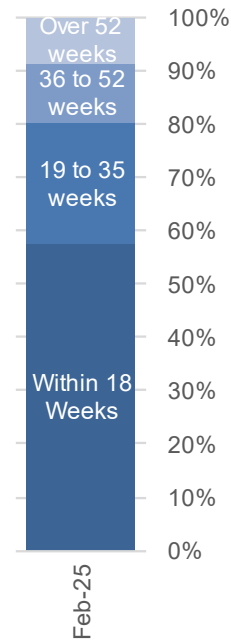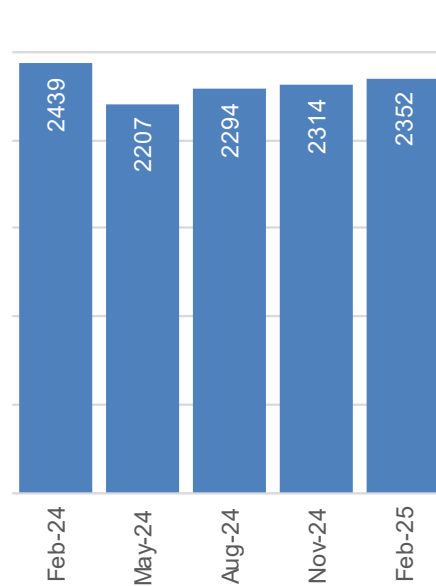


Benchmarking

# Mental Health Readmissions

Reduce readmission rate for Mental Health Specialties within 28 days of discharge

**4.8%**

Below Scottish Average (Aiming to decrease)

**C4. Public Health & Wellbeing**

## Data Analysis

Mental Health readmissions within 28 days in for the quarter ending (QE) Sep-24 was 4.8%, decreasing from 5.8% in QE Jun-24. The average number of readmissions each month in 2023/24 was 3.1 with 4.0 per month for the first half of 2024/25. An increasing trend for Average length of is evident from QE Nov-23 but has decreased to 79.5 days during QE Sep-24.

In comparison to other mainland NHS Boards, NHS Fife is in the lower quartile for readmission rate within 28 days and above Scottish average for Average Length of Stay (aiming to decrease).

On average, to year ending (YE) Jun-24, there was 10.8 readmissions per month within 133 days. Rate for QE Jun-24 was 15.7% with 35 readmissions. For readmissions within 365 days, on average, to YE Dec-23, there was 16 readmissions per month. Rate for QE Dec-23 was 18.0% with 46 readmissions.

'Learning Disabilities' is excluded from both metrics with Average Length of Stay specifically based on 'General Psychiatry' and 'Psychiatry of Old Age'. Readmissions are presented based on date of original admission; data needs to be complete for the 'readmission within' period (28/133/365 days) to be reported.

## Achievements & Challenges

Processes remain in place that promote effective discharge planning and a reduction in readmission . These include Multi-disciplinary clinical reviews which aim to address barriers to discharge and identify supports that will minimise future readmission and follow up by Community Mental Health Teams within 7 days of discharge. Promotion of statutory and third sector resources within the community such as The Wells, Link Life Fife and Primary Care Mental Health service within GP practices is utilised to maintain home based support. Intervention from Urgent Care Assessment team and the provision of DBI for individuals presenting in crisis also promotes management within the community and avoids readmission to hospital . Developments within the Mental Health service include a review of the processes for facilitating discharges in order to avoiding delays so that services have adequate admitting capacity and ensuring that admissions or readmissions are for the shortest period possible and lead to effective discharge. Options appraisal has been completed for the redesign of MH urgent care which includes 'Alternatives to Admissions' proposals that are central to the model.



% Readmission within 28 days (3Mth Av)

Readmissions within 133 days — %

**Benchmarking | YE Sep-24**

Admissions (excluding LoS=0) — Av Length of Stay (3Mth Av)

Readmissions with 365 days — %

**C4. Public Health & Wellbeing**
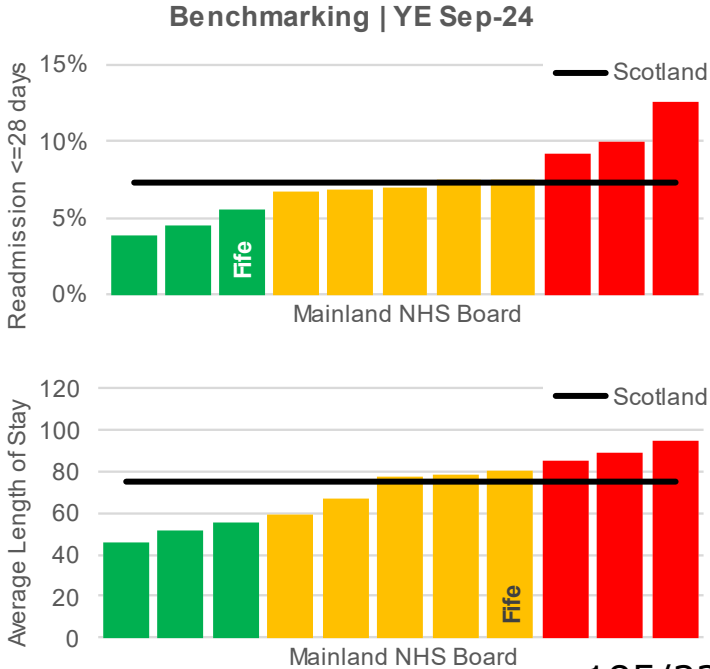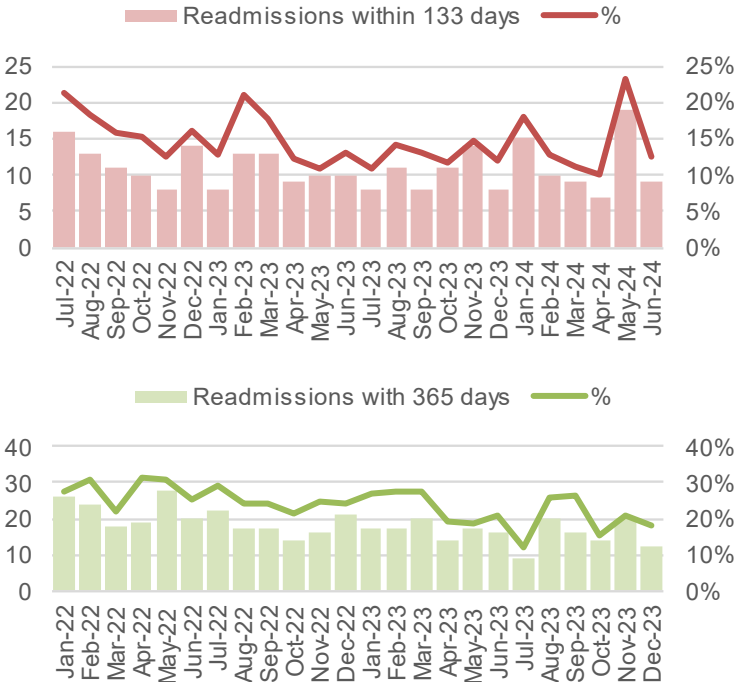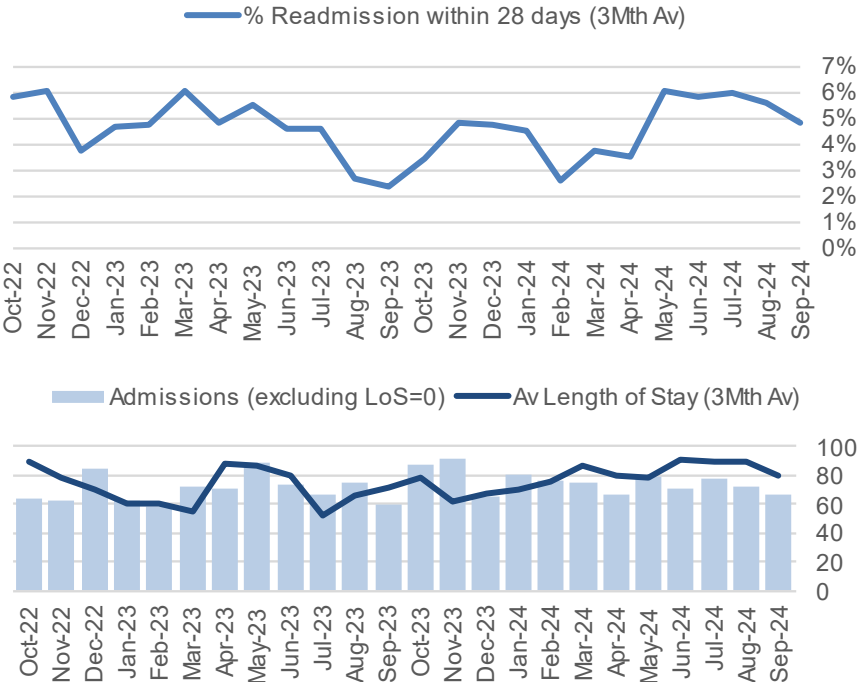
## Breast Screening

80% uptake in females between age of 50 and 70 within a 3-year rolling period (Minimum Standard of 70%)

Minimum Standard of 70% uptake in females between age of 50 and 70 within a 3-year rolling period in each SIMD quintile

| | |
|---|---|
| **73.4%** | **6.6%** ⬆ To achieve target |
| **63.2%** | **6.8%** ⬆ To achieve Minimum Standard |

### Data Analysis

Uptake for the latest period 2020/23 is the highest level achieved since 2011 at 73.4% with Minimum Standard of 70% has been achieved since 2015/18. The inequality gap in 2020/23 is 18.6% ranging from 63.2% in most deprived quintile to 81.7% in the least deprived. Target of 80% achieved in least deprived quintile with Minimum Standard not achieved in 40% most deprived areas.

Benchmarking against all NHS Boards for 2020/23 shows that NHS Fife lies within the lower quartile at 73.4% uptake, below the Scotland average of 75.9%, 3.0% below mid-range and 6.9% from upper quartile.

### Achievements:

NHS Fife has recruited a Screening Inequalities Outreach Officer. South-East Breast Screening Programme promote breast screening on Facebook, targeting residents living with a geographical area, ahead of a breast screening mobile unit visit. NHS Fife also undertake onsite outreach promotion ahead of the mobile unit visits. Scoping work ongoing for telephone interventions for first time breast screening participants as well as partnership working with organisations across Fife. Breast Screening uptake within NHS Fife has continued to improve year on year (69.0% in 2013/16 screening round to 73.1% in 2018/21 screening round. Although uptake reduced to 72.5% during the pandemic in 2019/22, it has recovered to 73.4% in the current reporting period – 2020/23).

### Challenges:

Breast Screening uptake in Fife remains lower than uptake in the majority of Health Boards in Scotland.


Uptake %


Uptake % by SIMD


Benchmarking

# Bowel Screening
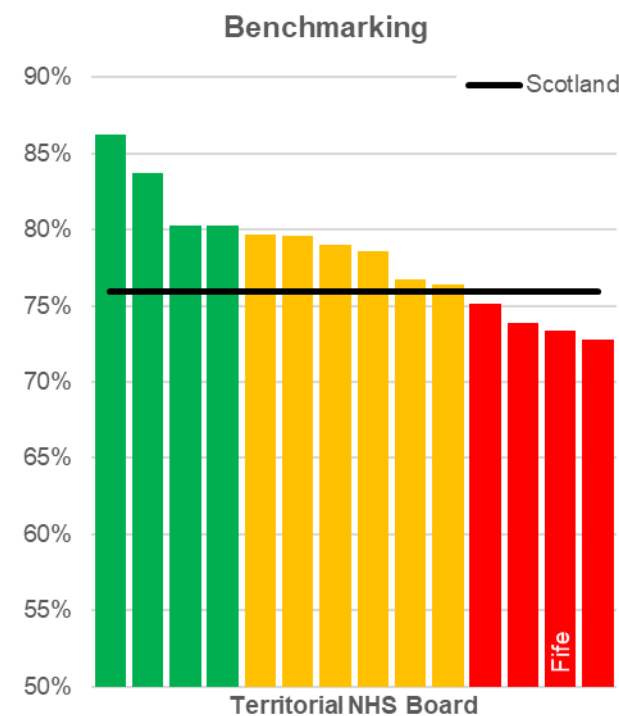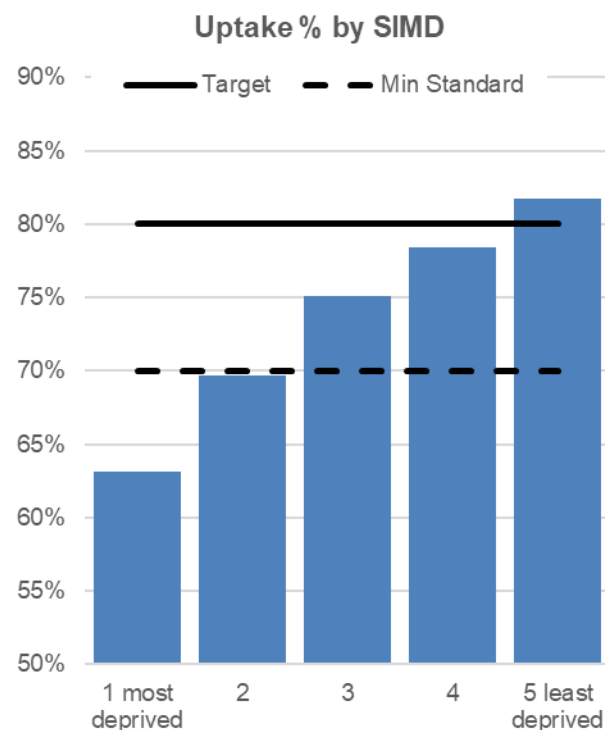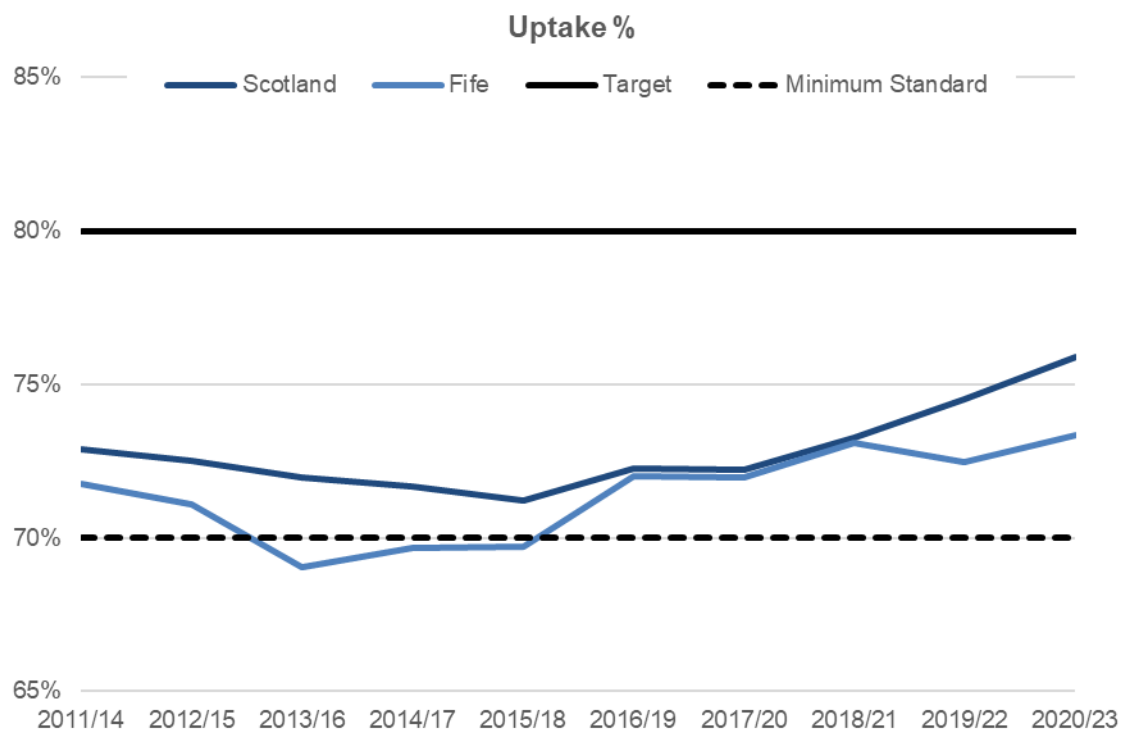
**C4. Public Health & Wellbeing**

60% uptake of all people between age of 50 and 74, invited to participate, to have a final outright test result

60% uptake of all people between age of 50 and 74, invited to participate, to have a final outright test result in each SIMD quintile

**65.8%**

**54.8%** most deprived

**5.2%** ⬆

Target achieved for May-22 to Apr-24
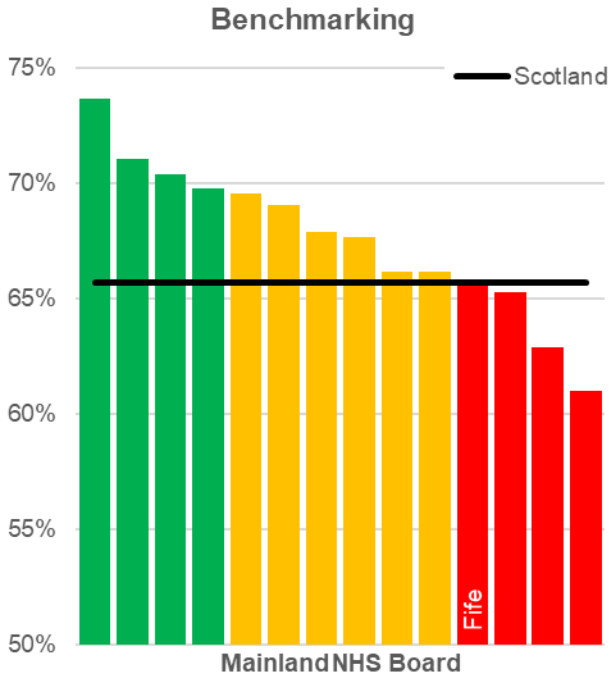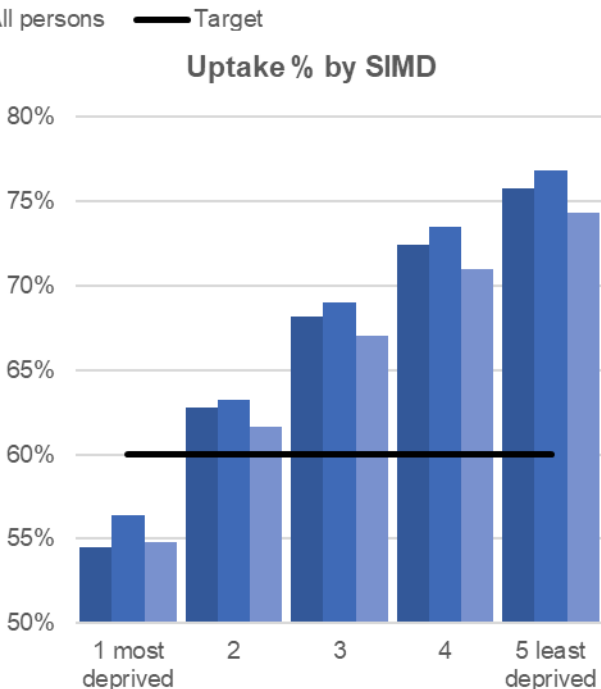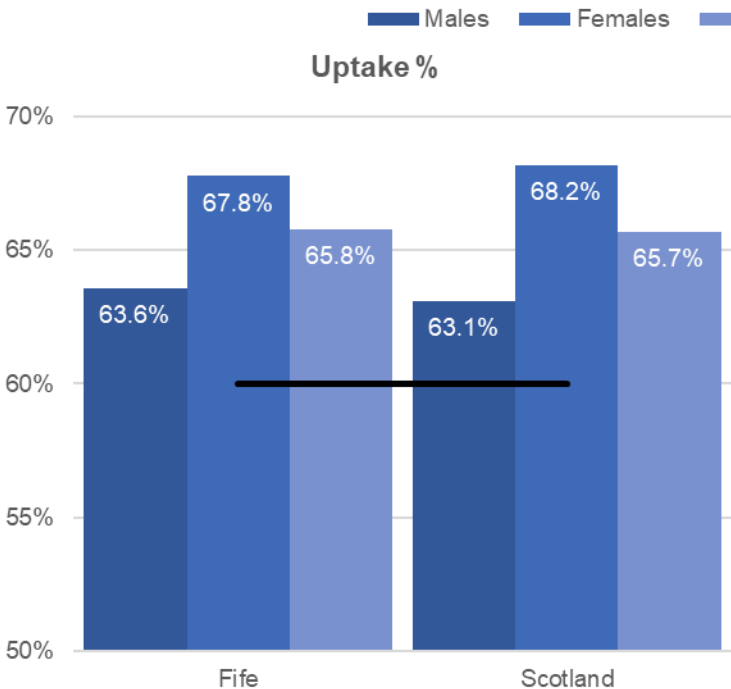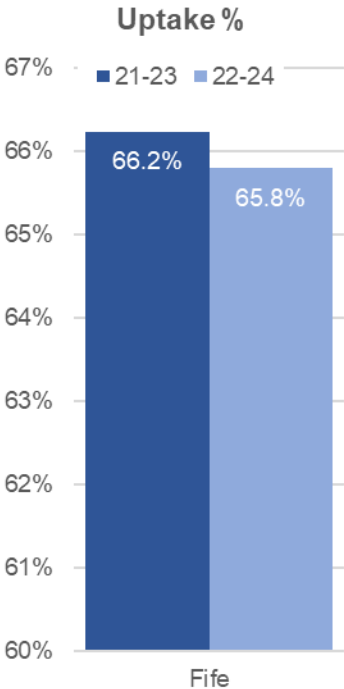
to achieve target for all persons

## Data Analysis

For the period May-22 to Apr-24, Fife exceeded the 60% uptake target for males, females and all persons, achieving 65.8% down on the previous reporting period, 66.2%. Uptake for males, females and all persons exceed Scottish average whilst female uptake is 0.4% lower.

Uptake exceeds 60% for all persons in each SIMD quintile apart from the most deprived. To meet the target for most deprived, an improvement of 5.2% would be required for all persons.

The inequality gap is 18.5% for males, 20.4% for females and 19.5% for all persons. The gap in uptake between males and females was highest in the least deprived quintile (5.1%) and lowest in most deprived (3.2%).

Benchmarking (all persons) shows Fife to be in the lower quartile at 65.8% uptake, the Scotland average is 65.7% and 0.4% below mid-range of all NHS Boards. Upper quartile uptake is 69.8%.

## Achievements & Challenges

Achievements:

The implementation of the Screening Inequalities Action Plan has gone well since we began in December 2024. For example, staff at "Well Services" across Fife have now been trained so that they can promote screening uptake among their clients and refer them to screening services where required. There is also ongoing engagement with the East Fife Football Club involving management and the supporters' club to specifically promote AAA, Bowel and DES. NHS Fife continues to perform significantly better than the Scottish average in the Time from referral for Colonoscopy following a positive bowel screening test to the date the Colonoscopy is performed. In the current reporting period, 68.7% of all patients referred for Colonoscopy within NHS Fife had a completed Colonoscopy within 0-4 weeks of referral compared with 28.8% in Scotland. Challenges: The lower uptake of Bowel Screening in our most deprived communities which would be addressed as part of our work on inequalities.



### Uptake %
(21-23, 22-24) — Fife: 66.2%, 65.8%

### Uptake %
(Males, Females, All persons, Target) — Fife: 63.6%, 67.8%, 65.8%; Scotland: 63.1%, 68.2%, 65.7%

### Uptake % by SIMD
(1 most deprived, 2, 3, 4, 5 least deprived)

### Benchmarking
Mainland NHS Board — Scotland line; Fife

# AAA Screening

85% of men will be screened before reaching age 66 (Desirable Threshold)

85% of men will be screened before reaching age 66 in each SIMD quintile (Desirable Threshold)

**86.6%**

**79.8%**
most deprived

Desirable Threshold achieved for 2023/24

**5.2%** ⬆ to achieve Desirable Threshold

## Data Analysis

86.6% of eligible men were screened for AAA in 2023/24. The Desirable Threshold has been achieved in each of the last 4 years with a decrease in uptake of 0.7% from previous year.

Uptake in each SIMD quintile was achieved Essential Threshold of 75% with quintiles 1 and 2 not achieving Desirable Threshold. The inequality gap was 11.5% between most and least deprived quintiles, a 2.0% increase from previous year.

NHS Fife was in mid quartile compared all NHS Boards in 2023/24, 9.3% higher than Scottish Average.
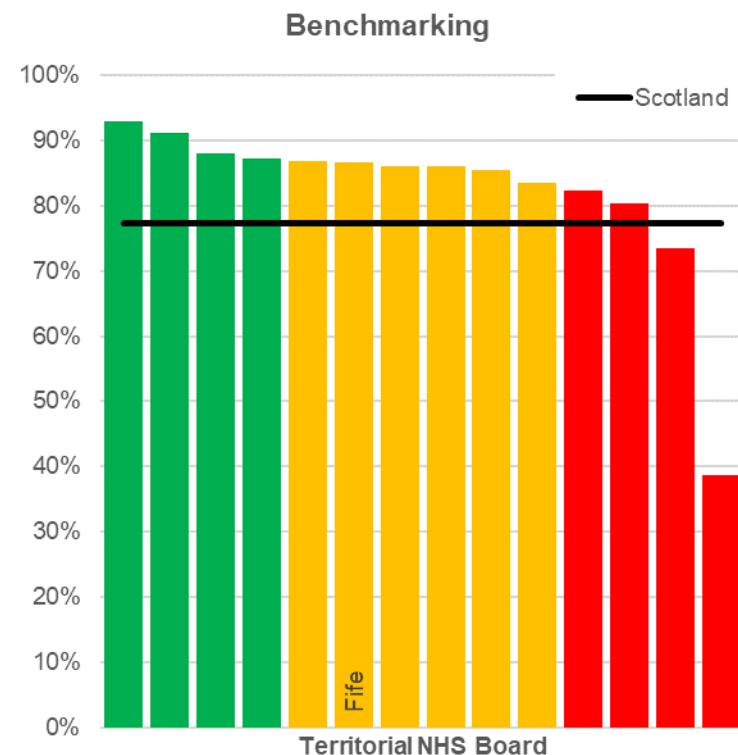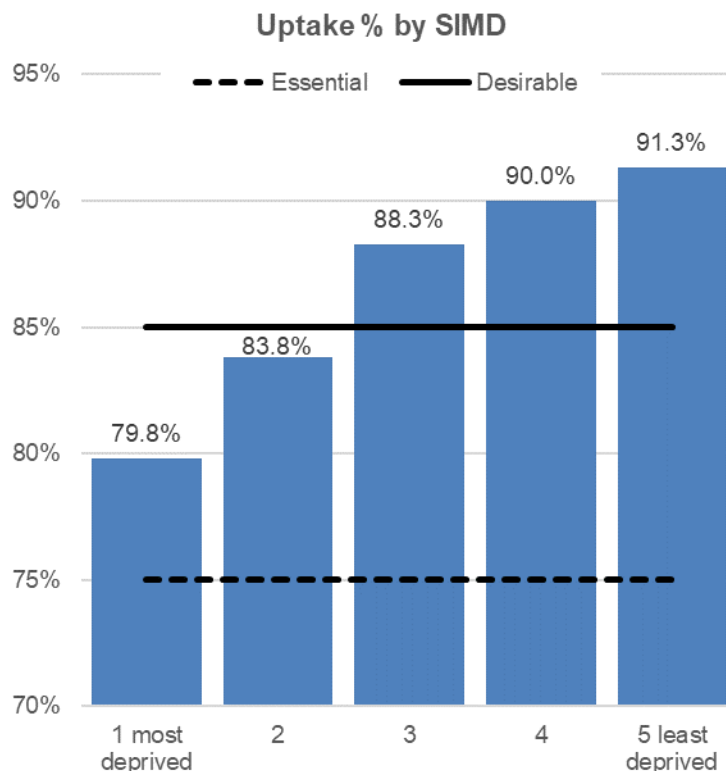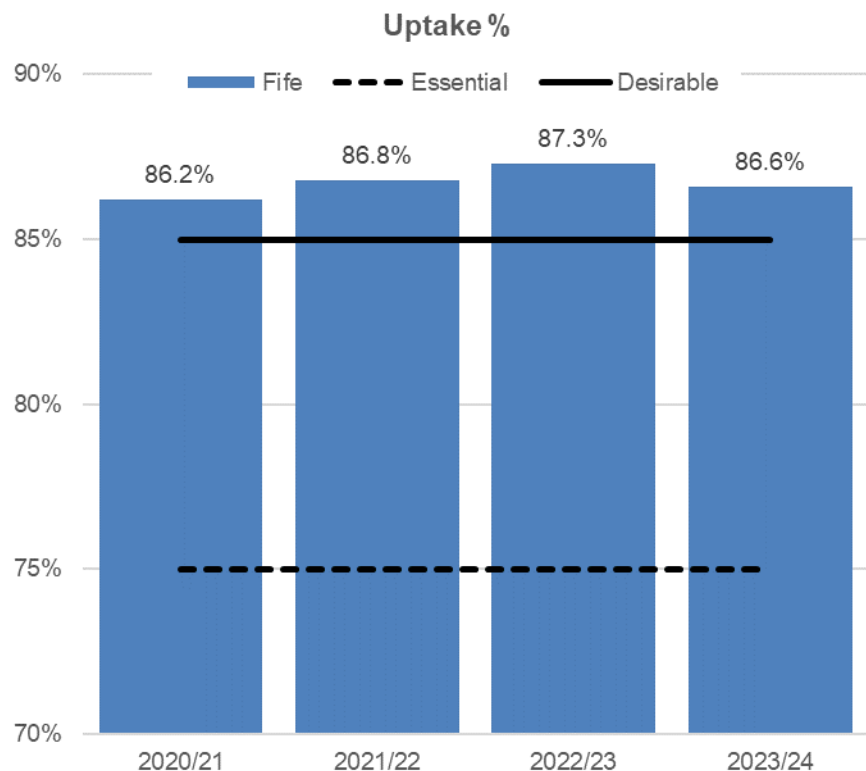
## Achievements & Challenges

Achievements:
The implementation of the Screening Inequalities Action Plan has gone well since we began in December 2024.  For example, staff at "Well Services" across Fife have now been trained so that they can promote screening uptake among their clients and refer them to screening services where required.  There is also ongoing engagement with the East Fife Football Club involving management and the supporters' club to specifically promote AAA, Bowel and DES.
Challenges:
The main challenge is to reduce the inequality gap in the uptake of AAA screening across Fife. This is part of our Screening Inequalities work.

### Uptake %

Fife ▪ Essential ---- Desirable ——

- 2020/21: 86.2%
- 2021/22: 86.8%
- 2022/23: 87.3%
- 2023/24: 86.6%

### Uptake % by SIMD

Essential ---- Desirable ——

- 1 most deprived: 79.8%
- 2: 83.8%
- 3: 88.3%
- 4: 90.0%
- 5 least deprived: 91.3%

### Benchmarking

—— Scotland

Territorial NHS Board (Fife)

**C4. Public Health & Wellbeing**

### Data Analysis

The % of infants Exclusively Breastfed at 6-8 Weeks in Dec-24 was 32.3%, similar to month prior (32.0%) and an increase on year prior (30.2%). The % that had Ever Breastfed decreased from 68.0% in Nov-24 to 65.9% in Dec-24.

Exclusively Breastfed at First Visit decreased from high of 47.2% in Nov-24 to 40.8% in Dec-24. Ever Breastfed increased from 68.5% in Nov-24 to 71.6% in Dec-24 (highest since Jul-22).

Comparing Year Ending (YE) Dec-23 to YE Dec-24, there were increases in Exclusively Breastfed & Overall Breastfed for both First Visit and 6-8 Week Reviews but decreases in Ever Breastfed. NHS Fife remains in the Upper-range compared to mainland NHS Boards in Dec-24 for % Exclusively Breastfed for First Visit (NHS Fife 40.8%; highest 45.8%) and Mid-range for 6-8 Week Review (NHS Fife 32.3%; highest 46.3%).
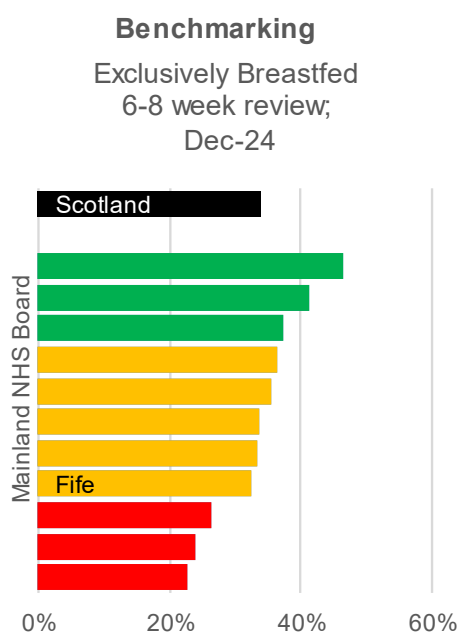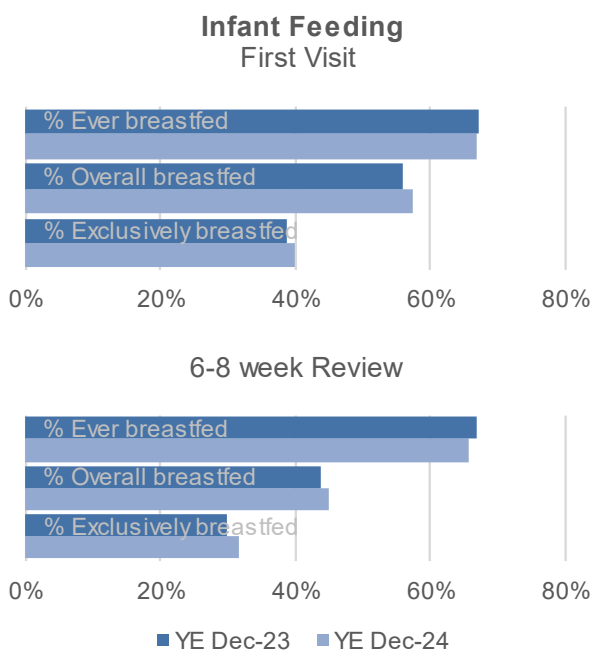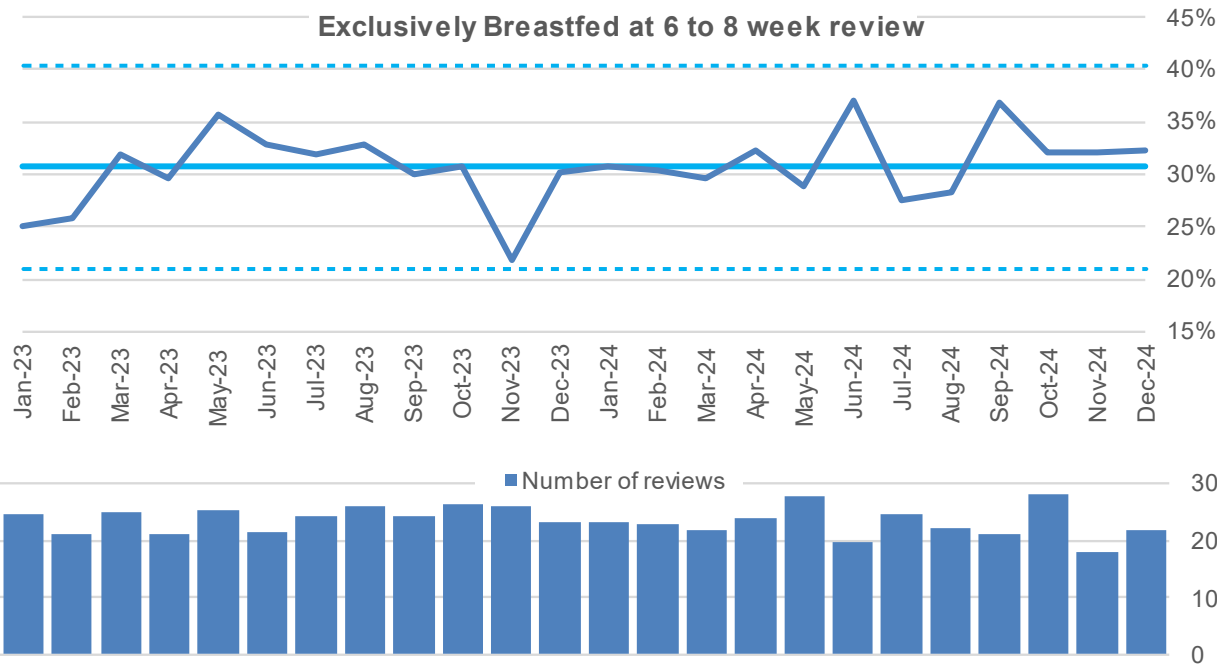
### Achievements

Increase in Exclusive Breastfeeding at 6-8 Weeks: A percentage rise from 30.2% in Dec-23 to 32.3% in Dec-24.

Ever Breastfed at First Visit: There was a notable increase from 68.5% in Nov-24 to 71.6% in Dec-24, the highest since July 2022.

Yearly Comparison shows an increase in both 'Exclusively Breastfed' and 'Overall Breastfed' rates for First Visit and 6-8 Week Reviews.

One to one individualised support offered to Breastfeeding mums by either HV or breastfeeding support worker as required. Health Promotion key messages on Breast feeding shared across social media platforms. Communications strategy in place.

UNICEF Baby Friendly Gold Award for Community services – plaque to be displayed in Breastfeeding room at QMH.

### Challenges:

Decrease in Ever Breastfed: The percentage dropped from 68.0% in Nov-24 to 65.9% in Dec-24.

Exclusive Breastfeeding at First Visit: There was a significant decrease from 47.2% in Nov-24 to 40.8% in Dec-24.

### Next Steps:

Recruitment to Breastfeeding support service to fill vacancy to support service delivery

Breastfeeding Support Service commencing a Breastfeeding support group in NEF. NEF currently has no local such group.

Application to SG for funding to support TOC for a Band 3 BFS worker to work between acute and community (focusing on SIMD 1&2 or vulnerable mums)

**Exclusively Breastfed at 6 to 8 week review**

(chart: monthly line Jan-23 to Dec-24, with bar chart "Number of reviews")

**Infant Feeding First Visit**
- % Ever breastfed
- % Overall breastfed
- % Exclusively breastfed

**6-8 week Review**
- % Ever breastfed
- % Overall breastfed
- % Exclusively breastfed

Legend: YE Dec-23 / YE Dec-24

**Benchmarking**
Exclusively Breastfed 6-8 week review; Dec-24

Scotland

Mainland NHS Board

Fife

**C4. Public Health & Wellbeing**

**Data Analysis**

In quarter ending (QE) Dec-24, from 629 reviews carried out, 16.7% of children had one or more development concerns at 27-30 months: this was a decrease from the 17.1% in QE Sep-24, and higher than the same period the year prior (QE Dec-23; 15.4%). Year Ending (YE) Dec-24 at 18.0%, was higher than YE Dec-23 at 16.8%.

NHS Fife is in the mid-range of all Mainland NHS Boards (best performing was 12.7%) and is just above the Scottish average of 16.4%.

From 628 reviews carried out at 13-15 months, 15.4% of children had one or more development concerns. This was less than QE Sep-24 and lower than year prior (18.4%). From 455 reviews carried out at 4-5 years, 17.8% of children had one or more development concerns. This is higher than both QE Sep-24 (14.2%) and year prior (15.0%).
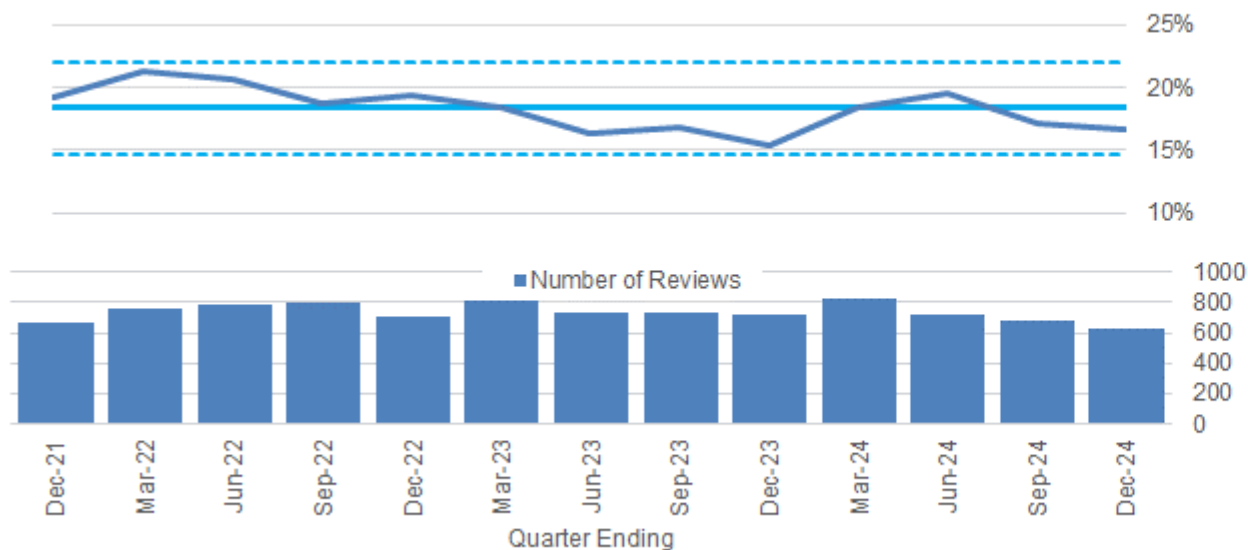
**Achievements:**

• **Reduction in developmental concerns-** Notable decrease in developmental concerns among children aged 27-30 months, from 17.1% in the previous quarter (QE Sep-24) to 16.7% in QE Dec-24. Improvement at 13-15 months, with concerns dropping to 15.4% compared to 18.4% the previous year.

• **Comparative Performance**: - NHS Fife maintains a position in the mid-range of all Mainland NHS Boards regarding developmental concerns, with a rate of 16.7% at 27-30 months that is just above the Scottish average (16.4%) but below top performers (12.7%).

• **Focus on Data-Driven Action -** Commitment to ongoing analysis and evaluation of developmental concerns to identify trends and guide future interventions within the service.

• **Community Engagement -** Continued collaboration and engagement with healthcare professionals and community stakeholders to create initiatives focused on improving child developmental health outcomes.

**Limitations and Actionable Insights:**

**Fluctuating Trends**: While some age groups show improvement, others demonstrate a worrying increase in developmental concerns. This inconsistency needs further investigation to identify underlying causes.

**Target Goals**: Given the Scottish average and top-performing benchmarks, our ultimate target is to lower the percentage of developmental concerns across all age groups to align with the best-performing NHS Boards. A specific target we might aim for could be to reduce the percentage of concerns for 27–30-month-old to below 15% over the next year.
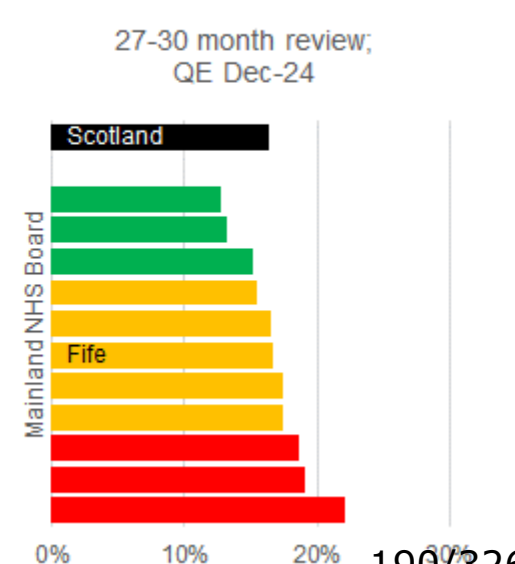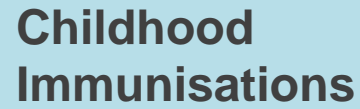


One or More Developmental Concerns (27 to 30 month review)



% Developmental Concerns



Benchmarking

**Childhood Immunisations**
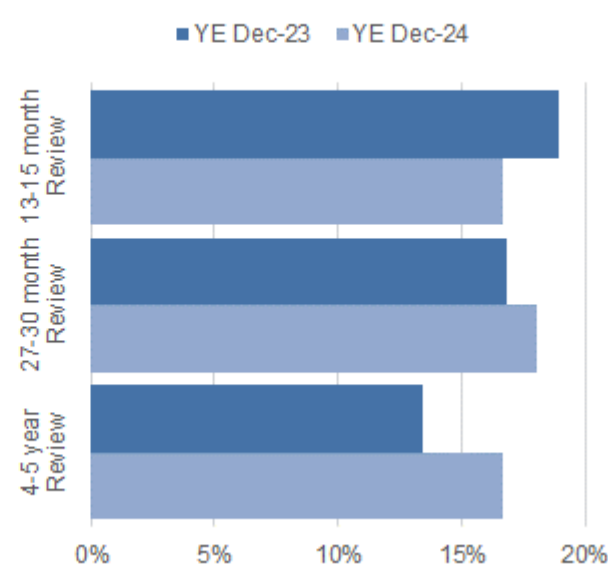
| | |
|---|---|
| 95% of children will receive their 6-in-1 vaccinations by 12 months of age | **93.5%** | 12 ⬆ to achieve target |
| 92% of children will receive their MMR2 vaccination by the age of 5 | **86.8%** | 46 ⬆ to achieve target |

## C4. Public Health & Wellbeing

### Data Analysis

**6-in-1 at 12 months of age:** The latest published data shows that NHS Fife uptake decreased slightly from 94.0% in the last quarter to 93.5% in QE Dec-24; which is below target and is the third successive quarter to show a reduction. PCV & Rotavirus also saw decreases on previous quarter. MenB showed a slight increase on previous quarter. NHS Fife was in the lower-range of all mainland NHS Boards for uptake at 12 months for 6-in-1, with highest uptake being 95.8%.

**MMR2 at 5 years of age:** The latest published data shows that NHS Fife uptake increased from the 85.7% seen in the previous three quarters to 86.8% for QE Dec-24. This continues to be below target and below the average of 88.3% (over 18 quarters). Hib/MenC & MMR1 both saw small decreases in uptake compared to the previous quarter; 4-in-1 saw almost no change. NHS Fife remains in the lower-range of all mainland NHS Boards for uptake at 5 years for MMR2, with highest uptake being 94.5%.

### Achievements & Challenges

Whilst disappointing to see a decline in uptake , several actions have been undertaken to look at improvement

Letters sent to all parents whose child vaccination record was incomplete. This letter advised them to call us to arrange an appointment, details of open access evening and weekend clinics over March 2025. These clinics were very well attended ,

Nurture centres were accessed unfortunately uptake was not as expected for various reasons. Evaluation of all of above will be undertaken.



Childhood Immunisations



Uptake



Benchmarking
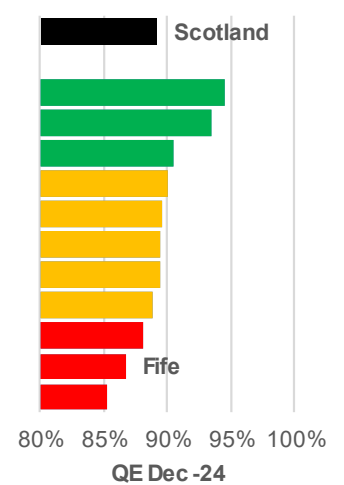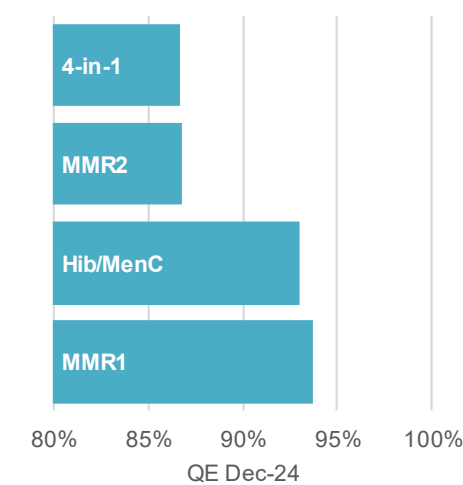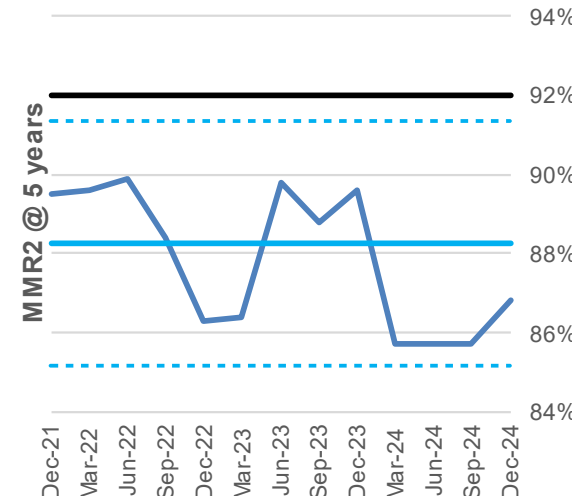
# Influenza/Covid Vaccinations

| | |
|---|---|
| Uptake of the **Influenza** vaccination for eligible population of Fife (75+) to reach 80% by end of December 2024 | **81.2%** — Above Scottish Average (aiming to increase) |
| Uptake of the **Covid-19** vaccination for eligible population (75+) of Fife to reach 80% by end of December 2024 | **77.8%** — Above Scottish Average (aiming to increase) |
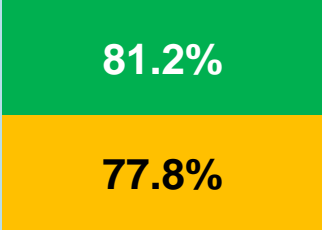
## C4. Public Health & Wellbeing

### Data Analysis

**Influenza:** As of 30 Mar-25, uptake for Influenza vaccination in Fife for ages 75+ was 81.2%, the same as in Feb-25: Fife had achieved the target of 80% uptake by the end of Dec-24. Care Home residents were the priority group with the highest uptake at 81.9%. Uptake for all Health Care Workers was 33.3% (Scottish average 35.9%). Fife is in the mid-range of all Scottish boards for overall uptake at 53.5% (Scottish average 53.2%).

Uptake for Children overall was 51.0% with the highest uptake being the Primary cohort at 65.0%.

**Covid:** Uptake for Covid-19 vaccination in Fife for ages 75+ was 77.8% (Scottish average 76.6%). Similar to Influenza vaccination, the priority group with the highest uptake was Care Home residents at 81.1%. Uptake for Frontline Health Care Workers was 18.9% (Scottish average 23.5%). Fife is in the mid-range of all Scottish boards for overall uptake at 48.4% (Scottish average 47.4%).

### Achievements & Challenges

The Winter programme 2024/25 is now complete , with Fife performing well to ensure all eligible citizens are afforded the offer of a vaccination.

Work continued in areas of deprivation and hard to reach areas with our SAS colleagues with positive results.

A further SLWG will be convened in June 2025 chaired by the Clinical Services Manager in relation to peer vaccination, in order to continue to achieve improved targets in Winter 2025/26

Community Pharmacy afforded the service good support in flu vaccinations.

# NHS Fife

**NHS SCOTLAND**
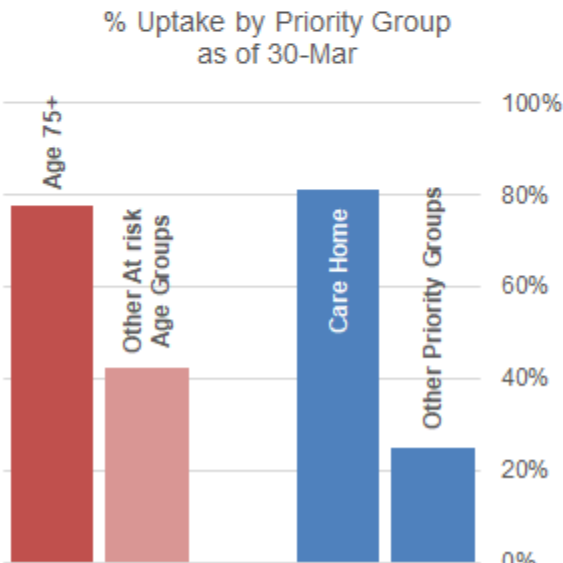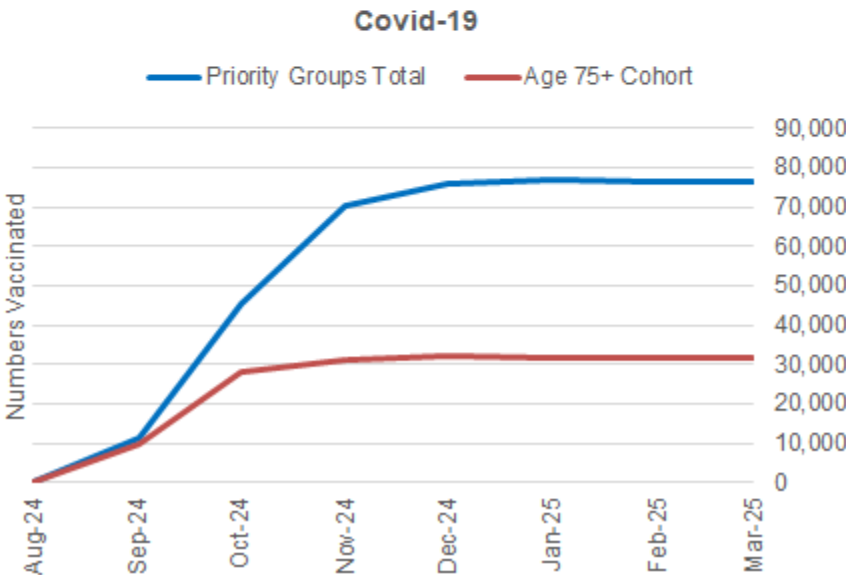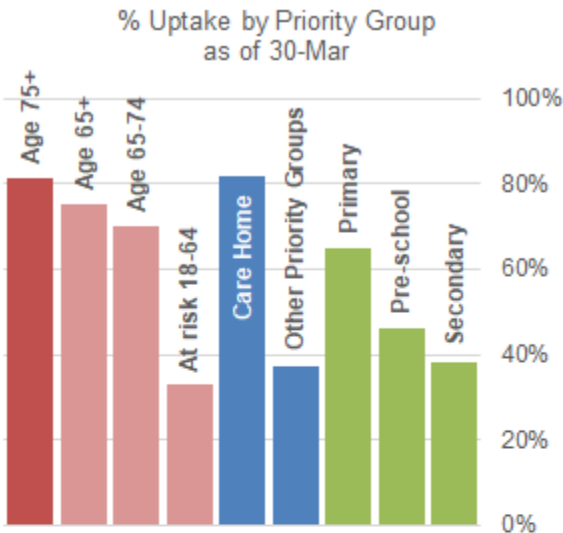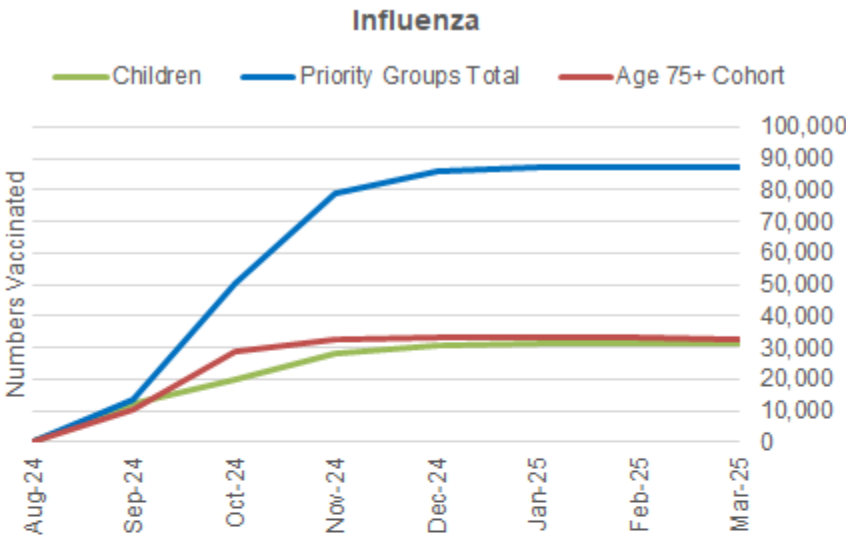
| | |
|---|---|
| **Meeting:** | **Public Health & Wellbeing Committee** |
| **Meeting date:** | **12 May 2025** |
| **Title:** | **Psychological Therapies Standard Update** |
| **Responsible Executive:** | **Lynne Garvey, Director & Chief Officer of Fife Health & Social Care Partnership** |
| **Report Author:** | **Dr Andrew Summers, Interim Director, Fife Psychology Service** |

Executive Summary:

- The Psychological Therapies (PT) indicators within the 2025/26 Annual Delivery Plan are: an increase in capacity to improve access to PTs; a reduction of waiting times to meet and maintain the RTT waiting times target - *at least 90% of clients will wait no longer than 18 weeks from referral to treatment for psychological therapies'*; and a decrease in waits over 52 weeks.

- Since August 2024, NHS Fife has been in receipt of enhanced support from Scottish Government Mental Health Directorate Performance Unit**.** The SG focus to date has been on refinement of tools to enhance capacity and trajectory planning.

- Performance against the RTT target in March 2025 was 78.3%.

- There is evidence of improvement and a sustained upwards trend in performance. The local ADP target is 73%, which takes into account the local situation and financial challenges. This target has been achieved for the past seven consecutive months.

- Between January and December 2024, 3349 people started a highly specialist psychological therapy. This is a 15.1% increase over the corresponding period in 2023.

- Demand for PTs has shown a slight increase over the past 24 months (2%), with demand for highly specialist PTs showing a slightly higher increase (3%). Demand for highly specialist PTs exceeds pre-covid levels.

- Between January 2023 and February 2025, the number of people waiting more than 52 weeks reduced by 40%. However, the reduction in longest waits peaked in July 2024 and longest waits are on an upward trend.

- The Psychology Service does not have capacity to work with more complex presentations to increase capacity to the level required to clear the accumulated waiting lists and meet the 90% RTT target. The service continues to try to mitigate the challenges in relation to performance on the RTT target in numerous ways.

- This report provides a moderate level of assurance on NHS Fife's ability to meet the RTT PT waiting times target and sustain the reduction in patients waiting over 52 weeks for a PT.

# 1 Purpose

**This report is presented for:**

- Assurance

**This report relates to:**

- Annual Delivery Plan
- Government policy / directive
- National Health & Wellbeing Outcomes / Care & Wellbeing Portfolio
- NHS Board Strategic Priorities 1,2, and 4
- National Specification for the Delivery of Psychological Therapies and Interventions in Scotland

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

- Safe
- Effective
- Person Centred

# 2 Report summary

## 2.1 Situation

This report provides an update on the psychological therapies (PTs) performance indicators as set out in the Scottish Government's Annual Delivery Plan (2025/26). The report provides: information on performance against the 18 week referral to treatment (RTT) waiting times standard; the numbers waiting including the longest waiting patients and projected performance on the RTT waiting times standard. Data on the numbers of people accessing psychological therapies is also provided.

At the time of writing, performance against trajectory data is available up to March 2025 and is included in this report. However, the more detailed analysis in this report relies on data that is available to February 2025.

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

## 2.2 Background

Within the Annual Delivery Plan, the Psychological Therapies (PT) indicators within the mental health drivers for recovery are:

- ➢ an increase in capacity to improve access to PTs
- ➢ a reduction of waiting times to meet and maintain the RTT waiting times target
- ➢ a decrease in waits over 52 weeks.

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

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

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

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

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

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

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The Psychology Service currently writes to people periodically while they are on the waiting list, offering advice and information on a range of supports and resources. This meets the baseline 'waiting well' requirements of the National Specification for the Delivery of Psychological Therapies and Interventions in Scotland, however, unfilled Admin vacancies reduce our capacity to be able to maintain this.

## 2.3   Assessment

**Performance against RTT Waiting Times Standard**

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

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

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

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

The RTT target only measures direct delivery of PT.  It does not measure the indirect activity by specialist staff that contributes to enhanced psychological care by other practitioners, such as training, supervision, coaching or consultation.  These are highly valued by other services, and can lead both to improved care and decreased healthcare utilisation.  However, the Psychology Service is unable to meet all of the demand for indirect activity, particularly when our current resources have to be focused on the RTT target.

Monthly % performance against the RTT target for the 24 months to March 2025 is shown in Figures 1 and 2.  The figures show an improving trend in waiting times performance, with the December 2024 position being the highest for several years.

The local ADP target is 73%, which takes into account the continued focus on meeting the needs of people on our waiting list who have waited over 18 weeks.  The local target has been achieved for the past seven consecutive months.
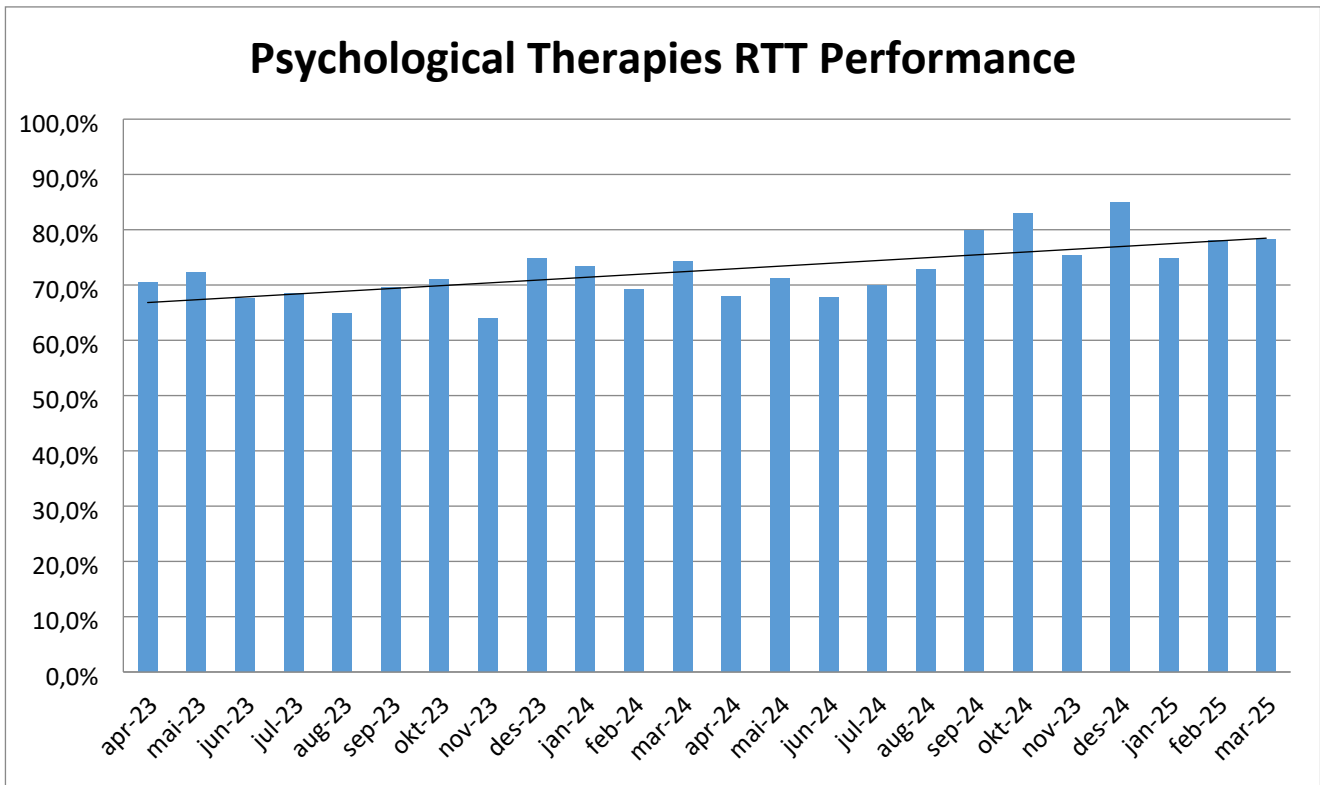
**Figure 1**



**Figure 2**

| 2023 | | | | | | | | | 2024 | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Apr-23 | May-23 | Jun-23 | Jul-23 | Aug-23 | Sep-23 | Oct-23 | Nov-23 | Dec-23 | Jan-24 | Feb-24 | Mar-24 |
| 70.5% | 72.3% | 67.5% | 68.4% | 64.8% | 69.6% | 71.0% | 64.0% | 74.8% | 73.4% | 69.2% | 74.3% |

| 2024 | | | | | | | | | 2025 | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Apr-24 | May-24 | Jun-24 | Jul-24 | Aug-24 | Sep-24 | Oct-24 | Nov-23 | Dec-24 | Jan-25 | Feb-25 | Mar-25 |
| 67.9% | 71.2% | 67.8% | 69.9% | 72.8% | 79.9% | 82.9% | 75.4% | 84.9% | 74.8% | 78.0% | 78.3% |

Performance against the target has improved, but remains below the waiting times standard of 90% because:

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

Performance on the target is influenced by the proportion of clinical activity (first therapy appointments) focused on people waiting over 18 weeks versus those waiting under 18 weeks.

The reason Fife is not meeting the 90% performance standard is a consequence of the combination of:
1. Long waiting lists that built up over years of demand for PTs exceeding capacity, and
2. Increased activity delivering highly specialist PT in group and 1:1 formats.

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

Recent service development work has created additional capacity to manage referrals which are of low intensity in terms of therapist contact. Increasing PT activity in these areas improves target performance, because waiting times for low intensity options are shorter and most people who start low intensity options will have waited less than 18 weeks.

NHS Fife is currently in receipt of Scottish Government enhanced support aimed at improving PT performance. The Psychology Service is working with colleagues from SG's Mental Health Directorate PT Implementation Support Team. The SG focus to date has been on refinement of tools to enhance capacity and trajectory planning. These tools, and the Psychology Service's move to the Trakcare patient management system (currently scheduled August 2025) will enable better data analytics to further improve PT performance.

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

**Referrals and waiting times**

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

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

Referral rates
Referral rates have a major impact on capacity to reduce waiting times. Referral rates for PTs (adults only) have increased slightly year-on-year, with 2% more people being referred in the 12 months to February 2025 (8107 people) compared to the 12 months to February 2024 (7944* people – note the figures for October 2023 are estimated due to missing data).

The overall referral figures include the whole range of PT delivery, from lower intensity through to higher intensity highly specialist PT. Following extensive service improvement work, the Psychology Service has, as described above, created significant additional capacity to manage referrals for PTs which are low intensity in terms of therapist contact. This additional capacity has been created through a combination of increasing skill mix and developing digital, group, and brief 1:1 options. Therefore, it is now the referral rate for highly specialist PTs which has most influence on waiting times and capacity to improve performance.

Referral rates for these highly specialist PTs (which are high intensity in terms of therapist time) have increased by 3% over the same time period. 5604 people were referred for highly specialist PTs in the 12 months to February 2025 compared to 5440* people in the 12 months to February 2024 (*note the figures for October 2023 are estimated due to missing data). Average monthly referrals for highly specialist PTs are now higher than the pre-Covid rate. Additionally, many referrals are now more complex than pre-Covid, requiring more input and having a greater effect on capacity. This complexity shift has been recognised as a national issue for psychology services.

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

**Figure 3**
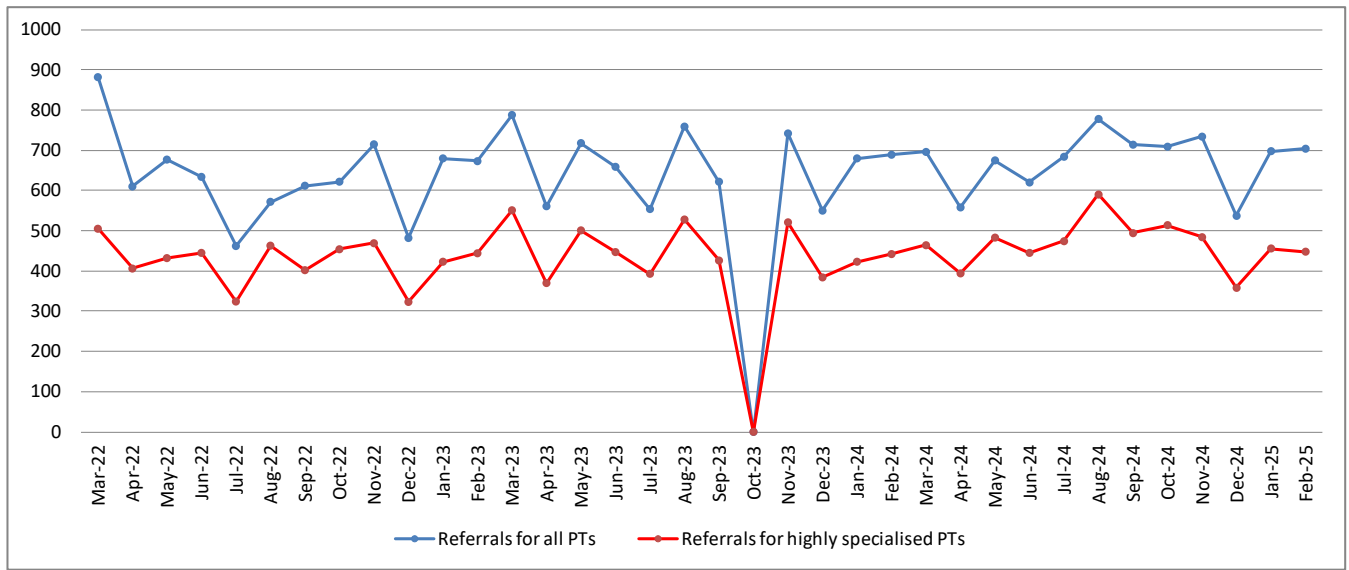


Longest waits

- Between January 2023 and February 2025, the number of people waiting more than 52 weeks reduced by 40%
- Reduction in longest waits peaked in July 2024 and longest waits are on an upward trend

The main focus for the Psychology Service remains meeting the needs of those who have waited the longest, while responding to clinical priorities as required.
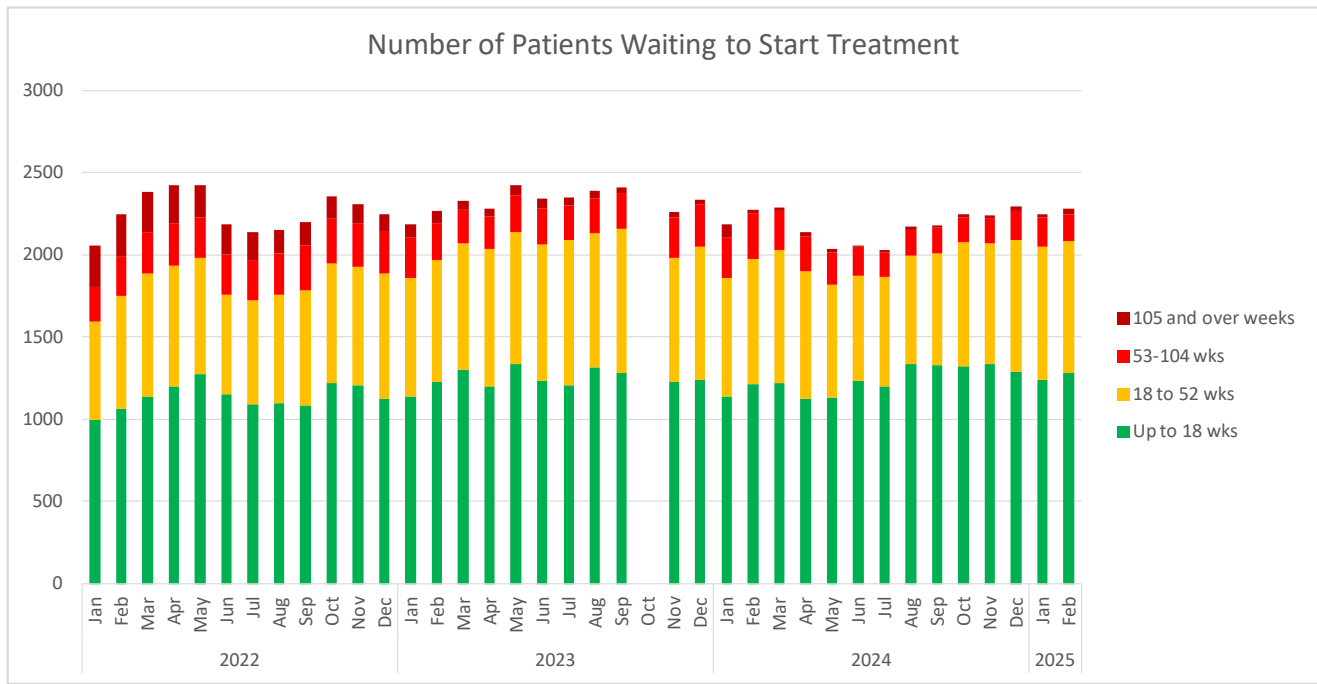
All of the longest waits for highly specialist therapy are within the Psychology Service. In order to set the current longest waits in context, Figure 4 below gives the numbers waiting since January 2023.  Figure 5 shows this information graphically.

Clinicians continue to see patients in order of referral (unless they are expedited on clinical grounds).  Because some areas of the service are not in balance, people on the waiting list can 'tip' into the longest wait categories before they are seen, ie. it is not all the same patients remaining in each category every month.

**Figure 4** (October 2023 data missing).

Figure 4. Numbers waiting

| Numbers waiting | Jan-23 | Feb-23 | Mar-23 | Apr-23 | May-23 | Jun-23 | Jul-23 | Aug-23 | Sep-23 | Oct-23 | Nov-23 | Dec-23 | Jan-24 | Feb-24 | Mar-24 | Apr-24 | May-24 | Jun-24 | Jul-24 | Aug-24 | Sep-24 | Oct-24 | Nov-24 | Dec-24 | Jan-25 | Feb-25 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| In total | 2188 | 2265 | 2327 | 2284 | 2422 | 2339 | 2352 | 2389 | 2411 | | 2260 | 2335 | 2188 | 2271 | 2286 | 2137 | 2035 | 2058 | 2032 | 2170 | 2181 | 2249 | 2243 | 2297 | 2249 | 2281 |
| >18 wks, <53+wks | 720 | 739 | 771 | 836 | 802 | 829 | 882 | 815 | 876 | | 755 | 804 | 720 | 762 | 810 | 772 | 688 | 639 | 666 | 659 | 679 | 753 | 729 | 802 | 813 | 798 |
| >52 wks, <104 wks | 248 | 223 | 202 | 199 | 225 | 216 | 211 | 207 | 218 | | 245 | 263 | 248 | 273 | 237 | 213 | 197 | 173 | 149 | 153 | 153 | 149 | 152 | 175 | 173 | 168 |
| 104+ wks | 83 | 74 | 53 | 49 | 61 | 57 | 51 | 49 | 33 | | 31 | 25 | 83 | 20 | 17 | 26 | 20 | 10 | 15 | 19 | 19 | 24 | 23 | 31 | 25 | 32 |
| Over 52 wks | 331 | 297 | 255 | 248 | 286 | 273 | 262 | 256 | 251 | | 276 | 288 | 331 | 293 | 254 | 239 | 217 | 183 | 164 | 172 | 172 | 173 | 175 | 206 | 198 | 200 |

**Figure 5**



Number of Patients Waiting to Start Treatment

The above data show the significant reduction in the number of people waiting more than 52 weeks which has taken place from January 2023 to February 2025, from 331 people to 200, a reduction of 40%.  For those people waiting the longest (104+ weeks), the reduction has been from 83 to 32, a 61% reduction.

However, recent data suggest a slowing of progress, with the lowest number (164) achieved in July 2024 and the current number (200) 22% higher than July 2024.  Similarly, for the longest waits, progress peaked in June 2024 (10).

This recent slowing of progress in clearing the longest waits shows the impact of staff vacancies upon capacity for work with the most complex patients, who are more concentrated in the group who have been waiting the longest.  Referral rates remaining high increases this impact.

Numbers commencing highly specialist psychological therapy

- In 2024, 3349 people started a highly specialist psychological therapy

- Compared to 2023, the number of people starting a highly specialist psychological therapy increased by 15.1%

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

**Figure 6**
(October 2023 data missing)
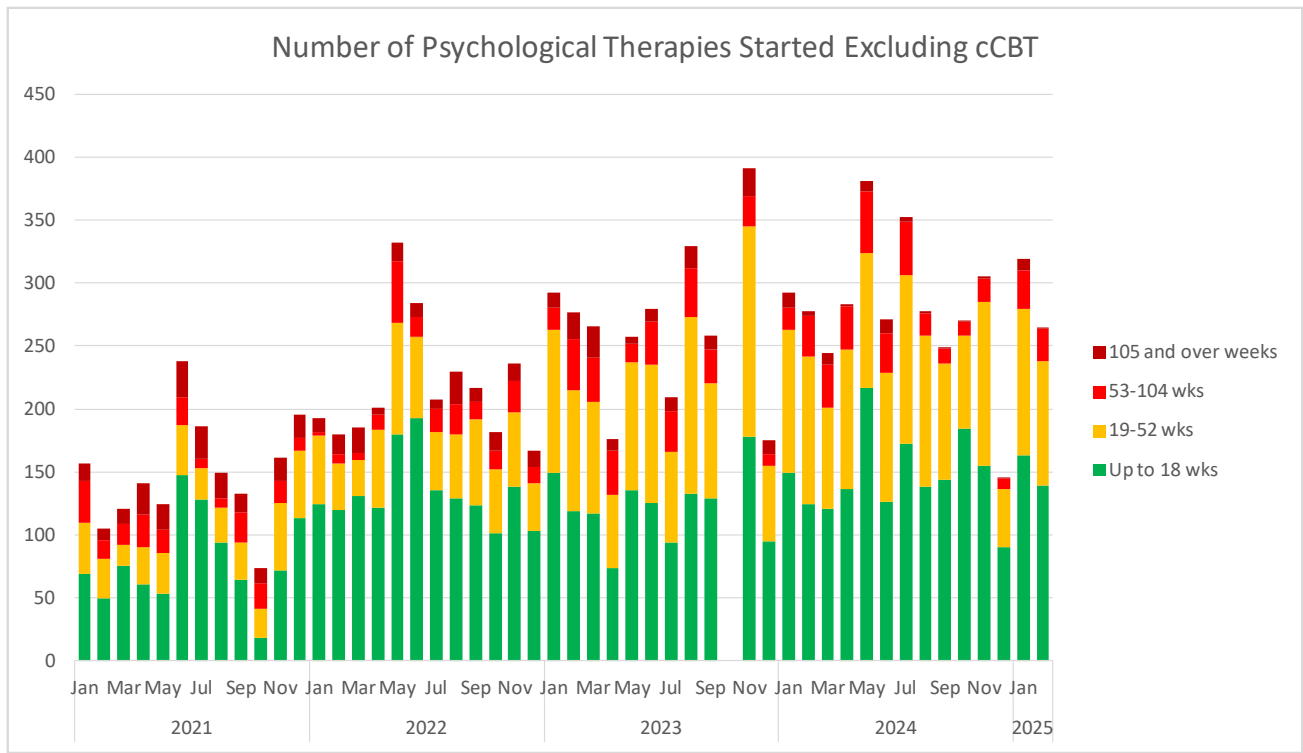


**Figure 6a**
(October 2023 data missing)
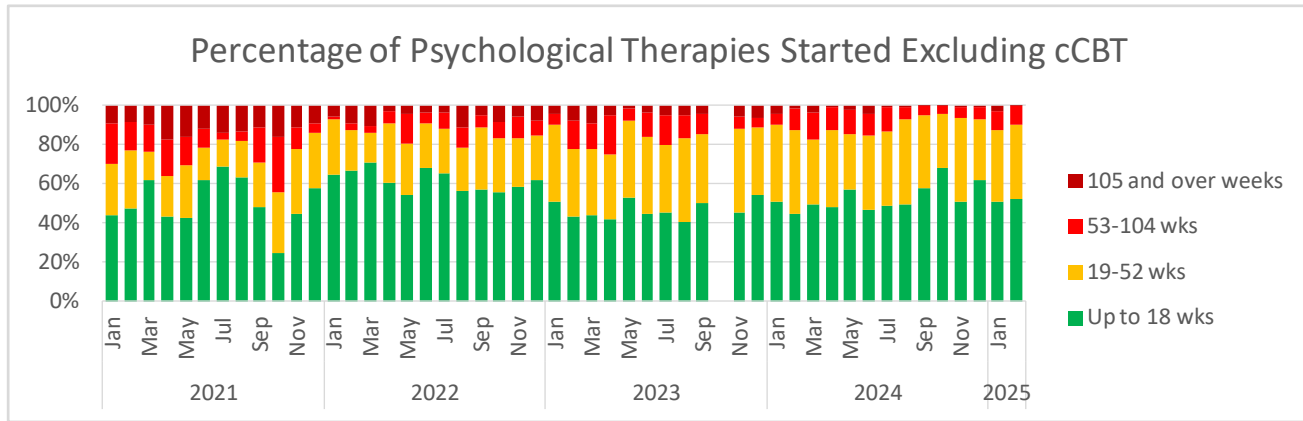
Between January and December 2024, 3349 people started a highly specialist psychological therapy.  This is a 15.1% increase over the corresponding period in 2023.   In January and February 2025, a further 584 people started a highly specialist psychological therapy.  This is a 2.5% increase over January and February 2024.  These increases in people starting highly specialist psychological therapy were achieved despite the vacancy factor described above.

The RTT target includes data for people commencing cCBT (computerised cognitive behavioural therapy) and those attending the Step on Stress course.  Including these individuals in the data, a further 2291 adults began therapy between January and December 2024, giving a total of 5640 adults commencing therapy between January and December 2024.

**Projected Performance on RTT Standard**

- Projected target performance of 74.3% by March 2026 takes into account the need to continue to focus on significantly reducing the number of people waiting over 18 weeks to start highly specialised PTs

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

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

Demand-capacity modelling for the service as a whole indicates that projected performance on the RTT target will be 74.3% by March 2026.  This is in line with our local target for 2025/26 which takes into account the continued focus on meeting the needs of people on our waiting list who have waited over 18 weeks.

**Risks**

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

1. Vacancies: Capacity within the system and therefore performance against the RTT is highly dependent on timely recruitment to vacant posts.
2. Demand: The lack of capacity within the system means that any significant increase in referrals will push the service out of balance and start to increase the waiting list, reducing performance against the RTT.  The data presented above show that referrals have increased year-on-year and longest waits have increased.
3. Admin: The Psychology Service currently has several admin vacancies and clinical admin support is essential for tasks that directly contribute to performance against the RTT, such as waiting list management, timely issuing of appointments, and booking clinics, and to the broader PT Specification requirements, such as supporting Waiting Well.  There is also increased pressure on our admin team at present as we prepare to move to the Trakcare IT system (currently scheduled for August 2025).  This IT change is essential to improve our capacity to report against the Scottish Government's PT Specification, but is resulting in increased admin during the transition period.  Implementation has been delayed due to pressures on D&I, which means these increased admin pressures are being extended.  The

reduced admin capacity detracts from service improvement activity and clinicians are having to pick up some admin tasks to maintain essential service levels.

4. Systems pressures: The effects of the current financial pressures on other agencies (statutory and 3rd Sector) are leading to reductions in services, increasing referrals to the Psychology Service. Additionally, pressures on other services are leading to increased requests for indirect psychology work, for example to help manage complex and risky patients' utilisation of those services.

**Improvement actions**

Despite the improvements in activity and progress in reducing long waits described above, and continuing improvement actions to maximise efficiency, Demand-Capacity Analysis supported by Public Health Scotland finds that the Psychology Service does not have enough clinical / counselling psychologists (i.e. staff able to work with more complex presentations) to increase capacity to the level required to clear the accumulated waiting lists and meet the 90% RTT target. This is partly due to the national workforce challenges during 2022 and the early part of 2023, which prevented recruitment of sufficient staff at this level. While mitigation of workforce challenges through skill mix change has improved the flow of patients with less complex needs and improved performance against the RTT target, skill mix does not address the needs of those waiting who have more complex presentations and need highly specialist PT. Recruitment of clinical and counselling psychologists is impacted by current financial pressures.

It should be noted that while service improvement activity continues, it is more problematic to mitigate the challenges in some of the smaller clinical areas within Psychology, such as our Clinical Health General Medical and Physical Rehabilitation Service, where we have a concentration of complex patients with long waits, and that these smaller clinical areas are particularly vulnerable to the effects of staff absence or turnover.

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

This report provides the following Level of Assurance:

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

### 2.3.1 Quality, Patient and Value-Based Health & Care

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

A review of complaints received by the Psychology Service in 2025 to date found the following:

| Nature of Complaint | | | Number received |
|---|---|---|---|
| *Service systems & processes* | *Issues with access to service* | *Experience within service* | |
| | | | |
| | Assessments and interventions offered | Quality of assessment Therapeutic relationship | 1 (patient asked to be escalated to Stage 2) |
| | Waiting time for assessment | | 1 |
| | Waiting time for intervention Group intervention rather than 1:1 | | 1 |

The above complaints were resolved at Stage 1 unless otherwise specified.

### 2.3.2 Workforce

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

### 2.3.3 Financial

The Psychology Service is engaging with Finance colleagues to ensure our establishment is consistent with previous investment from Fife HSCP and SG in new posts. Scottish Government recently asked all Boards to advise them of any plans to reduce Psychology workforce.

### 2.3.4 Risk Assessment / Management

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

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

Timely access to psychological therapies and delivery of ambitions to expand psychologically informed practice across Fife would provide rights-based access and reduce health inequalities.

While an EQIA specific to Psychological Therapies has not yet been undertaken, this will be completed before the next reporting cycle and will reference the EQIA being completed for the development of the Fife Mental Health and Wellbeing Strategy.

### 2.3.6 Climate Emergency & Sustainability Impact

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

### 2.3.7 Communication, involvement, engagement and consultation

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

### 2.3.8 Route to the Meeting

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

N/A

## 2.4 Recommendation

This paper is provided to members for:

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

## 3 List of appendices

None.

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# NHS Fife

| | |
|---|---|
| **Meeting:** | **Public Health & Wellbeing Committee** |
| **Meeting date:** | **12 May 2025** |
| **Title:** | **Adult Support and Protection Biennial Report** |
| **Responsible Executive:** | **Janette Keenan, Executive Director of Nursing** |
| **Report Author:** | **Janette Keenan, Executive Director of Nursing** |
| | **Jillian Torrens, Head of Complex and Critical Care Services** |

Executive Summary:

- The Biennial Report provides assurance regarding adult support and protection activity in Fife across 2022–2024.

- Key NHS-related developments include enhancements to ASP training, referral pathways, updated interagency procedures, and learning from Care Inspectorate inspections.

- NHS Fife's Adult Protection Health Steering Group is currently being refreshed to strengthen governance, operational oversight, and executive assurance regarding ASP duties.

- Over the last two years, **7,251 ASP referrals** were received in Fife — a **27% increase** compared to the previous reporting period, demonstrating increased awareness and identification of harm.

- **1,283 referrals** (18%) progressed to full inquiry and investigation, with the majority of identified harm occurring in people's **own homes (73%).**

- The primary types of harm investigated were **financial harm, physical harm, and self-harm**, reflecting emerging complexities in case presentations.

- These developments, combined with strengthened governance arrangements, provide assurance that NHS Fife is fulfilling its statutory ASP responsibilities and contributing to improved outcomes for adults at risk.


## 1    Purpose

**This report is presented for:**

- Assurance

**This report relates to:**

- Legal requirement (Adult Support and Protection (Scotland) Act 2007)
- National Health & Wellbeing Outcomes / Care & Wellbeing Portfolio:
    - 7    People who use health and social care services are safe from harm.

8     People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.

9     Resources are used effectively and efficiently in the provision of health and social care services.

- NHS Board Strategic Priorities: To Improve Health & Wellbeing; To Improve Quality of Health & Care Services; To Improve Staff Experience & Wellbeing; and To Deliver Value & Sustainability

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

- Safe
- Effective
- Person Centred

## 2     Report summary

### 2.1     Situation

The Biennial Report is submitted to provide information and assurance on the work of the Fife Adult Support and Protection Committee (ASPC) and highlight the contributions of NHS Fife and Fife HSCP. The ASPC supports the application of the Adult Support and Protection (S) Act 2007 (the Act) and our shared vision to ensure that all adults at risk feel safe, supported, and protected from harm.

The Committee is asked to note the content of the Biennial Report for assurance.

### 2.2     Background

The Adult Support and Protection (Scotland) Act 2007 (Section 46) requires the submission of a Biennial Report by the ASPC Convener. The Scottish Government (SG) set the reporting period in line with the fiscal calendar and request that ASPCs submit their report to them every two years.  The SG in collaboration with ASPCs have produced a template outlining expected content, to enhance consistency and assist in carrying out a Scotland wide analysis of the work of ASPCs.  The report evidences work undertaken to safeguard adults at risk, assess service delivery, improve practice, and address areas identified for development.

The NHS is a core partner within the ASPC and has specific responsibilities under the Act. Healthcare staff play critical roles in the identification, referral, investigation, and protection of adults at risk.

### 2.3     Assessment

**Key Health-Related Highlights**

- Healthcare staff remain a primary source of ASP referrals.
- Updated interagency ASP procedures now embed consistent standards for risk assessments, chronologies, and protection planning.

- Over 95% of NHS staff participating in ASP training report increased confidence and knowledge.
- Ongoing preparation for the next ASP inspection, with NHS Fife contributing fully to multi-agency readiness.
- Engagement with people with lived experience has enhanced service responsiveness and inclusivity.

**Key Data Highlights**

- A total of **7,251 adult protection concerns** were raised during 2022–2024, a 27% increase from the previous biennial period.
- **1,283 inquiries** were undertaken, with the 40–64 age group representing 37% of cases.
- Primary harm types were **financial harm, physical harm, and self-harm,** mainly occurring in individuals' own homes (73%).
- Referral trends suggest greater public and professional awareness, supported by NHS engagement and training efforts.

A new ASPC Strategic Improvement Plan for 2025-27 was approved at ASPC in February 2025 and will ensure continuity of progress from the previous plan.

The report outlines that our ASPC's inter-agency Adult Protection procedures and practice guidance have continued to underpin work relating to the support and protection of adults at risk of harm within this reporting period. Addendums and additions have been made to the following parts of our interagency ASP guidance, underpinned by Priority 3 of our ASP Strategic Improvement Plan within this reporting period, with the overarching Interagency guidance itself updated in January 2025 and approved by the ASPC in February 2025.

- ASP Hoarding and Self-Neglect guidance
- ASP Large-Scale Investigation Guidance
- Incorporation of 2022 ASP Codes of Practice update

The report also discusses that the most recent reporting period in Fife saw the completion of our ASP Inspection Improvement Plan in November 2022 after the Care Inspectorate ASP inspection took place in 2021. The following were the priority areas of improvement identified by the Care Inspectorate.

**Priority areas for improvement**

- The partnership should develop standardised templates for adult protection chronologies, risk assessments, and protection plans, and use them consistently.

- The partnership should adopt the policy that all adults at risk of harm, who require them, should have a chronology, a risk assessment and an accompanying protection plan, whether they have been subject to a case conference or not.

These areas were addressed by Fife's Inspection Improvement Plan, devised by the Adult Support and Protection Team. The route for the use of standardised adult protection chronology, risk assessment and protection plan earlier in the ASP journey than previously was reviewed and agreed at ASPC, with clear guidance given to practitioners as part of the overarching updated inter-agency ASP procedures which went live from June 2022 onwards. This will be reviewed further during the next reporting period to assess its effectiveness and ensure these are being used appropriately.

To assist with this, Fife's inter-agency case file audit methodology was reviewed and updated to ensure a focus on the above moving forward.

The report discusses that the ASPC has also commenced preparation for the next round of ASP Inspections due to take place at some point in 2025/26, with an Inspection Preparation Short Life Working Group now in place for meetings every 2 months moving forward to ensure Fife are on the correct footing and again committed to service improvement work for adult support and protection.

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

ASP activities contribute directly to NHS Fife's quality ambitions by safeguarding adults at risk and ensuring a person-centred approach to protection planning and interventions. Outcomes-focused approaches, including direct engagement with service users, align with Realistic Medicine principles.

### 2.3.2 Workforce

The Adult Support and Protection (ASP) function across NHS Fife is held by the Health and Social Care Partnership (HSCP), with operational management led by the Head of Complex Care Services. This ensures that NHS Fife's statutory responsibilities under the Adult Support and Protection (Scotland) Act 2007 are operationalised within integrated health and social care services, with appropriate clinical and professional oversight.

Throughout the reporting period:

- NHS staff across acute, community, and primary care services continued to play a critical role in identifying, referring, and contributing to the protection of adults at risk of harm.
- ASP training has been embedded across the health workforce, with a strong emphasis on ensuring frontline practitioners are confident and competent in recognising and acting on adult protection concerns.
- Post-training evaluation feedback indicates that over **95%** of participants agreed or strongly agreed that ASP training had improved their knowledge and confidence.
- NHS Fife has committed to strengthening ASP governance through the refresh of the Adult Protection Health Steering Group, ensuring stronger connections between operational delivery and strategic oversight.

- Workforce wellbeing has been a consideration, recognising the emotionally complex and challenging nature of ASP work, particularly in the context of increased referral numbers and complexity.

### 2.3.3 Financial

There are currently no direct additional financial implications.

### 2.3.4 Risk Assessment / Management

NHS Fife has clear statutory responsibilities under the Adult Support and Protection (Scotland) Act 2007 to support the identification, referral, and protection of adults at risk of harm. Failure to comply could expose NHS Fife to significant legal, regulatory, and reputational risks, as well as result in poorer outcomes for vulnerable individuals.

To strengthen governance arrangements:

- NHS Fife's Adult Protection Health Steering Group is being refreshed. This will enhance governance and operational oversight, ensuring better connectivity between frontline services and leadership.
- Health-specific actions from the previous Care Inspectorate inspection, including standardised risk assessments, chronologies, and protection plans, have been embedded into practice and will be monitored through audit and case file reviews.

Risks associated with growing service demand and complexity (e.g., mental health needs, self-harm, substance misuse) have been identified. Strengthened governance and strategic leadership through the refreshed Health Steering Group and through the work of the Adult Support and Protection Committee (ASPC) will support NHS Fife to manage these risks effectively and maintain compliance with statutory duties.

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

The Adult Support and Protection (ASP) activities described contribute directly to NHS Fife's duties under the Public Sector Equality Duty (PSED), helping to eliminate discrimination, advance equality of opportunity, and foster good relations across protected groups.

Adults at risk often experience multiple disadvantages related to disability, age, mental health needs, poverty, and social isolation. ASP work plays a critical role in promoting and safeguarding the rights of these individuals, supporting NHS Fife's broader ambitions to tackle health inequalities and ensure access to safe, effective, person-centred care.

Key equality and human rights initiatives highlighted in the Biennial Report include:

- The development and availability of British Sign Language (BSL) materials and Easy Read versions of key documents, ensuring accessible information for people with communication barriers.
- The embedding of lived experience into service development through service user feedback mechanisms and targeted engagement with community groups.

- Awareness-raising initiatives targeting groups at higher risk of harm, including older people, people with disabilities, and those experiencing economic disadvantage.

Through these developments, NHS Fife is enhancing its contribution to:
- The Fairer Scotland Duty, by addressing inequalities of outcome for people experiencing disadvantage.
- The Board's ambitions to act as an Anchor Institution, by promoting safer communities and supporting vulnerable individuals to thrive.

An Equality Impact Assessment (EQIA) will be developed in relation to ASP activity in line with policy and procedural developments.

### 2.3.6 Climate Emergency & Sustainability Impact
Minimal direct impact. Online delivery of ASP training has reduced travel-related carbon emissions.

### 2.3.7 Communication, involvement, engagement and consultation
Ongoing engagement activities included health sector participation in interagency working groups and consultations. NHS Fife and Fife HSCP were involved in developing the updated Strategic Improvement Plan and continues to contribute to ASP communications campaigns.

### 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 Adult Support and Protection Committee on 6th November 2024.
- Fife Chief Officer Public Safety Group on 3rd December 2024.

## 2.4 Recommendation
This paper is provided to members for:

- **Assurance** – This report provides a **"moderate" level of assurance**

## 3 List of appendices
The following appendices are included with this report:

- Appendix No. 1: Biennial Report

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# ASPC Biennial Report 2022/24

| Adult Protection Committee | Fife Partnership<br><br>Report Authors: Ronan Burke, Fife ASPC Lead Officer<br><br>Astrid Jentas, Fife ASPC Quality Assurance Officer |
|---|---|

## What our data tells us

*(Suggested page count: 3)*

### Introduction

ASPC's collect statistical data to report on practice and performance in relation to ASP functions.

ASP data has been reported to the Scottish Government via an annual data return. The return, in its annual format, ended after the submission of data for financial year 2022/23.

Iriss was commissioned by the Scottish Government to co-design a new quarterly ASP Minimum Dataset commencing with a phased approach for financial year 2023/24.

This section provides a summary of ASP activity between **1st April 2022 and 31st March 2024**.

Appendix A and B report annual statistics for both 2022/23 and 2023/24. Results are illustrated in graphical and tabular format. Considering the implementation of the minimum dataset (which includes a change to terminology, the termination of previous annual indicators and the introduction of new indicators) where possible comparison to the previous year has been included.

The collection of indicators in the 2022/23 report have been selected in line with the Scottish Government Annual Return while the indicators included in the 2023/24 report are in line with Phase 1 of the Minimum Dataset for ASP.

### Key Operational Statistics

| Adult Support and Protection | | | | |
|---|---|---|---|---|
| Indicator | 2020/22 | 2022/24 | Trend | % change |
| 1. ASP Referrals Submitted To Adult Protection Service | 5,717 | 7,251 | 1,534 | 27% |
| 2. Inquiries Where Investigatory Powers Are Not Used | *(not captured)* | 1,218 | | |
| 3. Inquiries Using Investigatory Powers | 835 | 1,283 | 448 | 54% |
| 4. Case Conferences | 223 | 338 | 115 | 52% |
| 8b. Total Newly Commenced ASPPs Only | *(not captured)* | 706 | | |
| 19a. Large Scale Investigations | 17 | 18 | 1 | 6% |

- Indicator 1 +27% - the highest number of ASP reports of harm during 2022/24 were received from Police Scotland at 15%, followed by NHS Acute Services at 14% and Friends / Relative / Neighbour at 10%.

- Indicator 2 newly captured for 2023/24 – inquiries triggered in the reporting year and concluded at IRD.

- Indicator 3 +54% - inquiries triggered in the reporting period and progressed to investigation.

- Indicator 4 +52% - comprised of 204 initials and 134 review case conferences.

- Indicator 8b newly captured for 2023/24 – plans are actioned at the investigation stage in Fife.

- Indicator 19a newly captured data by service type for 12 LSIs in 2023/24. Care homes account for 7 LSIs followed by 3 recorded as individuals targeting multiple adults and 1 each for both Support Services and Community Groups.

**Demographics and Descriptive Data**

| For Inquiries With Use of Investigatory Powers | | | |
|---|---|---|---|
| Indicator | 2020/22 | 2022/24 | % change |
| **13b. Age Group (16-65) And Gender** | | | |
| Males | 41% | 44% | 3% |
| Females | 59% | 56% | -3% |
| Band 16-65 | 64% | | |
| Band 16-17 | | 2% | |
| Band 18-24 | | 9% | 2% |
| Band 25-39 | | 17% | |
| Band 40-64 | | 37% | |
| **15b. Primary Types Of Harm** | | | |
| **Predominant 3** | | | |
| Financial or Material harm | 23% | 24% | 1% |
| Physical harm | 23% | 19% | -4% |
| Self Harm | 20% | 16% | -4% |
| **16b. Location Of Harm** | | | |
| **Predominant 3** | | | |
| Own home | 59% | 73% | 14% |
| Not known | 10% | 8% | -2% |
| Care Home | 5% | 7% | 2% |
| **17b. Client Group** | | | |
| **Predominant 3** | | | |
| Physical Disability | 26% | 18% | -8% |
| Infirmity/frailty due to age | 13% | 16% | 3% |
| Mental Health (excl. dementia) | 19% | 15% | -4% |

- Indicator 13b – from 2020/22 to 2022/24 the split between males and females progressing to investigation remains steady with females continuing to lead. Moving into 2023/24, Age Band splits have updated to provide a lower level of detail. By combining the lower-level bands, we report an approximate increase when compared to 2020/22.

- Indicator 15b – decreases are noted; however, the 3 predominant primary types of harm remain the same across both biennial reporting periods.

- Indicator 16b – increases are noted; however, the 3 predominant locations of harm remain the same across both biennial reporting periods.

- Indicator 17b – where recorded, the 3 predominant client groups remain the same across both biennial reporting periods.

**Our data tells us**

Over the last 2 years a total of 7,251 referrals with adult protection concerns have been received. Of these referrals, 1,283 (18%) have triggered an inquiry that progressed to investigation. Reasons why many do not progress include the 3-point criteria not being met, meaning it isn't possible to consider the adult under ASP legislation, as well as decisions

being made to progress under alternative legislative frameworks such as Adults with Incapacity, Mental Health Care and Treatment and the Social Work (Scotland) Act. We also must take into account the principles of the Adult Support and Protection (Scotland) Act which encourages the least-restrictive approach and consideration of if the intervention is of benefit to the adult. Also, these total number of referrals take into account multiple referrals for the same person/referral from different agencies, which impacts on the percentages.

These inquiries captured a gender split of males 44% and females 56% with the age band category of 40-64 taking the lead at 37%. The primary type of harm for inquiries with powers continues to report a majority across Financial, Physical and Self-harm and notes this harm predominantly taking place in the own home (73%). Where client categories are on record for those that progressed to investigation; physical disability, infirmity due to age and mental health remain the highest.

ASP activity across the reporting period and the data available supports a significant increase in ASP work.

There are several hypotheses pertaining to the increase in ASP referrals, including but not limited to:

- Current economic challenges facing individuals and communities.

- The impact of the COVID period on people's resilience and mental health.

- Current challenges facing the social care sector in terms of recruitment and retention, impacting on the availability of resources to support people in the community.

- The impact of Fife ASPC's awareness raising campaigns.
- Collective improvement in our identification and reporting of harm.

None of these hypotheses are conclusive, however they correlate with the observation of our frontline partners.

**Strengths and Challenges**

In April 2023 Fife HSCP introduced a new Social Work management information system, LiquidLogic. Whilst this is an excellent step forward and offers an abundance of opportunities relating to our recording and analysis, it has come with its challenges including data migration, training, embedding of new processes and a transition period for workers. It is likely that the introduction of this recording system will have had some impact on the data across the full year 2023/24, with improvements in consistency, confidence, and usage from quarter to quarter.

Further data analysis outside of the national dataset in 2023/24 includes the count of ASP inquiries remaining open as at the end of a reporting quarter. The data has been extracted and broken down to primary harm type by locality area, deprivation range and demographic split. This allows the data to be responded to and targeted training to be delivered where required and workforce capacity to be addressed.

Future plans include the collection of all types of harm to allow for further analysis locally plus the national quarterly submission of ASP Minimum Dataset indicators for Phase 2.

| GLOSSARY | |
|---|---|
| ASP | Adult Support and Protection |
| ASPC | Adult Support and Protection Committee |
| ASPP | Adult Support and Protection Plan |
| HSCP | Health and Social Care Partnership |
| IRD | Inter-agency Referral Discussion |
| IRISS | Institute for Research and Innovation in Social Services |
| LSI | Large Scale Investigation |
| NHS | National Health Service |

# Outcomes, achievements, and service improvements

*(Suggested page count: 7)*

A number of different actions have been taken forward across Fife's ASPC within the reporting period for the purpose of improving ASP related services, reducing the risk of harm and improving outcomes for adults at risk of harm. A number of these were linked to Fife's future priorities as per our 2023-25 ASPC Strategic Improvement Plan as outlined in our last Biennial Report submission. Progress made in relation to these have ultimately shaped the last reporting period for us here in Fife. Please follow the link below to view this document. Fife ASPC Strategic Improvement Plan 2023-25

Our shared vision is to ensure that adults at risk feel safe, supported and protected from harm. This strategic Improvement Plan for Fife set out the actions we took over this reporting period and the last two years in total working towards achieving this vision.

The plan built on achievements to date, using the previous improvement plan (2021-23) as the foundation and drew on learning from Single and Interagency Case File Audits, Activity and Performance Data, Stakeholder feedback, and Initial and Significant Case Reviews/Learning Reviews.

The plan set out the ASPC's vision and principles, four priority areas for development and subsequent aims and objectives for each. To ensure alignment and shared understanding of our vision, each priority was driven forward by

one of our ASPC working groups, the ASP Team or by ASP leads across statutory partner agencies.   From our vision and principles through to our workplans, our approach was aimed to be person centred and outcome focussed.

The objectives within these plans aimed to be specific, measurable, achievable, relevant and time-bound (SMART).

**Priority 1: Stakeholder Engagement**

The ASP Team was to develop a comprehensive stakeholder engagement strategy and communications plan detailing how we would work together with partners, individuals and in our communities to raise awareness and support the safety of vulnerable people in Fife who may be at risk of harm. Value would be placed on eliciting the voices of people with lived experience of the ASP process to drive outcome focussed improvements to practice. Further work would also include a Care Home Engagement programme carried out by the ASP Team's Engagement and Participation Coordinator and a revamp of our ASP website to ensure we are as inclusive as we can possibly be. Further information related to this work will follow in the engagement, involvement and communication section.

**Priority 2: Outcome Focused Improvements**

The ASPC Self-Evaluation and Improvement sub-Group have continued to transform our approach to collecting and using data to drive forward evidence based, and outcome focussed improvements to Adult Support & Protection practice and procedure. The role of the SE&I Group has been to develop the tools, analysis and processes needed to evaluate the extent to which these four strategic outcomes are met.  Following this, the SE&I Group are equipped to make evidence-based recommendations to Committee to inform future priorities and improvement activities which is how the future 2025-7 ASPC Strategic Improvement Plan will be formed.

This reporting period was to include further focus on the annual interagency case file audit methodology and tools, single agency audits and a specific audit in relation to Large Scale Investigations within the Partnership. It was essential we continued to make improvements to assist in keeping our Fife residents as safe as possible from harm. The buy-in we receive from our interagency ASP Leaders in relation to this evaluation and improvement work is a real strength of ASP work in Fife.

The interagency ASP case file audit and staff survey were actioned and completed in October 2023. This was reported on at the ASPC meeting in February 2024 as part of an overarching quality assurance theme alongside the ASP Summary Statistics Report 2022-23 and the Learning Review Theme Report 2022/23 which is overseen by the ASPC Case Review Working Group sub-group.

The proposed interagency case file audit methodology and audit tool remained the same from the previous year's audit activity to allow benchmarking of data to take place. This was strengthened the previous year, with further questions added at that time in relation to chronologies, Protection Plans, Risk Management Plans, consideration of health colleagues as second officer within an ASP investigation, and managerial oversight of ASP. This was underpinned by the Care Inspectorate's ASP Inspection feedback from the previous reporting period which suggested these as areas which could be improved on. As per the strategic plan, cases with multiple ASP journeys and multiple report of harm cases were included in the audit cases to be considered.

76% of the 46 cases included in this audit included an interagency chronology, with 86% of these assessed to have been of an acceptable standard. This was a 16% increase from the previous year, indicating progress in relation to ASP chronologies in Fife. We also saw an increase in terms of the numbers of Protections Plans and a 32% increase in effective sharing information between agencies, which is very positive.

Single agency audits have been planned throughout 2024 using the single agency audit calendar introduced at Self-Evaluation and Improvement Group in November 2023. For example, Housing services have carried out their single agency ASP audit in January 2024, Social Work have followed with audit activity in February 2024 and June 2024 relating

to re-classification of ASP referrals and an audit of cases where no further action has been taken under the ASP Act after the point of section 4 inquiry. The purpose of these was to ensure vulnerable adults continued to be kept safe even if the assessed path for them was not under ASP legislation.

Police's annual single agency audit is due to follow later in 2024.

The ASPC Case Review working Group has also carried out a Learning Review Theme Report on an annual basis throughout this reporting period. This report considered key themes from Learning Review Referrals in Fife for Adults between January 2022 – December 2023. This report sought to highlight themes, learning that has been achieved as a result and consider any future learning opportunities. Learning themes included ASP Report of Harm referrals perhaps not being made in certain situations, increase in hoarding and self-neglect, adults choosing not to engage with services and a general increase in learning review referrals.  Good practice themes included the following:

-        Persistent efforts of frontline workers to engage hard-to-reach vulnerable adults

-        Interagency ASP guidance being followed

-        Evidence of signposting/ onward referrals appropriately made

-        Clear and thorough application of the Adult Support and Protection Legislation

-        Involvement of advocacy services

-        Positive communication between partner agencies

-        Evidence of joined up working

-        Multi-agency involvement

After each of these theme audits our Case Review Working Group creates a specific Learning Review Improvement Plan to be taken forward in the year ahead. 2024's report will follow within the next reporting period. Our Learning Review Theme Report has been an innovative addition to our suite of quality assurance activity and a main strength of Fife's ASP work over the last reporting period.

**Priority 3: Improving Procedures**

Supported by the ASP Team, our ASP Leaders across all partner agencies have contributed to ensuring that there are clear and streamlined referral pathways as well as effective procedures and tools to enable outcome focussed discussions around managing risk.  All ASP Leaders have provided:  clear leadership, ensuring that policies and procedures are embedded, and that the workforce is knowledgeable, confident and supported in relation to ASP. This has been a key focus of this reporting period and changes/adaptations to our interagency ASP policies/procedures within this reporting period are noted later in this section.

**Priority 4: Workforce Development**

The Learning and Development Group have continued to support our workforce, ensuring staff across all agencies are confident, knowledgeable and supported. It has been crucial to make sure that training is supported and sustained through active implementation, supervision and coaching and a continued focus on staff wellbeing. Further information related to this will be included in the training sub-section of this report.

From a workforce development perspective, an ASP staff survey tool was developed originally in July 2020 to gather data regarding front-line worker's views on the ASP activity they were carrying out on a day-to-day basis. This is important because responses can indicate if Fife as an ASPC and overall, as a Partnership are, in the view of the workforce, taking appropriate steps to reduce the risk of harm and improving outcomes for those at risk of harm.

The tool included questions regarding confidence in the application of ASP policy and procedures, as well as access to training, support and supervision to ensure ongoing learning and development and ensure staff have those tools to go about helping reduce the risk of harm in their roles. As a result, adults at risk ultimately benefit from activities such as these. Throughout this reporting period Fife have continued to embed this staff survey tool and included it within our yearly interagency Audit activity. From 2022 to 2023, we saw an uptake in responses which equates to a 167% increase (141 to 376) across the workforce which is extremely positive. Providing a response evidences effective communication, confidence, and productivity whilst building relationships between the front line and strategic workforce. Please see below for further analysis.

**Analysis:**

**General Adult Support & Protection Awareness and Job Role**

- o Strongly Agree / Agree up 5% from 2022
- o Strongly Disagree / Disagree up 1% from 2022

**Delivery of Key Processes-Police Concern Hubs (Police Scotland Staff only)**

- o Strongly Agree / Agree up 30% from 2022
- o Strongly Disagree / Disagree down 5% from 2022

**Screening and Initial Enquiries**

- o Strongly Agree / Agree no movement from 2022
- o Strongly Disagree / Disagree up 1% from 2022

**Delivery of Key Processes-ASP Investigations**

- o Strongly Agree / Agree up 4% from 2022
- o Strongly Disagree / Disagree no movement from 2022

**Delivery of Key Processes-Initial ASP Case Conferences**

- o Strongly Agree / Agree up 6% from 2022
- o Strongly Disagree / Disagree up 1% from 2022

**Delivery of Key Processes-Review ASP Case Conferences**

- o Strongly Agree / Agree down 8% from 2022
- o Strongly Disagree / Disagree up 4% from 2022

**Delivery of Key Processes-Large Scale Investigations**

- o Strongly Agree / Agree no movement from 2022
- o Strongly Disagree / Disagree up 1% from 2022

**Training and Development**

- o Strongly Agree / Agree up 6% from 2022
- o Strongly Disagree / Disagree down 2% from 2022

**Council Officer Training**

- o Strongly Agree / Agree up 9% from 2022
- o Strongly Disagree / Disagree up 4% from 2022

**Strategic Leadership**

- o Strongly Agree / Agree up 9% from 2022
- o Strongly Disagree / Disagree down 1% from 2022

Further key purposes behind a staff survey are to evaluate progress and measure employee engagement. By benchmarking our data, we can identify gaps and evaluate if things are getting better and make changes where the impact is most needed, not only for staff but also service users  Overall, the findings suggest that employee engagement has greatly increased from 2022 to 2023 while also evidencing the staff who responded to the survey 'Strongly Agree / Agree' with each statement within all 10 sections with scores ranging between 50% and 93% leading to an average score of 64%.

In terms of demonstrating how outcomes have been improved for service users, within this review period a service user feedback tool continued development to gain information about how people with lived experience feel about the effectiveness of adult support and protection interventions. It was noted by Fife's ASP Team that previous data focused on the number of investigations, IRDS, Case Conferences for example, but not on the views of those involved in these interventions. The aim of this tool was to have a greater understanding of these experiences and to identify gaps and routes for improvement. Whilst this underwent extensive multi-agency discussion and consultation within the relevant ASPC sub-committee groups and was agreed and added to Fife's ASP Interagency Guidance, implementing this has proved challenging. Within the next reporting period there will be a renewed focus on obtaining and measuring outcome focused data such as this, using the newly developed Fife ASPC Performance Framework.

The proposed ASPC Performance Framework, emphasises the desire here in Fife to transform our approach to collecting and using data to drive forward evidence based, and outcome focussed improvements to Adult Support & Protection practice and procedure. This will focus on the below strategic outcomes:

-Risks are recognised and responded to without delay

-Adults are safer as a result of our interventions

-Adult are empowered to make decisions about keeping safe

-Interagency staff feel confident and empowered

To achieve these strategic outcomes, Fife's Self-Evaluation and Improvement (SE+I) ASPC sub-group has focused on developing a number of tools and indicators to measure the extent to which the above strategic outcomes have been and continue to be met. Fundamental to this is the development of this supporting Performance Framework.

The Framework will: identify the indicators we will measure; the data sources we will consider; how they link to our strategic outcomes and how the information will be reported on to enable informed evidence-based decision making.

This will show the sources of data which have been used to develop our framework. Essentially, these are the tools which have been reviewed or will be developed as part of the SE&I work plan from 2025-27. The Performance Framework will use these to analyse how successfully we have met the above strategic outcomes, and most importantly from a service user perspective, evidence how service user outcomes have improved as a result of ASP interventions.

Fife's inter-agency Adult Protection policies, procedures and practice guidance have continued to underpin work relating to the support and protection of adults at risk of harm within this reporting period. Addendums and additions have been made to the following parts of our guidance, underpinned by Priority 3 of our ASP Strategic Improvement Plan within this reporting period, with the overarching Interagency guidance itself due for review in December 2024.

**Hoarding and self-neglect guidance**

Fife's Interagency Hoarding and Self-Neglect guidance was introduced initially in June 2022 before its ratification by the ASPC in September 2022. It was identified through Fife's Learning Review/Significant Case Review Theme Report of 2021 that hoarding had been a recurring theme in a number of Fife's initial case review discussions at this time. In response to this, Fife created a short life working group focused on hoarding, with the decision made here to contact Lifepod, a national lead organisation in working with those with hoarding behaviours, for the purpose of designing a specific, innovative ASP guidance for working with individuals affected by hoarding, to try and ensure more positive outcomes for these service users.

**Large Scale Investigation Guidance**

Fife's Large-Scale Investigation (LSI) guidance was updated in September 2023 after its previous review in the last reporting period and signed off by our Adult Support and Protection Committee in November 2023. This involved fresh focus on involvement of advocacy, reporting on all LSI activity to our Partnership Senior Leadership Team and the use of Core Group meetings within the LSI process. Core Groups have also been adapted for use within the general ASP journey for complex ASP Cases which require more regular meetings in between case conferences for management of risk.

Fife's ASPC has also committed to undertaking a biennial Large Scale Investigation audit after commencing the first of these in October 2022, within this reporting period. This commitment has been included in Fife's most recent ASPC Strategic Improvement Plan, due to end in December 2024 and will also be included on the 2025-27 document.

The method used to collate data for this report involved a desk top review and analysis of all LSI IRDs and formal LSI's which took place in Fife from April 2020-April 2022. This method involved appraising and reviewing all relevant documentation to allow themes within LSI's to be established. Audit activity took place with the use of an agreed inter-agency audit checklist completed by auditors across agencies such as Social Work, Health, Police and Fife Council Contracts. These are the agencies most involved in a typical LSI process so it was felt these agencies would be best able to analyse LSI data.

In total, 27 LSI IRDs and formal LSIs were analysed as part of the audit, including all paperwork made available to auditors. The following data was identified:

Physical harm/neglect was the most prominent type of harm to trigger LSI IRD/formal LSI process, being noted to be the main type of harm in 12 out of the 27 LSI/LSI IRD's analysed (44%).

Next, within 8 out of 27 LSI/LSI IRD's (29%) the harm type which triggered the LSI process was unclear.

Institutional harm was the harm type identified in 5 out of 27 (19%).

Financial harm was identified as the main type of harm in 1 out of 27 (4%).

Finally, COVID-related harm was identified as the main type of harm in 1 out of 27 (4%).

A full audit report was produced and shared at our ASPC for learning, along with an aide-memoire which was circulated to inter agency colleagues summarising changes and improvements which would be made as a result of this audit. Given it was the first of its kind to be carried out in Fife, its intention was to act as a benchmarking exercise. Please see below for an executive summary of each update, which as stated is now updated in the interagency LSI Guidance.

**Notification**

- The LSI Reporting Form used in Fife has been updated to reflect that this template email should also now be shared with Principal Social Work Officer at the same point of sharing with all other social work teams to ensure senior leadership awareness of LSI IRD planning.

**LSI Recording**

- After each LSI IRD, Formal LSI, LSI Outcome and LSI Review meeting, whatever outcome is decided on, all notifications, minutes, background reports and overarching chronology should be stored and saved on the Large-Scale Investigation Microsoft Teams site, by the relevant business support officer who has kept a minute of the meeting within an individual folder for the care provider/care home. This will ensure all LSI documentation is stored in a consistent manner allowing information to be drawn upon easily for any future LSI's or quality assurance purposes.

- All decisions made within the LSI IRD meeting and any subsequent formal LSI, LSI Outcome or Review meeting, within the minute, should be signed off by the meeting chair via electronic signature. This ensures an additional layer of defensibility to any decision making.

- LiquidLogic service user pins for the vulnerable adults who have triggered the LSI IRD taking place should be included within the LSI background reports as well as the minute of the LSI IRD for identifying and quality assurance purposes.


**Advocacy**

- Local Authority staff should always consider the provision of independent advocacy services from the beginning of the LSI process for those at risk of harm, including non-instructed advocacy. This can also take place when investigative interviews occur. Reasons for not engaging the use of advocacy should be made clear within the LSI IRD meeting. Prompt to discuss advocacy has been added to the LSI Meeting Agenda

**Awareness Raising**

- The LSI IRD Meeting agenda has been updated to highlight the agreed LSI timescales.

- An LSI IRD meeting will continue to be the initial meeting to discuss whether formal LSI is to be triggered. This should not be labelled as a "Professional's Meeting".

An LSI Outcome/Review meeting can only be labelled as such if a formal LSI has been triggered.

These changes continue to be monitored through an improvement plan held within the Self-Evaluation and Improvement ASPC sub-group ahead of 2024's follow up audit. It is hoped this improvement work will have impacted positively within this year's audit and this quality assurance work again has been a successful additional to our ASPC within this reporting period.

**2022 ASP Codes of Practice Update**

The 2022 ASP Codes of Practice update has been reflected in Fife's own Interagency ASP Guidance. We have overseen a change in language to Inquiry's with and without use of Investigatory Powers as well as a change to the point in the ASP journey the adult is informed that they are subject to ASP enquiry. This has meant a re-fresh to both our IRD and ASP investigation format, both of which have been added as addendums to existing guidance prior to the full update to Fife's ASP Interagency Guidance in December 2024. This has meant Fife has fully taken on board the Scottish Government's View in relation to best ASP practice, the purpose of which is to ensure the adult is kept at the centre of all ASP activity.

**Completion of Inspection Improvement Plan**

Within the most recent reporting period Fife also completed our ASP Inspection Improvement Plan in November 2022 after the Care Inspectorate ASP inspection took place in 2021. The following were the priority areas of improvement identified by the Care Inspectorate.

**Priority areas for improvement**

• The partnership should develop standardised templates for adult protection chronologies, risk assessments, and protection plans, and use them consistently.

• The partnership should adopt the policy that all adults at risk of harm, who require them, should have a chronology, a risk assessment and an accompanying protection plan, whether they have been subject to a case conference or not.

These areas were addressed by Fife's Inspection Improvement Plan, devised by the Adult Support and Protection Team. The route for the use of standardised adult protection chronology, risk assessment and protection plan earlier in the ASP journey than previously was reviewed and agreed at Committee, with clear guidance given to practitioners as part of the overarching updated inter-agency ASP procedures which went live from June 2022 onwards. This will be reviewed further during the next reporting period to assess its effectiveness and ensure these are being used appropriately. To assist with this, Fife's inter-agency case file audit methodology was reviewed and updated to ensure a focus on the above moving forward, as detailed above in the Interagency Audit section. Positively, Fife has also volunteered to be one of the testing authorities for the Care Inspectorate's new Quality Indicator Framework in 2025, emphasising a further commitment to ASP service improvement work.

Fife have also commenced preparation for the next round of ASP Inspections due to take place at some point in 2025/26, with an Inspection Preparation Short Life Working Group now in place for meetings every 2 months moving forward to ensure Fife are on the correct footing and again committed to service improvement work for adult support and protection.

All these above actions are reported on a quarterly basis to Fife's Chief Officers of Public Safety Group as well as the Chief Social Work Officer. The purpose of this is to provide assurance that actions have been taken on an interagency basis to reduce the risk of harm in Fife and improve outcomes for Fife adults at risk of harm.

## Training, learning and development

*(Suggested page count: 3)*

Fife ASPC have continued to develop training and learning opportunities for front line staff throughout this reporting period. Priority 4 of Fife's Adult Support and Protection Committee's Strategic Improvement Plan 2021-23 states that the Learning and Development sub-group "will continue to support our workforce, ensuring staff across all agencies are confident, knowledgeable and supported" and it is hoped this has been achieved.

Essential aspects of this have included making sure that "training is supported and sustained through active implementation, supervision and coaching and a continued focus on staff wellbeing. This means building in enough time and resources where staff can talk, reflect, and be listened to". The overall aim for priority 4 of the Strategic Improvement Plan has been for all staff across partner agencies to feel supported and confident in identifying and responding to harm and in providing an integrated response to reduce harm.

As a result of the above, the Self Evaluation and Improvement Group launched an Adult Support and Protection post-training questionnaire in September 2021. Another purpose of the questionnaire is to gather data to allow assessment of the effectiveness of the current ASP training offerings across the Partnership.

These reports, whilst commenced in the last reporting period, have continued to be completed quarterly and provided to the Learning and Development sub-group to allow discussion to take place at their quarterly Group meetings, as well as at the wider Committee meetings, also on a quarterly basis. Over 95% of all feedback received across all the Fife ASP training courses since the questionnaire went live have either agreed or strongly agreed that these have resulted in increased ASP knowledge as well as increased confidence in carrying out the ASP role across the frontline. This is a significant achievement, particularly because this progress has carried on from one reporting period to the next,

evidencing the strength in Fife's ASP Interagency training programme and continued progress in relation to ASP training in Fife. Please see Appendix C which demonstrates the scope of interagency ASP training available in Fife.

From an ASP training perspective, Fife has focused on Hoarding and Self-neglect within this reporting period, as mentioned above when discussing our Hoarding and Self-Neglect Guidance. Fife commissioned a specific Hoarding intervention training with Lifepod throughout 2023 and 2024 to give frontline practitioners the skills to work in a trauma informed, rights-based manner with these individuals. Using a post-training questionnaire, we have identified that over 95% of respondents felt their knowledge and understanding of hoarding has improved, as well as their confidence in working with these complex individuals.

A further training focus for Fife's ASPC within this reporting period has been ASP Protection Orders. Through Fife's Scottish Government data returns it was identified that Fife had not successfully applied for a Protection Order in approximately 3 years, whereas other local authorities had successfully achieved several of these. As a result, Fife ASPC commissioned Protection Order training by Nairn Young, Managing Solicitor for Litigation and Advice for Renfrewshire Council in the first quarter of 2024. Fife's ASP Lead Officer was given the opportunity to attend Forth Valley's own commissioned training with Nairn Young prior, demonstrating strong links across local authorities and a willingness to share learning. This course covered background to the Adult Support & Protection (Scotland) Act 2007 and basic concepts, what protection orders are and when might they be used, case studies around undue pressure, how to evidence undue pressure in court and undue pressure and incapacity: alternatives to protection orders. Again, using the post-training questionnaire, the following feedback was captured:

· *"Provided an excellent base for understanding Protection Orders".*

· *"I found the course to be very interesting and informative".*

· *"Nairn Young was obviously a very experienced solicitor in this area of law who was a very confident and effective trainer. Very worthwhile course to attend".*

· *"A full day would have been better as lots of information. Really enjoyed the course".*

· *"Course was excellent- very well presented, incredibly useful to my work and if anything, wish it was a whole day. Really excellent bit of training.*

· *"May have been more useful to mix the groups up for more diverse group discussions and others perspective, i.e., there was a table of solicitors, table OP social workers."*

In terms of measuring progress after these training events, in the quarter following Fife Council successfully applied for 4 Protection Orders, when in the previous 3 years zero had been granted or even applied for. This demonstrates a positive impact on practitioners.

Another crucial aspect of learning and development in Fife during this reporting period has been the continued re-introduction of the frontline ASP Practitioner's Forum. It was a challenge progressing this within the previous reporting period due to the COVID Pandemic. Previously, the Learning and Development sub-group had spent time considering alternative ways in which this could be progressed, including a proposal that this would be held virtually, on a Fife-wide basis. Initially, the forum included a representative from each partner agency with the aim of the group identifying themes for the forum for the remainder of 2022. This allowed representatives of the forum to collate views and questions from colleagues and allowed continued feedback of ASP related information to front-line teams and meant that those front-line workers views could continue to be heard, which was crucial during the pandemic period. Within this reporting period, The ASP Practitioner Forum has progressed back to quarterly, in person meetings.

The purpose of the new, in person Forums are to build on the previous aims with the following goals:

a.      Work proactively to contribute to new ASP initiatives.

b.      Voice constructive feedback around current practice issues.

c.      Provide ideas and solutions to issues arising

d.      Share information with their teams / colleagues

e.      Feedback appropriately to the group, on behalf of their teams, for escalation to other forums

f.      Commit to supporting the positive development of good practice across Fife

The interagency forum provides representatives with a real opportunity to have a voice, to be consulted with, and involved in developing and improving practice. It is important that all representatives understand that they have been selected as a representative because colleagues trust that they will listen to them, to feedback their ideas and concerns, and to keep them informed about the issues discussed in the forum.

Each quarter is centred around a different ASP related topic, with 2024's topics including ASP Protection Orders, Shared Experience Discussions and Financial Harm. Representatives have attended across agencies, including:

• Social Work (Social Work Contact Centre, Adults Social Work and Hospital Discharge Social Work)

• Police

• Fife Council Housing

• Sheltered Housing

• Scottish Fire and Rescue Service

• District Nursing

• Kingdom Housing

• HC One Care

• Link Living

• Hourglass Scotland

• Fife Advocacy Services

• Abbotsford Care

• Elizabeth House Care Home

• Villa Atina Care Home

This emphasises the interagency aspect of our Forums and the buy-in received from agencies. Moving forward, it is planned to gather measurable feedback from participants each quarter to effectively measure the impact of the forum, what works and what perhaps is not working as well.

In terms of future plans for Learning and Development as well as ASP training in Fife, with the retirement of our external ASP trainer, we are in the process of moving to an internal trainer model. After liaising with ASP Lead Officer colleagues across Scotland, it was clear that most local authorities had moved towards an internal model with greater control and ability to respond to identified learning needs across the front-line workforce. It will be essential within the next

reporting period to imbed this model and measure the impact of this change in approach through our post training questionnaires.

## Engagement, involvement, and communication
*(Suggested page count: 3)*

Continuing to engage with and involve people with lived experience has proved to be an important aspect of Fife's ASPC work throughout this reporting period. Fife's ASPC are fortunate to employ a specific ASP Engagement and Participation Officer for this role on a 20 hour per week contract.

One of this officer's roles is to share a quarterly Microsoft SWAY document, one for practitioners, one for members of the public, after each ASPC to engage, communicate with and involve Fife citizens in our ASPC. The Engagement Officer is also responsible for the update and distribution of all our ASPC Easy Read documents, which are essential when ensuring effective accessibility to our interagency ASP resources for those affected by learning disabilities or any cognitive impairment. An important aspect of this within the last reporting period has been the development of an Easy Read agenda for Fife's ASPC itself, which was developed alongside People First, Our Committee members with lived experience. This is shared prior to Committee to members, and the public after the meeting takes place. Feedback received has been extremely positive, with People First advising this has made the meeting itself more accessible for them and ensured a deeper understanding of the different aspects of the agenda.

The ASPC Engagement and Participation Officer has also engaged with community groups as part of in-person awareness raising meetings throughout 2022-24 to continue to better understand the experiences of service users and include them in the co-production of services, policy and procedures as well as offering awareness raising sessions and the space to ask questions.

Fife's ASPC have also undertaken work with Fife Council's Deaf Communication Service, which across this period has been involved in making ASP material such as our post intervention questionnaire and Easy Read documents available in British Sign Language (BSL) to ensure members of our deaf community had access to all the information needed to confidently identify and report harm. These are then published on Fife Council's Adult Protection webpage ensuring an innovative strategy to communicating with as many people as possible. This has also ensured that our ASPC suite of interagency training is BSL accessible.

As part of meeting priority 1 of Fife's ASPC Strategic Improvement Plan, which relates specifically to stakeholder engagement, an ASPC Communication and Engagement Strategy was developed throughout August-November 2023 by

the Adult Support and Protection Team in partnership with People First, who sit as members on Fife's ASPC as representatives with lived experience. The ASPC Communication and Stakeholder Engagement Strategy sits within the wider context of the ASPC's Strategic Improvement Plan 2023-25, which sets out the principles and approach to engaging with individuals, groups and communities in service planning and development to ensure positive outcomes. This plan then evaluates the impact of our activities and allows The Partnership to gain greater insight of the quality of our response to reports of harm, and the lived experience of all stakeholders. It was important for People First to be involved in the design of this strategy from the beginning, as previous feedback had suggested asking for input once work was already drafted seemed tokenistic in nature.

The Communications and Stakeholder Engagement Strategy aims to "communicate the vision, principles, aims and success measures set out in this plan to all stakeholder groups", as stated above, and the plan within sets timescales for reviewing carer resources, developing approaches to practitioner forums (which L+D Group delivered across 2023 and 2024) as well as Service User and Carer Forums. The strategy further states that consideration will be given to engaging with minority groups and those with specific language requirements, for example, BSL as mentioned above.

This built on the previous strategy from the last reporting period of 2022 and continues to strengthen our committee's links with those with lived experience, something the Care Inspectorate praised Fife for within the 2021 ASP interagency Inspection.

As a result of both, the ASPC has resolved to develop a strong focus on engagement and communication across key stakeholders, including with those at risk of harm and their carers, to ensure the effectiveness of local ASP practice. This is seen as a key strength of our ASPC by our Committee.

A hugely important piece of work carried out during this reporting period is the "Staying Safe, Keeping Well" leaflet distributed by Fife's ASPC [Staying Safe and Keeping Well 2023] . This was created as a paper resource for those who do not get their information online or from social media. The leaflet contained numbers for emergency support, Council Covid Community helpline, general Fife Council numbers related to types of harm including domestic abuse, advice regarding scams, and general hints and tips for getting through the Christmas period. Approximately 5,000 were printed and distributed through Fife Council's Central Print Unit to a variety of different interagency partners across Health, Housing, Social Work and the voluntary /third sectors.  This demonstrates the effective engagement and joint working across our 3rd sector groups within ASP work and again showed an innovative communication method.

Further to the previously mentioned hoarding work, and resultant to the previously mentioned identification of increase in hoarding in Fife the previous year, the Hoarding and Self-neglect Working Group have continued their campaign to raise awareness of hoarding throughout 2023 and 2024 by engaging with and communicating with Fife citizens regarding this topic.  Supported by Fife's ASPC and ASP Team, the Hoarding Group launched its first radio campaign in April 2024 in partnership with Kingdom FM and The Courier Newspaper.  This campaign aimed to raise awareness of hoarding, how to spot it and identify it. Feedback from Kingdom FM analytics identified a very successful campaign with significant reach across the community. At the same time, the ASPC Quality Assurance Officer was able to add hoarding as a harm type for ASP referrals on the social work case recording system, meaning the ASP Team was able to track the number of hoarding related ASP referrals in the same timeframe as the radio campaign, which allows a local analysis of the impact of the campaign itself. Self-neglect referrals doubled within this quarter compared to the previous, indicating a definite impact in this awareness raising activity. These radio campaigns have been carried out on a quarterly basis during the reporting period, each with a focus on different areas of Adult Protection. Radio ads are accompanied by an awareness raising article published on The Courier newspaper website and across their social media platforms. Fife took this unique approach to awareness raising as a communication method and data above suggests it is having a positive impact.

Ongoing analysis of the ASP webpage has taken place throughout 2023, and policies/guidance on the site are updated on an ongoing basis, with the annual review of ASP inter agency guidance again due to take place December 2024.

In terms of future development opportunities, Fife's ASPC is also planning to launch an interagency ASP networking event called "Friends of the Network" in December 2024. In partnership with People First and the Fife Centre for Equalities, the purpose of this event is to bring organisations within Fife into a room to raise awareness of ASP out-with Committee, with workshops, speakers and stalls to share the view that ASP is everyone's business and encourage meaningful engagement with Fife's community.

# Challenges and areas for improvement
*(Maximum page count: 4)*

The key areas of work and improvement will be driven forward within the next reporting period by Fife's ASPC Strategic Improvement Plan 2025-27, in the same manner this period's work was driven by the Strategic Improvement Plan for 2023-25. This will be written in the penultimate quarter of 2024 before being approved at committee in January 2025 for the two years to follow.

Our shared vision is to ensure that adults at risk feel safe, supported and protected from harm. This strategic Improvement Plan for Fife will set out the actions we will take over the next reporting period and next two years in total to work towards achieving this vision.

The plan will build on achievements to date, using the previous improvement plan as our foundation and drawing on learning from Single and Interagency Case File Audits, Activity and Performance Data, Stakeholder feedback, and Learning Review referrals/Learning Reviews.

The plan will include our ASPC's vision and principles, priority areas for development and subsequent aims and objectives. Improvements in certain areas will be required and contained within our strategic planning moving forward. These include further improved audit of Large-Scale Investigations carried out within Fife, audits of different aspects of the ASP journey including re-classification and when no further action is taken after Section 4 inquiry, annual Learning Review reporting, and ensuring we take a true interagency approach to Adult Support and Protection. We also must take into account this year the introduction of the LiquidLogic Case Management System here in Fife and measure any impact on Adult Support and Protection related work.

Our committee will also aim within the next reporting period to further develop our community links within Fife, improve stakeholder engagement and create a system whereby we are able to effectively measure service user feedback of the ASP journey as a whole. We need to continue to think differently in how we measure outcomes, alongside our strong focus on numbers and performance indicators to also include a qualitative, deeper understanding of the complexities of people's lives. Underpinning our approach is a focus on transforming the way that we collect and use

data to evaluate the impact of our activities and gain greater insight of the quality of our response to reports of harm, and the lived experience of all stakeholders.

Fife's ASPC have identified transitions, including between Children's-Adult Social Work Services, relocating from one Local Authority to another, Hospital discharge when care services are involved, and from prison to the community, as a main challenge to be considered over the next review period. These have mainly arisen using Learning Review referrals to the ASPC involving young people aged between 16-17. Learning themes identified within two cases included difficulties with understanding where child protection ends, and adult support and protection begins and the differences between the two legislative frameworks.

Through this it has been identified that a review of interagency protocol for vulnerable 16 and 17 year olds is absolutely essential to ensuring a reduction of harm for these types of cases. In terms of putting these changes into practice Fife will take a cross-Committee approach alongside Fife's Child Protection Committee. Although separate to our ASPC, the ratification of the updated National Child Protection guidance is also anticipated to have a positive impact on this work.

**Self-Neglect**

As mentioned in the Care Inspectorate's Triennial Report 2019-22 in relation to adult ICR activity across Scotland, it is clear that neglect was a key theme that is complex and needs a holistic response. This is no different in Fife. While there is currently no adult framework in place nationally related to self-neglect, there are opportunities to build on the briefing on this published by IRISS in July 2022. An Overview of Self-Neglect. This would support the development of a local multiagency response which would feed into the national response. A 7-minute briefing has been produced for our ASPC as a starting point and work on this harm type will follow in Fife within the next reporting period through our working groups and audit activities.

**Non-Engagement**

This is also a common theme nationally, with the Care Inspectorate identifying a clear link between self-neglect and an adult's willingness or ability to engage. Often, reasons behind the presenting behaviours were not fully explored. The Scottish Government's refreshed adult support and protection Codes of Practice , Learning Review Guidance for Adults and the national trauma training programme all promote increased professional curiosity and dissemination of this learning should be catalysts for improvement in this complex area of practice. Whilst this learning has already been disseminated within Fife, it is recommended these be shared via committee with ASP Leaders on a 6 monthly basis to ensure improved awareness raising. A 7-minute briefing has also been produced for our ASPC as a starting point, and work will take place within our Learning and Development sub-group to consider this topic and ensure our suite of training meets the needs of frontline practitioners in responding to this topic.

**LiquidLogic Case Management System**

Previously, Fife had used the SWIFT/AIS case recording system for the Social Work Service. April 2023 saw the implementation of the LiquidLogic Case Management system for Social Work in Fife, which would then be used to return data to the Scottish Government via the National Minimum dataset, implemented at the same time. This proved to be a challenge as it is inevitable that any new systems change such as this will encounter teething problems.

Fife ASPC's Quality Assurance Officer joined a national group of other local authorities using this system, who came together to share learning, workarounds and engaged with LiquidLogic themselves to enable faults to be reported and addressed. One of the main issues with this was the LiquidLogic system itself was based on the English model of safeguarding, which differs from ASP in Scotland. This meant work had to take place to correct language and lay-out of the system itself after its "go-live" date. Social work teams shared learning and worked alongside Fife's SWIFT

Replacement Team to ensure adults at risk could continue to be protected and information shared and recorded to ensure this. In-person training for using the system was also rolled out across social work services in 2024 to ensure that the workforce could be as prepared as possible moving forward.

## Looking forward

*(Maximum page count: 2)*

**Review of use of Inter-agency Chronology**

Identified within the last reporting period through the Joint ASP Inspection by the Care Inspectorate was the importance of the use of the interagency chronology within the ASP journey. Part of Fife's Inspection Improvement Plan was to introduce the interagency chronology at the section 4 inquiry stage (IRD) of our interagency ASP guidance. This was introduced in our June 2022 guidance update and then audited within 2023's Fife interagency ASP audit. Positively, 76% of cases picked at random had the interagency audit included at this point in the journey as was aimed. In addition, 86% of these chronologies were assessed as being of an acceptable standard which was an increase of 16% from 2022. This again was very positive.

Areas of improvement recorded for those chronologies not assessed as being of this acceptable standard within the 2023 audit ranged from 'avoid acronyms, not saved as a standalone document, not signed and not dated'. As a result, looking forward, improving our numbers and quality of chronologies at this stage of the ASP journey has been identified as an area of work/improvement for the next reporting period.

A number of actions have been identified to enable these improvements to be made. For example, increased time will be included within Fife's ASPC suite of training specifically related to the importance of chronologies within the ASP journey and the practical aspects of completing these within our new LiquidLogic Case recording system within the social work service. We have also built the interagency chronology, and our chosen format, into our Inquiry stage on the system to ensure progress can continue to progress in relation to this important topic.

Fife's interagency ASP audit tool will also continue to be developed within the next reporting period with an enhanced chronology section, along with chronology guidance for auditors, ensuring this area of practice remains a priority in Fife.

An Aide-Memoire related to interagency chronology use within LiquidLogic case recording system at IRD stage will also be developed as part of this work. This will then be distributed throughout the ASPC network and our interagency workforce to emphasise its importance.

**Financial Harm**

Financial Harm is an important topic within all aspects of ASP practice on a national basis, as well as in Fife. Within Fife's 2023 ASP interagency audit, 28% of total cases audited recorded financial harm to the individual, underpinning the importance of this harm type. On a quarterly basis, in the National Minimum Dataset returns to the Scottish Government, financial harm has been one of our top 3 harm types consistently during this reporting period.

As a result, looking forward further awareness raising of financial harm has been identified as an area of work/improvement during the next reporting period. Fife ASPC's Learning and Development sub-group will be tasked within the 2025-27 ASPC Strategic Improvement Plan to consider innovative ways of doing this, for example SWAY documents, awareness raising campaigns, a renewed focus within Council Officer training to ensure practitioner actions are as robust as possible when addressing this type of harm and discussion at our ASPC Practitioner Forums moving forward. It is hoped increased awareness raising assist practitioners to have a greater understanding of this harm type in working with vulnerable people, assisting practitioners to make the most effective interventions possible. It is hoped this work will impact on the number of effective financial harm related interventions made in Fife under the ASP Act, something we assess and audit as part of our annual ASP interagency Audit activity.

**Continued building of Practitioner Forum/Hoarding Surgery**

As mentioned above, a key success within the last reporting period in Fife has been the re-introduction of our ASPC interagency Practitioner Forums. It is anticipated the continued progression of these, alongside the introduction of a specific Hoarding related interagency Practitioner Forum, will give practitioners a positive networking opportunity and opportunity to share practice experience and learning in relation to this important topic. Fife has been a leader in promoting positive hoarding related practice alongside Linda Fay and the Hoarding Academy, and this specialist practitioner forum for this is thought to be the next "piece of the puzzle" to work most effectively with this vulnerable group. The success of these will be measurable using a post-forum questionnaire, which will allow adaptations to be made and ensure this meets the workforce's needs.

**National Minimum Dataset**

As we know, the National Minimum Dataset was designed to create a shared understanding of information to generate meaningful and comparable ASP data across Scotland.  It includes indicators that see the whole ASP journey. Iriss was commissioned by the Scottish Government, to lead a co-design approach. Phase 2 implementation of this dataset, with all 28 Indicators now live from April 2024, are anticipated to be a real challenge for us here in Fife. Increased information will have to be sought across all aspects of the ASP journey. Positively, Fife's ASPC includes a specialist Quality Assurance and Development Officer, whose role in this task will be to work with the Scottish Government, national Self-Evaluation and Improvement ASP group and Fife's own Performance Team to ensure we are compliant with this. It is hoped this will allow more effective, comparable data across Scotland. Fife's ASPC will also update our quarterly data reports to reflect these changes to reporting to ensure ASP Leaders are aware and all agencies are providing the correct data to ensure our reporting requirements are met.

**Large Scale Investigation Learning Plan**

As mentioned above, part of our ASPC'S suite of self-evaluation activity includes a biennial Large Scale Investigation audit activity. The next reporting period will include implementation of the next learning plan after this activity takes place to strengthen Fife's Large Scale Investigation practice, policies and procedures moving forward. The aim of this is to ensure that this activity leads to measurable outcomes which will have this positive impact.

**Thematic Learning Review Plan**

Similar to above, a main focus for Fife's ASPC moving into the next review period will be the implementation of our next thematic Learning Review Plan. This annual audit activity allows our ASPC to have an overview of all Adult Support and Protection Learning Review activity and ensures themes are picked up and can be acted upon by our inter agency ASP Leaders. This has been an extremely informative addition to our suite of self-evaluation activity and will be carried forward within the next 2 years.

**Appendix A (What our data tells us)**





# Adult Support & Protection Annual Return 2022/23

# Summary Statistics

**Report Author: Astrid Jentas**
**Report Date: 21st December 2023**

## Contents

# Section 1: Introduction

*"The Adult Support and Protection (Scotland) Act took effect in 2008. The Act gives greater protection to adults at risk of harm or neglect. It defines 'adults at risk' as individuals, aged 16 years or over, who:*

- *are unable to safeguard themselves, their property, rights or other interests;*
- *are at risk of harm; and*
- *because they are affected by disability, mental disorder, illness or physical or mental infirmity, are more vulnerable to being harmed than others who are not so affected.*

*The presence of a particular condition does not automatically mean an adult is an "adult at risk". Someone could have a disability but be able to safeguard their well-being etc. It is important to stress that all three elements of this definition must be met. It is the whole of an adult's particular circumstances which can combine to make then more susceptible to harm than others.*

*ASP data is currently reported to Scottish Government by all local authorities via an annual data return."*

*(Source: Experimental Statistics, Adult Support and Protection, Scotland Statistics, 2019/20 – 2021/22)*

The following report has been produced to inform the ASP Team, Team Managers, Service Managers, the ASPC and the SE&I Group. The aim is to provide further analysis of the data collected for Fife for the Adult Protection Annual Return for 2022/23.

The information gathered includes a count of referrals, investigations, case conferences and LSIs recorded between **1st April 2022 and 31st March 2023**.  The demographic profile of adults subject to ASP investigations is included plus an overview of the types and location of harm of investigations.

Summary tables are provided in Appendix 1 which displays the data submitted to the SG for the most recent reporting period and the 5 previous financial years (2017/18 to 2021/22).

## Headline Statistics

Data for the period 1<sup>st</sup> April 2022 to 31<sup>st</sup> March 2023 shows the following:

| | | |
|---|---|---|
| **2,816 ASP Referrals** | ⬇ | **-3.5% from 2,919 in 2021/22** |
| **89.1% Referrals progressed** | ⬆ | **+1.4% from 87.7% in 2021/22** |
| **400 Investigations** | ⬆ | **+6.7% from 375 in 2021/22** |
| **14.8% Investigations progressed** | ⬆ | **+4.7% from 10.1% in 2021/22** |
| **119 Case Conferences** | ⬆ | **+22.7% from 97 in 2021/22** |

**Most Common Type of Harm:**  Financial harm, Physical harm, and Self harm.

## ASP Reports of Harm by Year
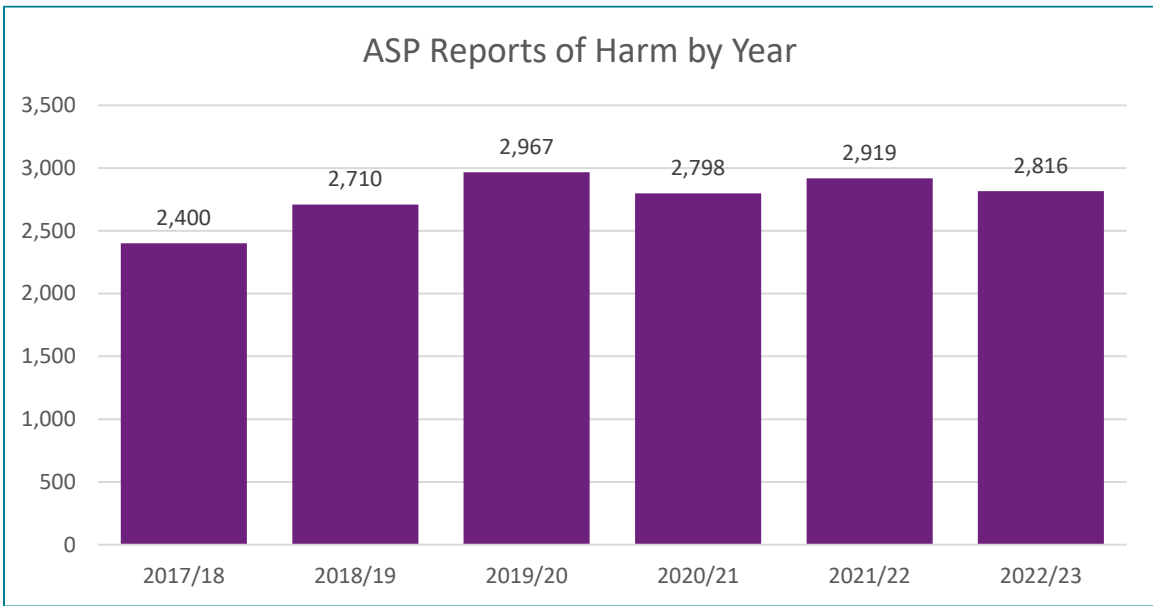


**Analysis:**

- In 2022/23 there were 2,816 ASP referrals in Fife.  This is a decrease of 3.5% when compared to 2021/22 (from 2,919 down to 2,816).

- Over the last 6 reporting years, a peak of 2,967 was recorded in 2019/20 with a lower 2,400 in 2017/18.

- It's important to note that an adult can be referred multiple times by different agencies for the same incident or the same individual can be referred but for separate incidents.  During 2022/23, the 2,816 referrals recorded related to 1,900 adults.

- Based on Mid-Year Population Estimates, Scotland, mid-2021 – the rate of referrals in Fife in 2022/23 equates to 9 referrals per 1,000 adult population.  Nationally, a rate of 9 referrals per 1,000 adult population was reported for financial year 2021/22.

**Referral source breakdown:**

| Referral Source | 2021/22 Referrals | 2022/23 Referrals |
|---|---|---|
| Healthcare Improvement Scotland | 1 | 1 |
| Office of Public Guardian | 7 | 6 |
| Scottish Ambulance Service | 38 | 35 |
| Care Inspectorate | 42 | 41 |
| Scottish Fire & Rescue Service | 44 | 49 |
| Self (adult at risk of harm) | 48 | 49 |
| Anonymous | 49 | 27 |
| Friend / Neighbour | 50 | 52 |
| GPs | 117 | 110 |
| Council | 119 | 208 |
| Family | 181 | 197 |
| Social Work | 245 | 269 |
| NHS | 448 | 481 |
| Police | 696 | 477 |
| Other organisation | 834 | 814 |
| **TOTAL** | **2919** | **2816** |

## Analysis:

- The table above provides a breakdown by source for the last 2 reporting years.

- The highest number of ASP reports of harm during 2022/23 were received from other organisations at 814 (29%), followed by NHS at 481 (17%) and Police at 477 (17%).

- The top 3 sources are comparable with the figures observed during 2021/22 with other organisations reporting the highest at 834 (29%), followed by Police at 696 (24%) and NHS at 448 (15%).

- A decrease from 2021/22 to 2022/23 in ASP referrals has been recorded for Police (-219, from 696 to 477) whilst an increase has been recorded for Council referrals (+89, from 119 to 208).

- Nationally around 28% of referrals came from Police, around 17% from Council and 15% from Health for financial year 2021/22.

**Referral outcomes:**

| Referral Outcome | 2017/18 | 2018/19 | 2019/20 | 2020/21 | 2021/22 | 2022/23 |
|---|---|---|---|---|---|---|
| Further Adult Protection action | 1,398 | 1,825 | 2,103 | 2,272 | 2,560 | 2,509 |
| Further non-AP action | 332 | 242 | 256 | 130 | 90 | 57 |
| No further action | 610 | 560 | 518 | 342 | 206 | 177 |
| Not recorded | 60 | 83 | 90 | 54 | 63 | 73 |
| TOTAL | 2,400 | 2,710 | 2,967 | 2,798 | 2,919 | 2,816 |



% of ASP Referrals with Outcome of Further ASP Action

2017/18: 58.3%
2018/19: 67.3%
2019/20: 70.9%
2020/21: 81.2%
2021/22: 87.7%
2022/23: 89.1%

**Analysis:**

- A referral can have four possible outcomes: further AP action; further non-AP action; no further action and not known at the time of collection.

- In 2022/23, the majority (89.1% or 2,509) of ASP referrals in Fife required further AP action to be undertaken. This is an increase of 1.4% from 2021/22 to 2022/23.

- Further AP action has continued to increase over the last 6 reporting years with a lower 58.3% in 2017/18 compared to the peak this year of 89.1%

- Nationally in 2021/22, 51% of ASP referrals had an outcome of further AP action to be undertaken. This has increased since 2019/20; where further AP action was undertaken in 42% of ASP referrals.

## Section 3: Investigations                    (Source: Swift/AIS)

**ASP Investigations by Year**

| Year | Investigations |
|------|----------------|
| 2017/18 | 379 |
| 2018/19 | 339 |
| 2019/20 | 385 |
| 2020/21 | 460 |
| 2021/22 | 375 |
| 2022/23 | 400 |
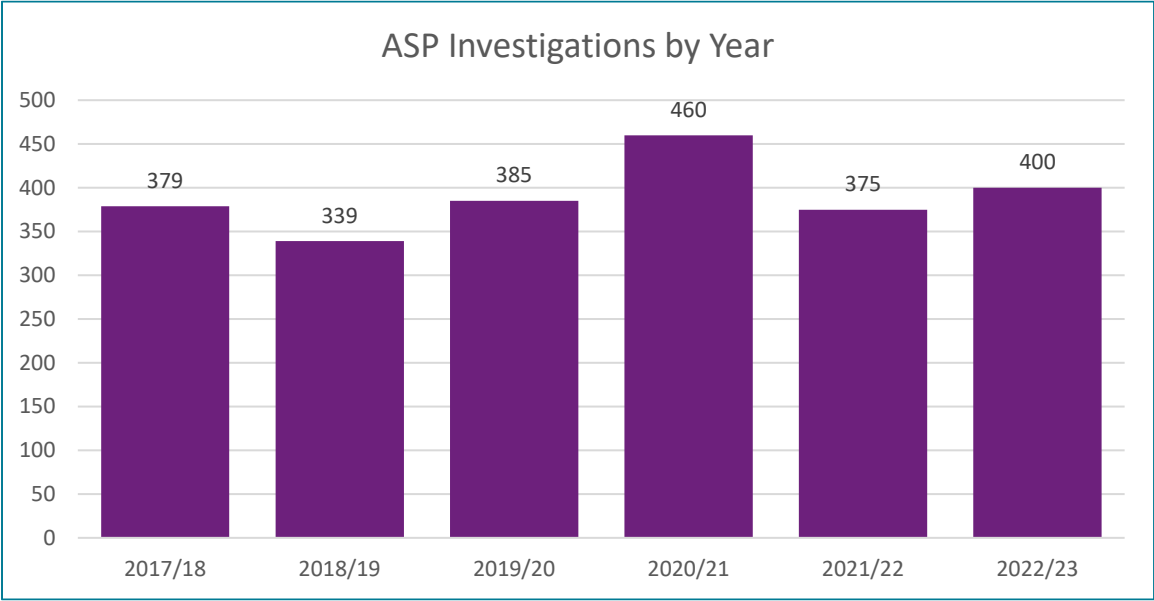
### Analysis:

- In 2022/23, 400 ASP investigations commenced in Fife. This equates to a 7% increase from 2021/22 (+25, from 375 to 400).

- An annual average of 390 investigations have been conducted over the 6 reporting years.

- The 400 ASP investigations conducted during 2022/23 were in relation to 377 individuals. Many were the subject of only one investigation (354), however 23 individuals had 2 ASP investigations undertaken.

**Age, Gender, and Ethnicity breakdown:**

| Age Group | 2020/21 | | | | 2021/22 | | | | 2022/23 | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Male | Female | Not Known | TOTAL | Male | Female | Not Known | TOTAL | Male | Female | Not Known | TOTAL |
| 16 to 24 | 21 | 31 | 2 | 54 | 19 | 24 | 0 | 43 | 23 | 22 | 1 | 46 |
| 25 to 39 | 28 | 43 | 0 | 71 | 33 | 47 | 0 | 80 | 22 | 38 | 0 | 60 |
| 40 to 64 | 79 | 85 | 0 | 164 | 50 | 71 | 0 | 121 | 65 | 93 | 0 | 158 |
| 65 to 69 | 11 | 11 | 0 | 22 | 9 | 11 | 0 | 20 | 13 | 11 | 0 | 24 |
| 70 to 74 | 10 | 13 | 0 | 23 | 4 | 14 | 0 | 18 | 12 | 10 | 0 | 22 |
| 75 to 79 | 15 | 24 | 0 | 39 | 13 | 14 | 0 | 27 | 13 | 12 | 0 | 25 |
| 80 to 84 | 11 | 21 | 0 | 32 | 12 | 16 | 0 | 28 | 16 | 22 | 0 | 38 |
| 85+ | 16 | 38 | 0 | 54 | 9 | 29 | 0 | 38 | 8 | 19 | 0 | 27 |
| Not known | 0 | 1 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| TOTAL | 191 | 267 | 2 | 460 | 149 | 226 | 0 | 375 | 172 | 227 | 1 | 400 |

| Age Group | 2020/21 | | | | | | 2021/22 | | | | | | 2022/23 | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | White | Mixed or multiple ethnic groups | Asian, Asian Scottish or Asian British | Other ethnic group | Not known | TOTAL | White | Mixed or multiple ethnic groups | Asian, Asian Scottish or Asian British | Other ethnic group | Not known | TOTAL | White | Asian, Asian Scottish or Asian British | African | Other ethnic group | Not known | TOTAL |
| 16 to 24 | 47 | 0 | 1 | 0 | 6 | 54 | 40 | 0 | 0 | 0 | 3 | 43 | 42 | 1 | 0 | 1 | 2 | 46 |
| 25 to 39 | 67 | 1 | 1 | 0 | 2 | 71 | 74 | 0 | 1 | 1 | 4 | 80 | 54 | 0 | 0 | 0 | 6 | 60 |
| 40 to 64 | 152 | 0 | 0 | 0 | 12 | 164 | 105 | 2 | 2 | 0 | 12 | 121 | 139 | 0 | 1 | 2 | 16 | 158 |
| 65 to 69 | 19 | 0 | 0 | 0 | 3 | 22 | 20 | 0 | 0 | 0 | 0 | 20 | 18 | 0 | 0 | 0 | 6 | 24 |
| 70 to 74 | 21 | 0 | 0 | 1 | 1 | 23 | 18 | 0 | 0 | 0 | 0 | 18 | 17 | 0 | 0 | 0 | 5 | 22 |
| 75 to 79 | 35 | 0 | 0 | 0 | 4 | 39 | 26 | 0 | 0 | 0 | 1 | 27 | 20 | 0 | 0 | 0 | 5 | 25 |
| 80 to 84 | 29 | 0 | 0 | 0 | 3 | 32 | 27 | 0 | 0 | 0 | 1 | 28 | 32 | 0 | 0 | 1 | 5 | 38 |
| 85+ | 52 | 0 | 1 | 0 | 1 | 54 | 33 | 0 | 0 | 0 | 5 | 38 | 23 | 0 | 0 | 0 | 4 | 27 |
| Not known | 0 | 0 | 0 | 0 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| TOTAL | 422 | 1 | 3 | 1 | 33 | 460 | 343 | 2 | 3 | 1 | 26 | 375 | 345 | 1 | 1 | 4 | 49 | 400 |

**Analysis:**

- In 2022/23, 43% of investigations commenced in Fife were for men and 57% were for women.

- Nationally in 2021/22, about 43% of investigations commenced were for men and 57% were for women.

- During 2022/23, 40% of investigations in Fife were for adults aged 40 to 64, followed by 15% for adults aged 25 to 39 and 12% for those aged 16 to 24.

- When both age and gender are considered, age group 40 to 64 records most investigations for both males (38% of all males) and females (41% of all females). This trend is evident in the 3 reporting years displayed in the above table.

- Of those subject to an investigation in 2022/23, 86% had an ethnic category of "White", 0.3% had an ethnic category of "Asian, Scottish Asian or British Asian", 0.3% recorded a category of "African", 1% recorded "other ethnic groups" and 12% were not known.

**Primary client group breakdown:**



ASP Investigations by Client Group 2020/21 to 2022/23

| Client Group | 2020/21 | 2021/22 | 2022/23 |
|---|---|---|---|
| Dementia | 11 | 4 | 2 |
| Mental health | 100 | 57 | 41 |
| Learning disability | 50 | 36 | 49 |
| Physical disability | 122 | 98 | 96 |
| Infirmity due to age | 57 | 49 | 61 |
| Substance misuse | 7 | 5 | 4 |
| Other | 113 | 126 | 147 |
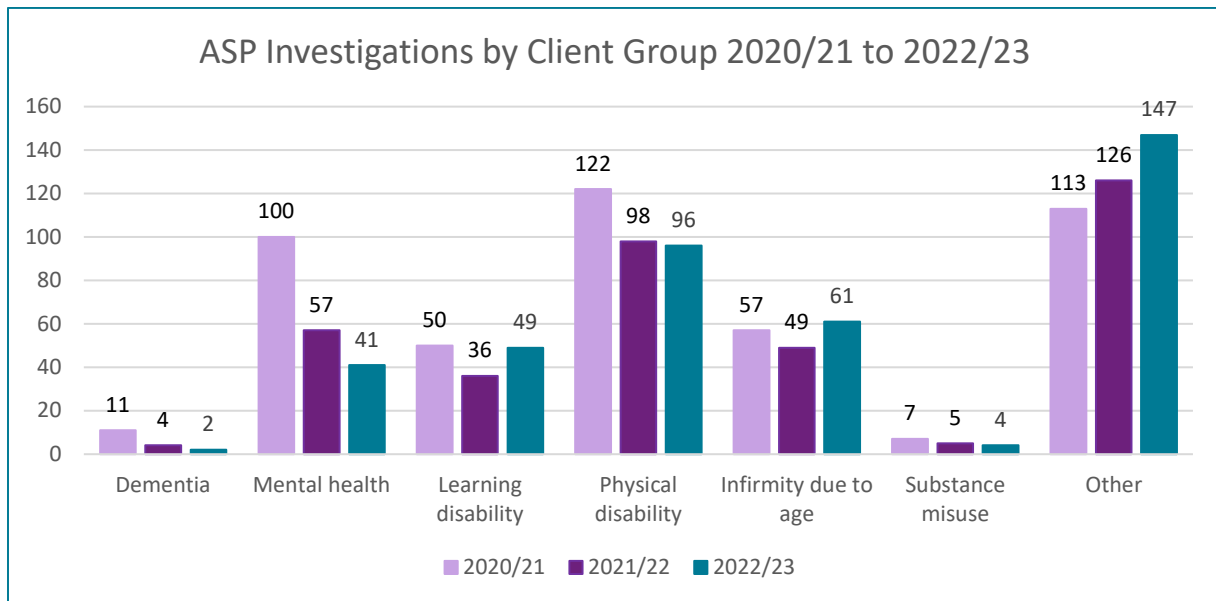
**Analysis:**

- Where recorded, "Physical Disability" (24%) and "Infirmity due to age" (15%) were the top primary client categories for people subject to ASP investigations in Fife in 2022/23.

- Nationally, "Mental health" (19%) and "Infirmity due to age" (18%) were the top primary client categories for people subject to ASP investigations in 2021/22.

**Primary type of harm breakdown:**



ASP Investigations by Main Type of Harm 2021/22 to 2022/23

| Type of Harm | 2020/21 | 2021/22 |
|---|---|---|
| Financial harm | 76 | 98 |
| Psychological harm | 65 | 67 |
| Physical harm | 76 | 97 |
| Sexual harm | 24 | 16 |
| Neglect | 37 | 29 |
| Self-harm | 84 | 83 |
| Other | 13 | 10 |
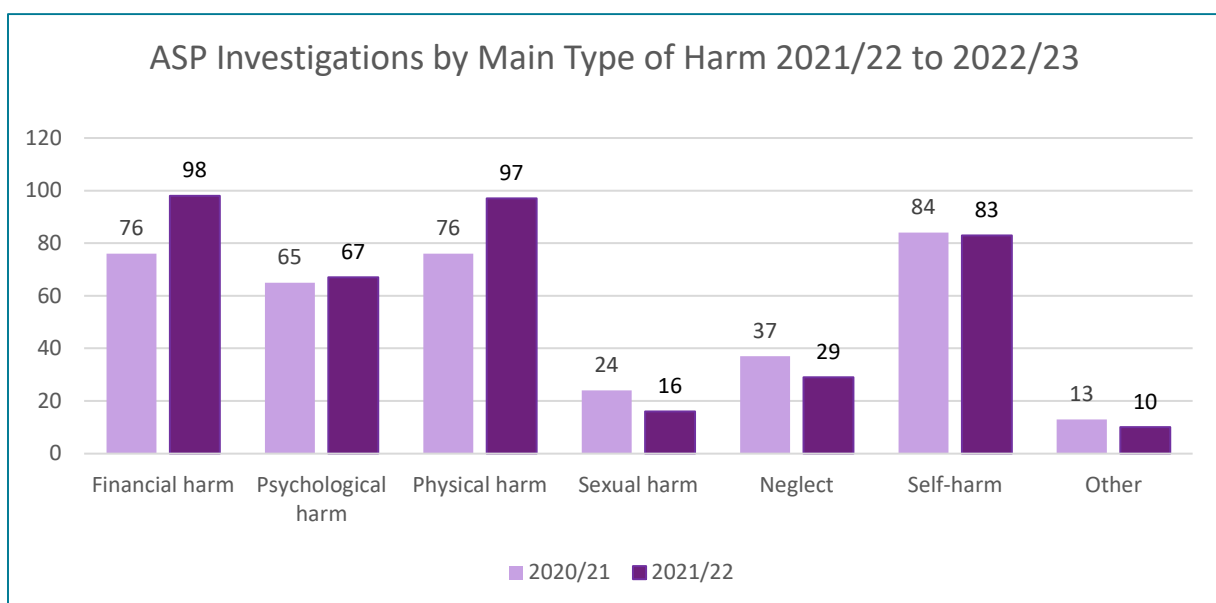
## Analysis:

- During 2022/23, the most common types of principal harm leading to an ASP investigation in Fife were financial harm, physical harm and self-harm, accounting for a total of 70% (98+97+83 of 400).

- Nationally, physical harm was the most common type of harm reported in 2021/22.

**Location of harm breakdown:**

| ASP Investigations by Location of Harm | 2017/18 | 2018/19 | 2019/20 | 2020/21 | 2021/22 | 2022/23 |
|---|---|---|---|---|---|---|
| Own home | 246 | 226 | 227 | 285 | 208 | 278 |
| Other private address | 13 | 9 | 14 | 14 | 17 | 6 |
| Care home | 66 | 33 | 37 | 25 | 18 | 25 |
| Sheltered / supported accommodation | 5 | 9 | 7 | 15 | 4 | 7 |
| Independent hospital | 0 | 1 | 3 | 0 | 0 | 1 |
| NHS | 19 | 11 | 14 | 10 | 5 | 7 |
| Day centre | 5 | 0 | 1 | 0 | 1 | 1 |
| Public place | 20 | 27 | 16 | 16 | 23 | 21 |
| Not known | 5 | 23 | 66 | 95 | 99 | 54 |
| TOTAL | 379 | 339 | 385 | 460 | 375 | 400 |

## Analysis:

- The most frequent location of harm continues to be the individual's own home, accounting for over half (70%) of the ASP investigations in Fife during 2022/23 (278 of 400). This is an increase on the proportion observed the previous year (55%) but has remained universal.

- Care Homes follow at 6% and Public Places at 5%.

- During 2021/22, an estimated 60% of harm reported in Scotland occurred in individuals' own homes. This was followed by 18% in Care Homes.

**Investigation Outcomes:**

| Outcome of ASP Investigations | 2017/18 | 2018/19 | 2019/20 | 2020/21 | 2021/22 | 2022/23 |
|---|---|---|---|---|---|---|
| Further Adult Protection action | 48 | 34 | 44 | 59 | 38 | 59 |
| Further non-AP action | 166 | 102 | 131 | 172 | 129 | 122 |
| No further action | 157 | 165 | 201 | 227 | 202 | 193 |
| Not known / ongoing | 8 | 38 | 9 | 2 | 6 | 26 |
| TOTAL | 379 | 339 | 385 | 460 | 375 | 400 |



**Analysis:**

- An investigation can have 4 possible outcomes: further AP action; further non-AP action; no further action and not known at the time of collection.

- In 2022/23, 193 (or 48%) ASP investigations commenced in Fife required no further action to be undertaken. This was followed by 122 (or 31%) requiring further non-AP action and 59 (or 14.8%) requiring further AP action.

- Further AP action has fluctuated over the last 6 reporting years with a lower 10% in 2018/19 compared to the peak this year of 14.8%

- Nationally in 2021/22, the outcomes of ASP investigations that commenced were: further non-AP action (37%); further AP action (28%); no further action (30%) and not known (5%).

## Section 4: Case Conferences    (Source: Local Team Manager Return)

**ASP Case Conferences by Year**
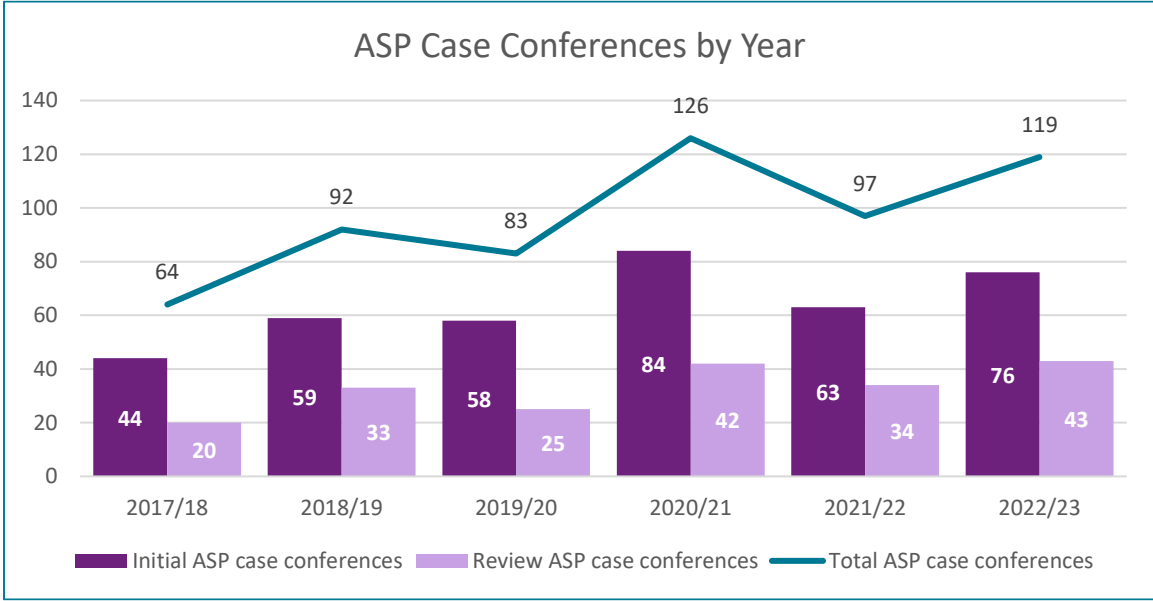


**Analysis:**

- In 2022/23, 119 ASP case conferences were held in Fife. This total is comprised of 76 initials and 43 review case conferences.  This is an increase of 22 (+23%) from 2021/22 to 2022/23.

## Section 5: Protection Orders

**Analysis:**

- Types of protection orders granted include assessment order, removal order, temporary banning order, banning order, temporary banning order with power of arrest and banning order with power of arrest.   There were no ASP protection orders granted in 2022/23 in Fife which is consistent with the previous year.

## Section 6: Large Scale Investigations          (Source: Local Team Manager Return)

### ASP Large Scale Investigations (LSIs) by Year

| Year | LSIs |
|------|------|
| 2017/18 | 3 |
| 2018/19 | 1 |
| 2019/20 | 3 |
| 2020/21 | 2 |
| 2021/22 | 15 |
| 2022/23 | 6 |
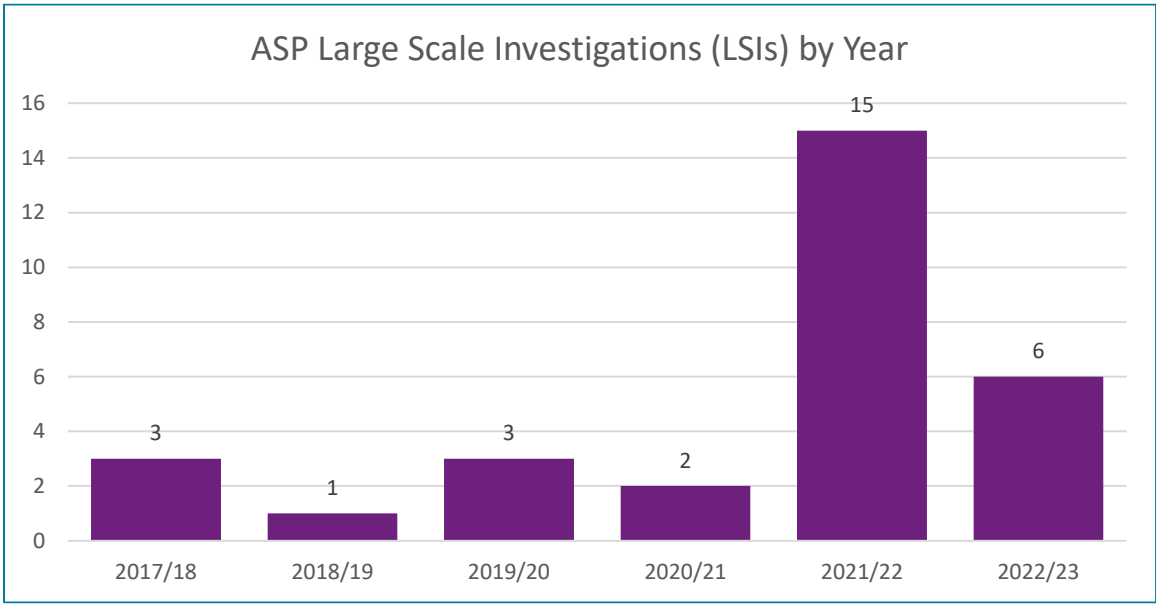
**Analysis:**

- In 2022/23, there were 6 LSIs in Fife.

- LSI IRD planning meetings had been included in 2021/22 figures (8) as well as formal full LSIs (6). As a result of this, a movement of zero can be reported for full LSIs from the previous year to 2022/23.

- The count of full LSIs has fluctuated from 2017/18 to 2020/21 followed by a steady count of 6 for the last 2 years.

## Future Plans

*"The current annual data is being reviewed and the development of an ASP minimum dataset is being taken forward by The Institute for Research and Innovation in Social Services (IRISS). The aim is to have a shared understanding of information to generate more robust, meaningful and comparable data. The revised ASP minimum dataset includes the terminology changes from the Code of Practice update and is currently being tested, and rolled out, across Scotland. Once fully implemented the ASP minimum data set will replace the annual data returns. The revised ASP minimum dataset will provide a clearer picture of Adult Support and Protection in Scotland."*

*(Source: Experimental Statistics, Adult Support and Protection, Scotland Statistics, 2019/20 – 2021/22)*

## Improvement Actions: link to Strategic Improvement Plan 2023/25

The actions noted in the extract below from the ASPC Strategic Improvement Plan 2023/25 outlines focused improvements that need to to be taken forward by the SE&I Group to allow decision-making, problem solving, understanding and improvements to processes for workers and adults involved in ASP. The goal of data reporting is to make data easily understandable. By establishing processes and procedures and ensuring the capture of data throughout can lead to consistent approaches and our shared vision of ensuring adults at risk feel safe, supported and protected from harm.

| PRIORITY 2: OUTCOME FOCUSED IMPROVEMENTS | | |
|---|---|---|
| What needs to happen | By Who | By When |
| Continued development of annual interagency staff survey to measure staff confidence and views on collaborative working practices, support, leadership and opportunities to influence change. | Self-Evaluation and Improvement Group. | Nov-23 |
| Annual review of interagency case file audit methodology and tools, continue to embed approach to sharing good practice. | | May-23 |
| Annual interagency case file audit to include a sample of cases with multiple ASP investigation journeys to allow deeper analysis of our ASP process. | | May-23 |
| Annual interagency case file audit to include a sample of multiple report of harm cases to ensure protocol is being used appropriately. | | Sep-23 |
| Single agency audits undertaken across partner agencies aligned to Quality Indicator 2.2. Review of Social Work ASP Audit tools and processes. | | Apr-23 |
| Continue to develop and enhance the local interagency Adult Protection Performance Framework and comprehensive suite of indicators to measure outcomes to compliment existing activity and profiling data | | Nov-23 |
| Mixed methods review coordinated to consider the reduction in investigations in care homes and learning from this. | | Jan-24 |
| Biennial audit of LSI's to be carried out to allow continual review of LSI process. | Self-Evaluation and Improvement Group. | Nov-23 |
| The use of the Post-Training questionnaire to continue to be monitored on a quarterly basis. This will allow measurement of the impact or quality of training, communications, and documents against key quality indicators. Service user and staff forums to be utilised to consult on specific topics. | Self-Evaluation and Improvement Group. | Dec-23 |

**RECOMMENDATIONS:**

### Reports of Harm

31% decrease in report of harms being submitted by Police in 2022/23 compared to 2021/22.

**Recommendation 1:** SE&I Group to continue to monitor the source of ASP referrals on a quarterly basis via analysis provided by the PIP team in the ASPC quarterly report.

**Recommendation 2:** Police to consider this decrease as a single agency and report back within SE&I Group. Awareness raising of reporting harm to be carried out with Police colleagues.

**Recommendation 3:** In relation to the ASP Minimum Dataset and the changes to data submitted to the SG, regular meetings between ASP team, PIP team, Social Work, Workforce Development and SWIFT replacement team to ensure that the LiquidLogic system can effectively record and report on counts, source and outcomes of ASP referrals particularly with Phase 2 go live for the full set of indicators in April 2024.

### Investigations (Inquiries with use of Investigatory Powers)

23 individuals had 2 ASP investigations undertaken within the reporting period.

**Recommendation 4:** SE&I interagency audit 2023/24 to consider including the 23 nominals who have been subject to multiple investigations during this time frame to evaluate if the partnership can strengthen its response to harm, particularly in relation to the support of adults under 65 years.

**Recommendation 5:** Continuation of working group and regular meetings between ASP team, PIP team, Social Work, Workforce Development and SWIFT replacement team to ensure that the LiquidLogic system can effectively record and report on counts, outcomes and nominal demographics from ASP investigations. This will allow us to continue to support the ASP Minimum Dataset and further indicators commencing April 2024.

### Harm Types

**Recommendation 6:** Financial harm remains the most common type of principal harm leading to an ASP investigation in Fife during the period 2022/23. L&D Group to consider awareness raising activities and fresh learning in relation to this given the continued increase in this type of harm.

### Location of Harm

The most frequent location of harm continues to be the individual's own home, accounting for over half (70%) of the ASP investigations in Fife during 2022/23 (278 of 400). This is an increase on the proportion observed the previous year (55%) but has remained universal.

Care Homes follow at 6% and Public Places at 5%.

During 2021/22, an estimated 60% of harm reported in Scotland occurred in individuals' own homes.  This was followed by 18% in Care Homes.

**Recommendation 7:** SE&I led Focus Group including private care providers to continue into 2024 to allow further exploration of the data relating to a care home as location of harm given the difference in Fife in comparison to the national average (18% nationally, 6% in Fife)

## Case Conferences

**Recommendation 8:** Whilst the data extracted for this report indicates an increase over the reporting period for case conferences, this relied upon data gathered from team managers via Microsoft Forms due to difficulties in recording and extracting figures from SWIFT AIS system which was used by Social Work for case recording prior to April 2023. Ways to enable the consistent and accurate recording and extraction of case conferences on the new LiquidLogic case recording system should be considered as a priority to enable robust and timely data is easily available to facilitate regular performance monitoring and collation of the statutory SG return.

**Recommendation 9:** QA Officer within AP Team to compile concise guidance sheet for use by team managers about which information to record about case conferences for the SG return. This can be used to ensure consistency of approach across teams, ensure data is directly comparable year-on-year and assist with LiquidLogic discussions. This should be accompanied by a simple table / spreadsheet to capture data required for internal performance and statutory reporting.

## Protection Orders

There were no ASP protection orders granted in 2022/23 in Fife which is consistent with the previous year.

**Recommendation 10:** L&D Group to consider Protection Order related training as again none of these were granted in Fife during 2022/23 and the same the previous year. This will allow awareness raising of this aspect of the Adult Support and Protection (Scotland) Act 2007 and give practitioners more confidence in the use of these.

## Large Scale Investigations

**Recommendation 11:** Ways to enable the consistent and accurate recording and extraction of LSIs on LiquidLogic should be considered as a priority to allow robust and timely extraction to facilitate regular performance monitoring and statutory annual returns to the SG. To be followed up by ASP Team QA Officer and Swift Replacement Team.

# Appendix 1: Data submitted to the Scottish Government

## Section A: Data on Referrals

Question 1: Number of ASP referrals received

| ASP Referrals | 2017/18 | 2018/19 | 2019/20 | 2020/21 | 2021/22 | 2022/23 |
|---|---|---|---|---|---|---|
| Number of Referrals | 2,400 | 2,710 | 2,967 | 2,798 | 2,919 | 2,816 |

Question 2: Source of principal referral

| Source of ASP Referrals | 2017/18 | 2018/19 | 2019/20 | 2020/21 | 2021/22 | 2022/23 |
|---|---|---|---|---|---|---|
| Mental Welfare Commission | 0 | 0 | 0 | 0 | 0 | 0 |
| Unpaid carer | 0 | 0 | 0 | 0 | 0 | 0 |
| Others | 7 | 1 | 0 | 0 | 0 | 44 |
| Healthcare Improvement Scotland | 0 | 0 | 0 | 1 | 1 | 1 |
| Other member of public | 178 | 218 | 122 | 2 | 0 | 0 |
| Office of Public Guardian | 2 | 0 | 2 | 3 | 7 | 6 |
| Care Inspectorate | 31 | 0 | 7 | 11 | 42 | 41 |
| Scottish Ambulance Service | 3 | 0 | 3 | 29 | 38 | 35 |
| Self (adult at risk of harm) | 40 | 49 | 50 | 37 | 48 | 49 |
| Scottish Fire & Rescue Service | 74 | 63 | 69 | 57 | 44 | 49 |
| Friend / neighbour | 13 | 0 | 35 | 71 | 50 | 52 |
| Anonymous | 33 | 74 | 89 | 71 | 49 | 27 |
| Council | 343 | 194 | 193 | 137 | 119 | 208 |
| GPs | 64 | 131 | 180 | 138 | 117 | 110 |
| Family | 48 | 0 | 117 | 159 | 181 | 197 |
| Social Work | 258 | 293 | 310 | 238 | 245 | 269 |
| NHS | 365 | 322 | 411 | 344 | 448 | 481 |
| Police | 249 | 375 | 377 | 664 | 696 | 477 |
| Other organisation | 692 | 990 | 1,002 | 836 | 834 | 770 |
| TOTAL | 2,400 | 2,710 | 2,967 | 2,798 | 2,919 | 2,816 |

## Section B: Data on Investigations

Question 3: Number of investigations commenced under the ASP Act

| ASP Investigations | 2017/18 | 2018/19 | 2019/20 | 2020/21 | 2021/22 | 2022/23 |
|---|---|---|---|---|---|---|
| Number of investigations | 379 | 339 | 385 | 460 | 375 | 400 |

Question 4a: Number of investigations commenced by age and gender

| Age Group | 2020/21 | | | | 2021/22 | | | | 2022/23 | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Male | Female | Not Known | TOTAL | Male | Female | Not Known | TOTAL | Male | Female | Not Known | TOTAL |
| 16 to 24 | 21 | 31 | 2 | 54 | 19 | 24 | 0 | 43 | 23 | 22 | 1 | 46 |
| 25 to 39 | 28 | 43 | 0 | 71 | 33 | 47 | 0 | 80 | 22 | 38 | 0 | 60 |
| 40 to 64 | 79 | 85 | 0 | 164 | 50 | 71 | 0 | 121 | 65 | 93 | 0 | 158 |
| 65 to 69 | 11 | 11 | 0 | 22 | 9 | 11 | 0 | 20 | 13 | 11 | 0 | 24 |
| 70 to 74 | 10 | 13 | 0 | 23 | 4 | 14 | 0 | 18 | 12 | 10 | 0 | 22 |
| 75 to 79 | 15 | 24 | 0 | 39 | 13 | 14 | 0 | 27 | 13 | 12 | 0 | 25 |
| 80 to 84 | 11 | 21 | 0 | 32 | 12 | 16 | 0 | 28 | 16 | 22 | 0 | 38 |
| 85+ | 16 | 38 | 0 | 54 | 9 | 29 | 0 | 38 | 8 | 19 | 0 | 27 |
| Not known | 0 | 1 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| TOTAL | 191 | 267 | 2 | 460 | 149 | 226 | 0 | 375 | 172 | 227 | 1 | 400 |

Question 4b: Number of investigations commenced by age and ethnic group

| Age Group | 2020/21 | | | | | | | | 2021/22 | | | | | | | | 2022/23 | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | White | Mixed or multiple ethnic groups | Asian, Asian Scottish or Asian British | African | Caribbean or Black | Other ethnic group | Not known | TOTAL | White | Mixed or multiple ethnic groups | Asian, Asian Scottish or Asian British | African | Caribbean or Black | Other ethnic group | Not known | TOTAL | White | Mixed or multiple ethnic groups | Asian, Asian Scottish or Asian British | African | Caribbean or Black | Other ethnic group | Not known | TOTAL |
| 16 to 24 | 47 | 0 | 1 | 0 | 0 | 0 | 6 | 54 | 40 | 0 | 0 | 0 | 0 | 0 | 3 | 43 | 42 | 0 | 1 | 0 | 0 | 1 | 2 | 46 |
| 25 to 39 | 67 | 1 | 1 | 0 | 0 | 0 | 2 | 71 | 74 | 0 | 1 | 0 | 0 | 1 | 4 | 80 | 54 | 0 | 0 | 0 | 0 | 0 | 6 | 60 |
| 40 to 64 | 152 | 0 | 0 | 0 | 0 | 0 | 12 | 164 | 105 | 2 | 2 | 0 | 0 | 0 | 12 | 121 | 139 | 0 | 0 | 1 | 0 | 2 | 16 | 158 |
| 65 to 69 | 19 | 0 | 0 | 0 | 0 | 0 | 3 | 22 | 20 | 0 | 0 | 0 | 0 | 0 | 0 | 20 | 18 | 0 | 0 | 0 | 0 | 0 | 6 | 24 |
| 70 to 74 | 21 | 0 | 0 | 0 | 0 | 1 | 1 | 23 | 18 | 0 | 0 | 0 | 0 | 0 | 0 | 18 | 17 | 0 | 0 | 0 | 0 | 0 | 5 | 22 |
| 75 to 79 | 35 | 0 | 0 | 0 | 0 | 0 | 4 | 39 | 26 | 0 | 0 | 0 | 0 | 0 | 1 | 27 | 20 | 0 | 0 | 0 | 0 | 0 | 5 | 25 |
| 80 to 84 | 29 | 0 | 0 | 0 | 0 | 0 | 3 | 32 | 27 | 0 | 0 | 0 | 0 | 0 | 1 | 28 | 32 | 0 | 0 | 0 | 0 | 1 | 5 | 38 |
| 85+ | 52 | 0 | 1 | 0 | 0 | 0 | 1 | 54 | 33 | 0 | 0 | 0 | 0 | 0 | 5 | 38 | 23 | 0 | 0 | 0 | 0 | 0 | 4 | 27 |
| Not known | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| TOTAL | 422 | 1 | 3 | 0 | 0 | 1 | 33 | 460 | 343 | 2 | 3 | 0 | 0 | 1 | 26 | 375 | 345 | 0 | 1 | 1 | 0 | 4 | 49 | 400 |

Question 5: Number of investigations commenced by primary main client group

| ASP Investigations by Client Group | 2017/18 | 2018/19 | 2019/20 | 2020/21 | 2021/22 | 2022/23 |
|---|---|---|---|---|---|---|
| Dementia | 101 | 3 | 10 | 11 | 4 | 2 |
| Mental health problem | 54 | 40 | 58 | 100 | 57 | 41 |
| Learning disability | 70 | 44 | 57 | 50 | 36 | 49 |
| Physical disability | 46 | 97 | 109 | 122 | 98 | 96 |
| Infirmity due to age | 48 | 47 | 53 | 57 | 49 | 61 |
| Substance misuse | 11 | 1 | 10 | 7 | 5 | 4 |
| Other | 49 | 107 | 88 | 113 | 126 | 147 |
| TOTAL | 379 | 339 | 385 | 460 | 375 | 400 |

Question 6: Type of principal harm which resulted in an investigation (as defined under the ASP Act)

| ASP Investigations by Type of Harm | 2017/18 | 2018/19 | 2019/20 | 2020/21 | 2021/22 | 2022/23 |
|---|---|---|---|---|---|---|
| Financial harm | 91 | 52 | 97 | 117 | 76 | 98 |
| Psychological harm | 49 | 94 | 84 | 96 | 65 | 67 |
| Physical harm | 106 | 43 | 95 | 117 | 76 | 97 |
| Sexual harm | 19 | 29 | 17 | 19 | 24 | 16 |
| Neglect | 66 | 34 | 36 | 31 | 37 | 29 |
| Self-harm | 23 | 85 | 50 | 79 | 84 | 83 |
| Other | 25 | 2 | 6 | 1 | 13 | 10 |
| TOTAL | 379 | 339 | 385 | 460 | 375 | 400 |

Question 7: Location of principal harm which resulted in an investigation (as defined under the ASP Act)

| ASP Investigations by Location of Harm | 2017/18 | 2018/19 | 2019/20 | 2020/21 | 2021/22 | 2022/23 |
|---|---|---|---|---|---|---|
| Own home | 246 | 226 | 227 | 285 | 208 | 278 |
| Other private address | 13 | 9 | 14 | 14 | 17 | 6 |
| Care home | 66 | 33 | 37 | 25 | 18 | 25 |
| Sheltered / supported accommodation | 5 | 9 | 7 | 15 | 4 | 7 |
| Independent hospital | 0 | 1 | 3 | 0 | 0 | 1 |
| NHS | 19 | 11 | 14 | 10 | 5 | 7 |
| Day centre | 5 | 0 | 1 | 0 | 1 | 1 |
| Public place | 20 | 27 | 16 | 16 | 23 | 21 |
| Not known | 5 | 23 | 66 | 95 | 99 | 54 |
| TOTAL | 379 | 339 | 385 | 460 | 375 | 400 |

## Section C: Data on ASP Case Conferences and Protection Orders

Question 8: Number of cases subject to an ASP case conference

| Type of ASP Case Conference | 2017/18 | 2018/19 | 2019/20 | 2020/21 | 2021/22 | 2022/23 |
|---|---|---|---|---|---|---|
| Initial ASP case conference | 44 | 59 | 58 | 84 | 63 | 76 |
| Review ASP case conference | 20 | 33 | 25 | 42 | 34 | 43 |
| TOTAL | 64 | 92 | 83 | 126 | 97 | 119 |

Question 9: Number of protection orders granted

No protection orders were granted between 1st April 2022 and 31st March 2023.

## Section D: Data on ASP Large Scale Investigations (LSIs)

Question 10: Number of LSIs commenced

| ASP Large Scale Investigations (LSIs) | 2017/18 | 2018/19 | 2019/20 | 2020/21 | 2021/22 | 2022/23 |
|---|---|---|---|---|---|---|
| Number of LSIs | 3 | 1 | 3 | 2 | 15 | 6 |

## Section E: Data on Outcomes

Question 11: What happened to referrals received

| Outcome of ASP Referrals | 2017/18 | 2018/19 | 2019/20 | 2020/21 | 2021/22 | 2022/23 |
|---|---|---|---|---|---|---|
| Further Adult Protection action | 1,398 | 1,825 | 2,103 | 2,272 | 2,560 | 2,509 |
| Further non-AP action | 332 | 242 | 256 | 130 | 90 | 57 |
| No further action | 610 | 560 | 518 | 342 | 206 | 177 |
| Not recorded | 60 | 83 | 90 | 54 | 63 | 73 |
| TOTAL | 2,400 | 2,710 | 2,967 | 2,798 | 2,919 | 2,816 |

Question 12: What happened to investigations carried out

| Outcome of ASP Investigations | 2017/18 | 2018/19 | 2019/20 | 2020/21 | 2021/22 | 2022/23 |
|---|---|---|---|---|---|---|
| Further Adult Protection action | 48 | 34 | 44 | 59 | 38 | 59 |
| Further non-AP action | 166 | 102 | 131 | 172 | 129 | 122 |
| No further action | 157 | 165 | 201 | 227 | 202 | 193 |
| Not known / ongoing | 8 | 38 | 9 | 2 | 6 | 26 |
| TOTAL | 379 | 339 | 385 | 460 | 375 | 400 |

# Glossary

**AP**: Adult Protection

**ASP**: Adult Support and Protection

**ASPC**: Adult Support and Protection Committee

**GPs:** General Practitioners

**IRD:** Inter-Agency Referral Discussion

**L&D:** Learning and Development Group

**LSIs**: Large Scale Investigations

**NHS**: National Health Service

**PIP:** Performance, Improvement and Planning

**QA:** Quality Assurance

**SE&I**: Self Evaluation and Improvement Group

**SG:** Scottish Government

**Appendix B (What our data tells us)**

# Adult Support & Protection Annual Statistics 2023/24

**Report Author: Astrid Jentas**
**Report Date: 12th June 2024**

# Contents

| GLOSSARY | |
|---|---|
| ASP | Adult Support and Protection |
| ASPA | Adult Support and Protection (Scotland) Act 2007 |
| ASPC | Adult Support and Protection Committee |
| ASPP | Adult Support and Protection Plan |
| FAQs | Frequently asked questions |
| IRD | Inter-agency Referral Discussion |
| IRISS | Institute for Research and Innovation in Social Services |
| L&D | Lerning and Development |
| LAS | LiquidLogic Adults System (Case Management) |
| LSI | Large Scale Investigation |
| NFA | No further action |
| NHS | National Health Service |
| QA | Quality Assurance |
| SAS | Scottish Ambulance Service |
| SE&I | Self Evaluation & Improvement |
| SG | Scottish Government |
| SW | Social Work |

# Introduction

*"The Adult Support and Protection (Scotland) Act was passed by the Scottish Parliament in February 2007.*

***Definition of adult at risk:***

*The Act defines 'adults at risk' as individuals, aged 16 years or over, who:*

1. *are unable to safeguard their own well-being, property, rights or other interests;*
2. *are at risk of harm; and*
3. *because they are affected by disability, mental disorder, illness or physical or mental infirmity, are more vulnerable to being harmed than others who are not so affected.*

*The Act places a duty on councils to make inquiries about an individual's wellbeing, property or financial affairs where the council knows or believes that the person is an adult at risk and that it may need to intervene to protect him or her from being harmed.*

*This is commonly known as the three-point criteria."*

*(Source: ASPA Guidance for Adult Protection Committees July 2022)*

ASPCs collect statistical data to report on practice and performance in relation to ASP functions.

ASP data was previously reported to the Scottish Government by all local authorities via an annual data return. The return, in its annual format, ended after the submission of data for financial year 2022/23.

Iriss was commissioned by the Scottish Government to co-design a new quarterly ASP Minimum Dataset commencing with a phased approach for financial year 2023/24.

*"A Minimum Dataset is a collection of agreed indicators, measures, criteria, or categories that are quantifiable." (Source: Iriss)*

This report provides a summary of ASP activity between **1st April 2023 and 31st March 2024**. Results are illustrated in graphical and tabular format. Considering the implementation of the minimum dataset, which includes a change to terminology, the termination of previous annual indicators and the introduction of new indicators, where possible comparison to the previous year has been included.

The collection of indicators included in this report have been selected in line with the phased approach of the Minimum Dataset for ASP. Phase 1 (Appendix 1) was rolled out across Adult ASPCs for financial year 2023/24 and is a subset of indicators from the ASP Minimum Dataset prototype. Phase 2 (Appendix 2) will report on the full set of 28 indicators covering 1st April 2024 to 31st March 2025.

## Headline Statistics

Data for the period 1<sup>st</sup> April 2023 to 31<sup>st</sup> March 2024 shows the following:

**4,435 ASP Referrals** ⬆ **+57% from 2,816 in 2022/23**

**2,101 Inquiries triggered** *(newly captured data)*

**1,218 (58%) Inquiries without powers** *(newly captured data)*

*(concluded at IRD)*

**883 (42%) Inquiries with powers** ⬆ **+121% from 400 in 2022/23**

*(IRDs with progression to Investigation)*

**128 Initial Conferences took place** ⬆ **+68% from 76 in 2022/23**

**91 Review Conferences took place** ⬆ **+112% from 43 in 2022/23**

**Primary Harm:** Financial or Material harm, Physical harm, and Psychological harm.

# Involvement in ASP Processes  (Source LAS)

**ASP Referrals:**

**Indicator 1: COUNT OF ASP REFERRALS SUBMITTED TO ADULT PROTECTION 2019/20 - 2023/24**

| | Apr-Mar 2019/20 | Apr-Mar 2020/21 | Apr-Mar 2021/22 | Apr-Mar 2022/23 | Apr-Mar 2023/24 |
|---|---|---|---|---|---|
| Total | 2967 | 2798 | 2919 | 2816 | 4435 |
| Yearly movement | 257 | -169 | 121 | -103 | 1619 |

Legend: Total, Yearly movement
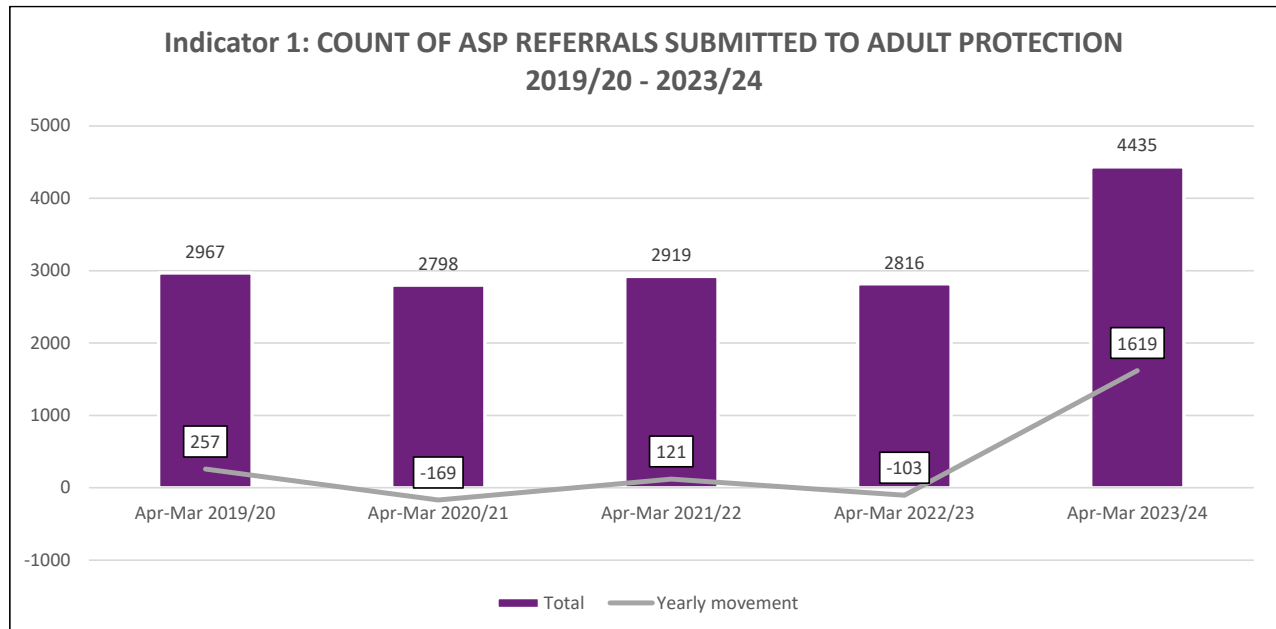
**Analysis:**

- In 2023/24 there were 4,435 ASP referrals in Fife. This is an increase of 57% when compared to 2022/23 (up from 2,816 to 4,435).  The movement from year to year is displayed by the plotted line in the above chart.

- It is important to note that an adult can be referred multiple times by different agencies for the same incident or the same individual can be referred but for separate incidents.  During 2023/24, the 4,435 referrals recorded related to 3,371 adults.

- *The referral is determined by the act of the sender (not the receiver). Following receipt of an ASP referral, if the council knows or believes that the adult is at risk of harm and that it might need to intervene an inquiry must be undertaken. This assessment should not change how an ASP referral is understood or counted.  (Source: Iriss definition of Indicator 1)*

**Indicator 1: COUNT OF ASP REFERRALS SUBMITTED TO ADULT PROTECTION Q1-4 2023/24**
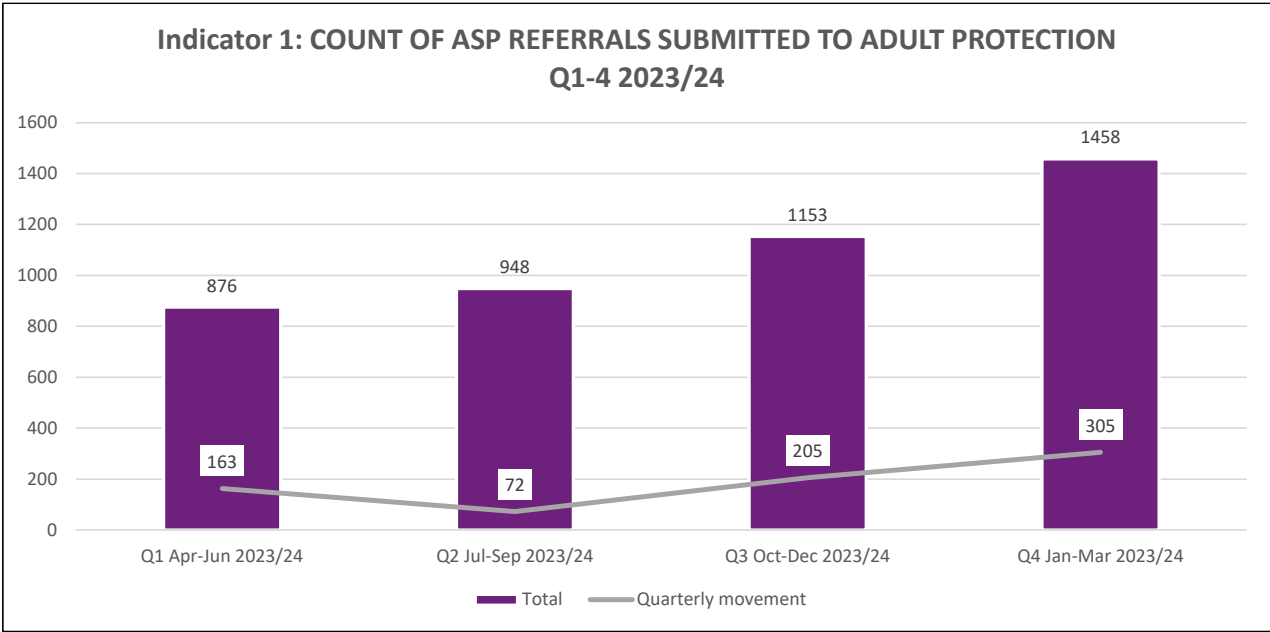


**Analysis:**

- For additional information, the above chart displays a breakdown by quarter for the year 2023/24. The volume of activity records a continuous increase throughout the year.

**ASP National Minimum Dataset 2023/24 extract:**

| Indicator 1 | | |
|---|---|---|
| **ASP REFERRALS SUBMITTED TO ADULT PROTECTION SERVICE (BY SOURCE)** | **Apr-Mar 2022/23** | **Apr-Mar 2023/24** |
| **Care Inspectorate** | 41 | 32 |
| **Healthcare Improvement Scotland** | 1 | 1 |
| **Office of the Public Guardian** | 6 | 0 |
| **Police Scotland** | **477** | **627** |
| **NHS Primary Care** | 110 | 159 |
| **NHS Acute Services** | **471** | **565** |
| **Other health (eg public health, private healthcare, prison healthcare)** | 10 | 21 |
| **Social Work - Adults (including MHOs)** | **259** | 352 |
| **Social work - Children and Families** | 10 | 0 |
| **Scottish Ambulance Service** | 35 | 197 |
| **Scottish Fire and Rescue** | 49 | 106 |
| **Care Home** | 0 | 74 |
| **Care at home provider** | 0 | 33 |
| **Housing** | 160 | 276 |
| **Education** | 7 | 14 |
| **Self (adult at risk)** | 49 | 265 |
| **Unpaid carer** | 0 | 0 |
| **Friend, relative or neighbour (who is not an unpaid carer)** | 249 | **460** |
| **Third sector organisation (not covered by the above)** | 2 | 5 |
| **Anonymous** | 27 | 53 |
| **Other** | 853 | 1195 |
| **Total** | **2816** | **4435** |

**Analysis:**

- The table above provides a breakdown by source for the last 2 reporting years.

- Where listed, the highest number of ASP reports of harm during 2023/24 were received from Police Scotland at 627 (14%), followed by NHS Acute Services at 565 (13%) and Friends / Relative / Neighbour at 460 (10%).

- Police Scotland and NHS Acute Services are comparable as the highest listed figures observed during 2022/23 with both accounting for 17% each of referrals.

- Self-referral from 2022/23 to 2023/24 records an increase of 216 (265-49), however, as a % of the total referrals, 2022/23 records 2% whilst 2023/24 records 6%.

- Additional increases are reported for SAS (+162), Housing (+116) and SW (+93).

## ASP Inquiries:

In alignment with the revised Code of Practice (July 2022), inquiries are recorded as a type.

Where an inquiry begins and concludes with the collation and consideration of relevant materials (an IRD), including consideration of previous records relating to the individual and seeking the views of other agencies and professionals, then this inquiry does not necessarily need to be undertaken by a council officer and will be counted as 'without powers'.

*(newly captured data for 2023/24)*



Indicator 2: COUNT OF ASP INQUIRIES WITHOUT POWERS 2023/24
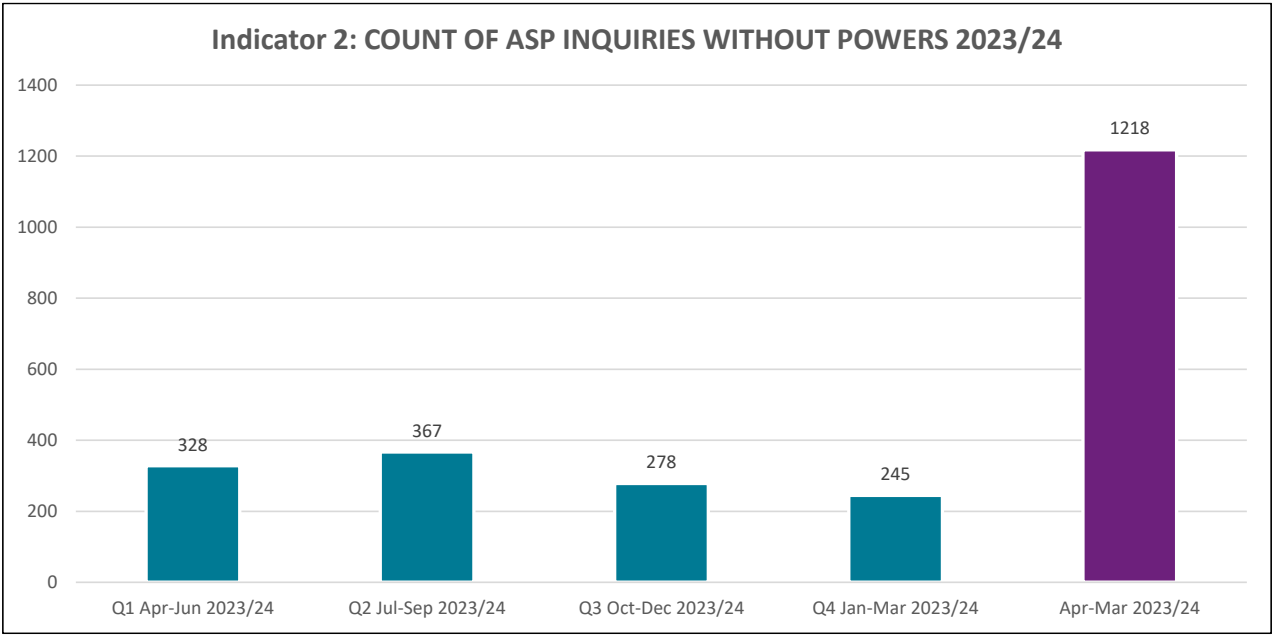
Investigatory powers will be required, and a council officer involved, where there is a need for a visit and direct contact with the adult for interview or medical examination, or for the examination of records (S7-10 Activities). Where an inquiry begins with an IRD and progresses to Investigation, then this inquiry will be counted as 'with powers'.

**Indicator 3: COUNT OF ASP INQUIRIES WITH POWERS 2023/24**

| Quarter | Count |
|---|---|
| Q1 Apr-Jun 2023/24 | 178 |
| Q2 Jul-Sep 2023/24 | 212 |
| Q3 Oct-Dec 2023/24 | 208 |
| Q4 Jan-Mar 2023/24 | 285 |
| Apr-Mar 2023/24 | 883 |
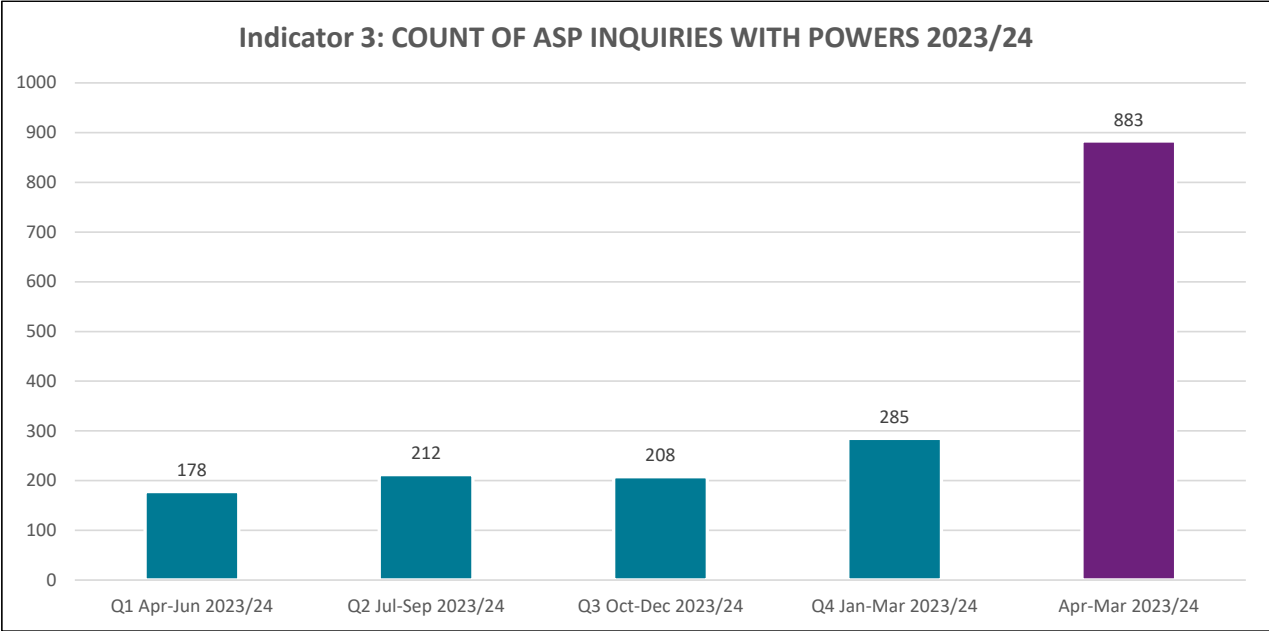
## Analysis:

- A total of 2,101 inquiries were triggered during the reporting year.

- 58% (1,218) began and concluded without powers whilst 42% (883) progressed through the ASP journey.

- The total number of inquiries without powers (1,218) relates to 1,174 adults. *(newly captured for 2023/24)*

- The total number of inquiries with powers (883) relates to 878 adults.

- Quarterly analysis throughout the year reports the majority of inquiries, ranging from 57% to 65%, were recorded without powers from Q1 to Q3.

**Indicator 3: COUNT OF ASP INQUIRIES WITH POWERS 2019/20 - 2023/24**
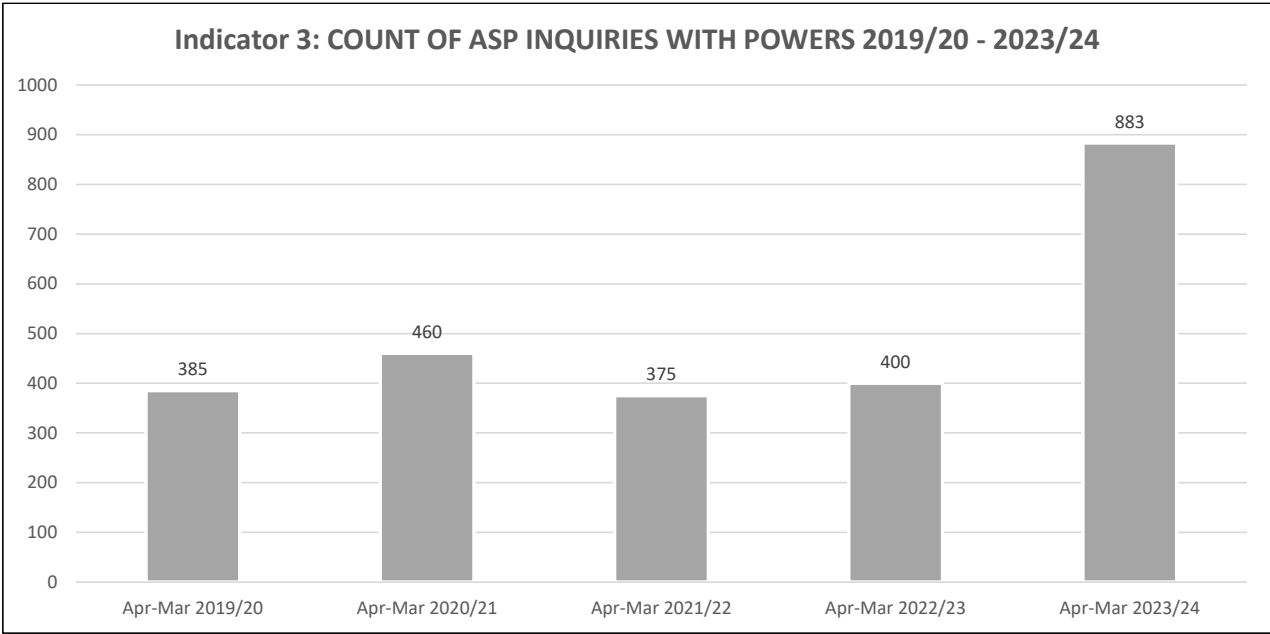
**Analysis:**

- In 2023/24, 883 ASP inquiries progressed to investigation. This equates to a 121% increase from 2022/23 (+483, from 400 to 883).

# Multi-agency ASP Case Conferences       (Source: SW Service)

**Indicator 4: COUNT OF CASE CONFERENCES BY TYPE 2019/20 - 2023/24**
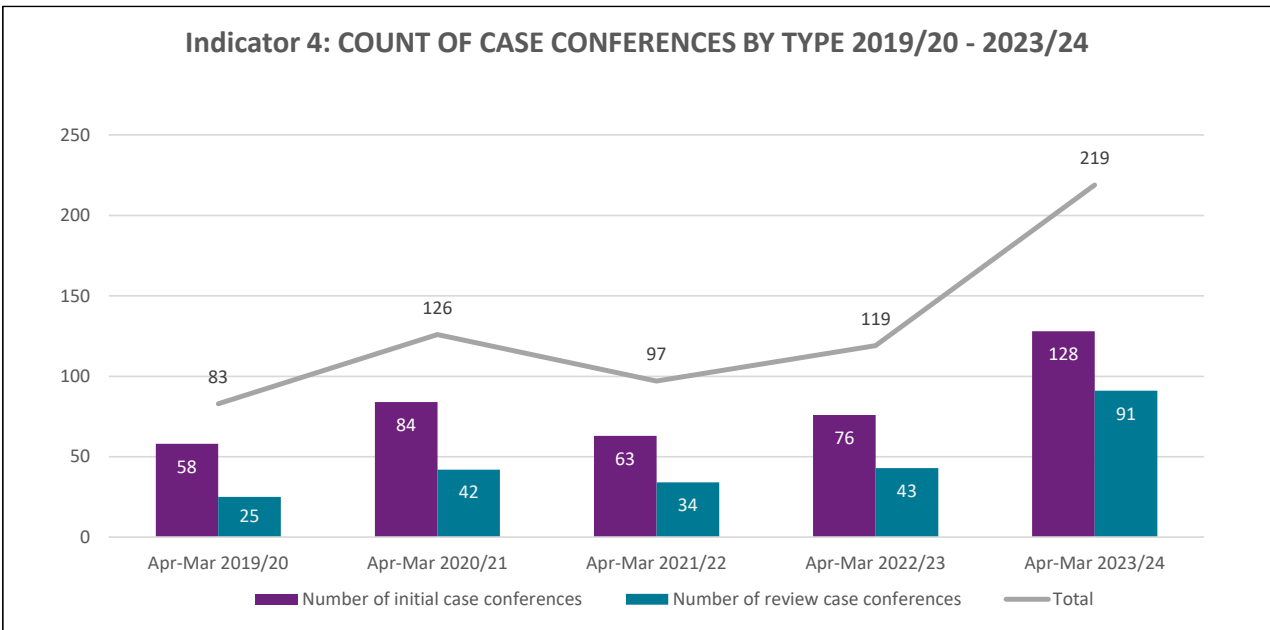


**Analysis:**

- In 2023/24, 219 ASP case conferences were held in Fife. This total is comprised of 128 initials and 91 review case conferences. This is an increase of 100 (+84%) from 2022/23 to 2023/24.

# ASP Plans and Use of Powers

### ASPPs:

*"An ASPP is a set of actions and strategies agreed by relevant agencies (single or multi-agency) and put in place to support and protect 'adults at risk' meeting the three-point criteria." (Source: Iriss)*

*(newly captured data for 2023/24)*

**Indicator 8b: COUNT OF NEWLY COMMENCED ASPPs 2023/24**

| Quarter | Count |
|---|---|
| Q1 Apr-Jun 2023/24 | 116 |
| Q2 Jul-Sep 2023/24 | 161 |
| Q3 Oct-Dec 2023/24 | 221 |
| Q4 Jan-Mar 2023/24 | 208 |
| Apr-Mar 2023/24 | 706 |
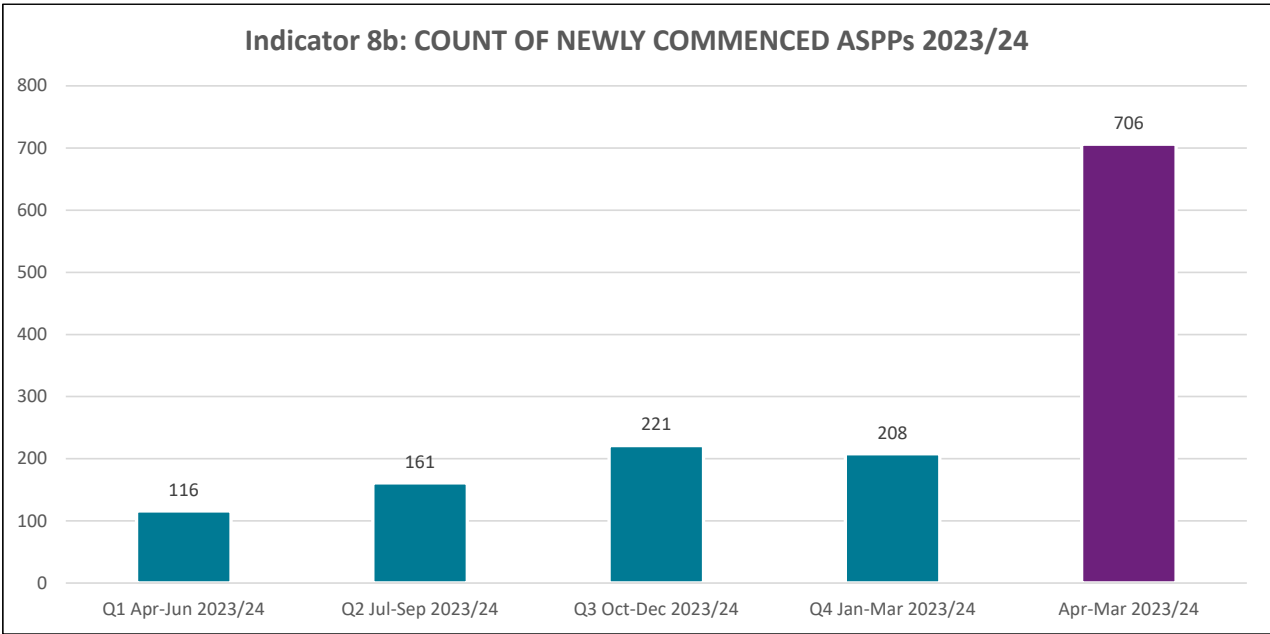
### Analysis:

- Plans are actioned at the investigation stage in Fife.

- Plans are collected with a start date within the reporting period regardless of inquiry triggered date.

- The volume of 'adults at risk' being supported with an ASPP commencing in 2023/24 totalled 706.

## Indicator 10: ACTION TAKEN FOLLOWING INQUIRIES WITHOUT USE OF INVESTIGATORY POWERS 2023/24

| Category | Value |
|---|---|
| Meets three-point criteria - progress to care management | 184 |
| Meets three-point criteria - NFA | 208 |
| Does not meet three-point criteria - ongoing ASP work | 33 |
| Pending/Unknown | 5 |
| Meets three-point criteria — ongoing ASP work | 43 |
| Does not meet three-point criteria — referred to non-ASP services | 164 |
| Does not meet three-point criteria — NFA | 581 |

**Analysis:**

- Of the 1,218 inquiries without use of investigatory powers, 48% (581) did not meet the three-point criteria and no further ASP action was required.  This was followed by 17% (208) meeting the criteria but requiring no further ASP action and 15% (184) meeting the criteria but progressing to care management.

**Indicator 11: ACTION TAKEN FOLLOWING INQUIRIES USING INVESTIGATORY POWERS 2023/24**

| Category | Value |
|---|---|
| Meets three-point criteria - NFA | 102 |
| Meets three-point criteria - progress via other legislation | 34 |
| Does not meet three-point criteria - progress via other legislation | 21 |
| Does not meet three-point criteria - ongoing ASP work | 20 |
| Pending/Unknown | 173 |
| Meets three-point criteria — ongoing ASP work | 79 |
| Does not meet three-point criteria — NFA | 454 |

## Analysis:

- Of the 883 inquiries using investigatory powers, 51% (454) did not meet the three-point criteria and no further ASP action was required.

- 20% (173) of the 883 remained pending as at the end of the reporting quarter they were triggered in within the year.

- Investigations in 2022/23 recorded 15% progressing to further ASP action. Based on the new terminology for actions taken in 2023/24, 11% of inquiries with powers recorded ongoing ASP work (79+20).

## Demographics and Descriptive Data – inquiries with powers   (Source LAS)

| Indicator 13b: | AGE GROUP AND GENDER | | | |
|---|---|---|---|---|
| | Male | | Female | |
| | Apr-Mar 2022/23 | Apr-Mar 2023/24 | Apr-Mar 2022/23 | Apr-Mar 2023/24 |
| 16-17 | 0% | 1% | 1% | 2% |
| 18-24 | 6% | 3% | 5% | 5% |
| 25-39 | 6% | 7% | 10% | 11% |
| 40-64 | 16% | 19% | 23% | 17% |
| 65-69 | 3% | 3% | 3% | 3% |
| 70-74 | 3% | 2% | 3% | 4% |
| 75-79 | 3% | 3% | 3% | 5% |
| 80-84 | 4% | 3% | 6% | 4% |
| 85 + | 2% | 3% | 5% | 5% |
| Not known | 0% | 0% | 0% | 0% |

| Indicator 14b: | Apr-Mar 2022/23 | Apr-Mar 2023/24 |
|---|---|---|
| White | 345 | 675 |
| Asian, Scottish Asian or British Asian | 1 | 0 |
| African, Scottish African or British African | 1 | 0 |
| Other ethnic group | 4 | 12 |
| Not known | 49 | 196 |
| Total | 400 | 883 |

### Analysis:

- In 2023/24, 44% of inquiries with powers were for men and 56% were for women.

- During 2023/24, 36% of inquiries with powers were for adults aged 40 to 64, followed by 18% for adults aged 25 to 39 and 11% for those aged 16 to 24.

- When both age and gender are considered, age group 40 to 64 records most investigations for both males (19% of all males) and females (17% of all females).  This trend is evident in the two reporting years displayed in the above table.

- Of those subject to an inquiry with powers in 2023/24, 77% had an ethnic category of White.  This was followed by Not known at 22% and Other ethnic group at 1%.

**Indicator 15b: INQUIRIES USING INVESTIGATORY POWERS SPLIT BY PRIMARY TYPE OF HARM 2022/23 - 2023/24**

Bar chart showing percentages by primary type of harm for Apr-Mar 2022/23 and Apr-Mar 2023/24:

- Physical: 24%, 17%
- Sexual: ~4%, ~3%
- Psychological: ~17%, 14%
- Financial: 25%, 23%
- Neglect: ~7%, ~10%
- Discriminatory: 0%, 0%
- Self Harm: 21%, ~13%
- Self neglect: (none), ~13%
- Domestic abuse: (none), ~5%
- Other: ~2%, ~0%

Legend: ■ Apr-Mar 2022/23  ■ Apr-Mar 2023/24

**Analysis:**

- During 2023/24, the most notable primary types of harm were financial harm, physical harm and psychological harm, accounting for a total of 55%.

- Physical harm and financial harm are comparable as the highest figures observed during 2022/23.
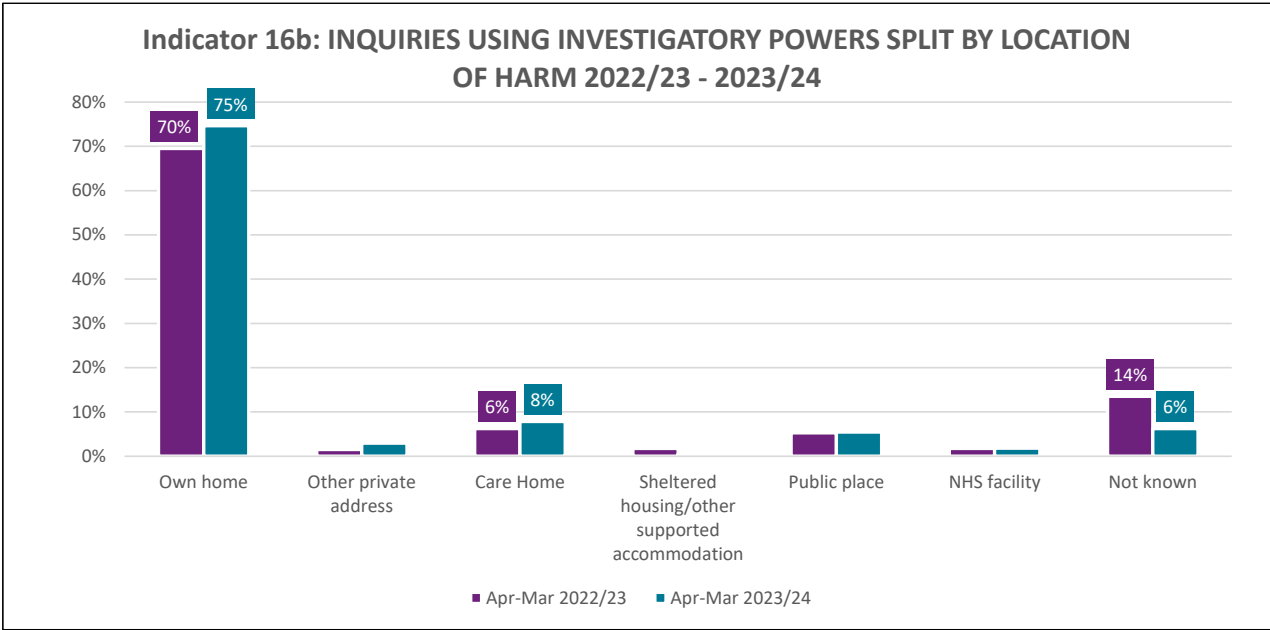
**Indicator 16b: INQUIRIES USING INVESTIGATORY POWERS SPLIT BY LOCATION OF HARM 2022/23 - 2023/24**

Bar chart showing percentages by location of harm for Apr-Mar 2022/23 and Apr-Mar 2023/24:

- Own home: 70%, 75%
- Other private address: ~1%, ~3%
- Care Home: 6%, 8%
- Sheltered housing/other supported accommodation: ~1%, (none)
- Public place: ~5%, ~5%
- NHS facility: ~1%, ~1%
- Not known: 14%, 6%

Legend: ■ Apr-Mar 2022/23  ■ Apr-Mar 2023/24

**Analysis:**

- The most frequent location of harm continues to be the individual's own home, accounting for 75% of the ASP inquiries with powers in Fife during 2023/24 (659 of 883). This is an increase on the proportion observed in the previous year of 70%.

- Care Homes follow at 8% and Not known at 6%.

- Own home, Care Homes and Not known are comparable as the highest figures observed during 2022/23.



Indicator 17b: INQUIRIES USING INVESTIGATORY POWERS SPLIT BY CLIENT CATEGORY 2022/23 - 2023/24
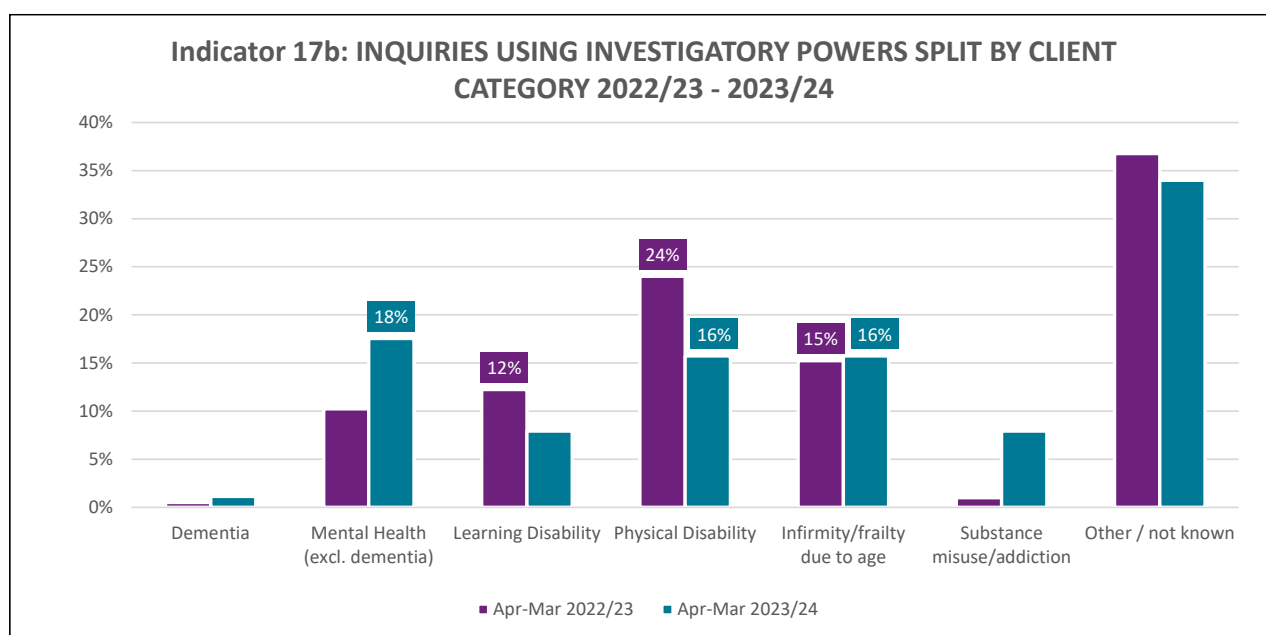
**Analysis:**

- Where recorded, Mental Health (18%), Physical Disability (16%) and Infirmity due to age (16%) were the notable primary client categories for adults subject to ASP inquiries with powers in Fife in 2023/24.

- Physical Disability, Infirmity due to age and Learning Disability recorded the majority during 2022/23.

## Large Scale Investigations **(Source: SW Service)**

*"An LSI is conducted when it is suspected that more than one adult in a given service may be at risk of harm. This may relate to adult residents in a care home, supported accommodation, an NHS hospital or other facility, or those who receive services in their own home. The risk of harm may be due to another resident, a member of staff, some failing or deficit in the management regime or in the environment of the establishment or service."  (Source: Iriss)*

*(newly captured data for 2023/24)*



Indicator 19a: LSIs BY SERVICE TYPE 2023/24
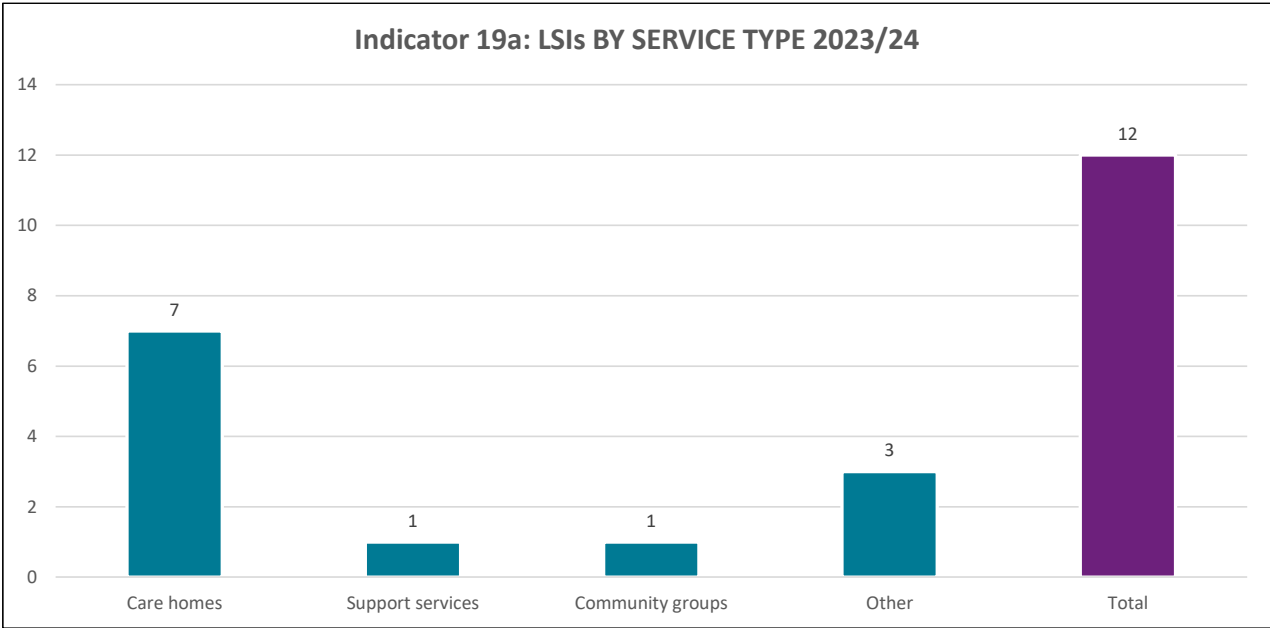
**Analysis:**

- In 2023/24, there were 12 LSIs in Fife.

- Care homes account for 7 LSIs followed by 3 recorded as individuals targeting multiple adults (other) and 1 each for both Support Services and Community Groups.

**Local Timescales**:

To report on timescales, we return to the terminology of IRD and Investigation and count them as a separate activity.

The target in Fife for an IRD is completion within 5 working days from the date of referral to the reviewer's end date.

The target in Fife for an Investigation is completion within 10 working days from the start date of investigation to the reviewer's end date.

Displayed below is the % of IRDs and Investigations with an inquiry start date and completed date within the reporting year.

**Are we meeting local timescales for IRDs?**

IRDs completed within 5 working days
17%

IRDs completed out with target
83%
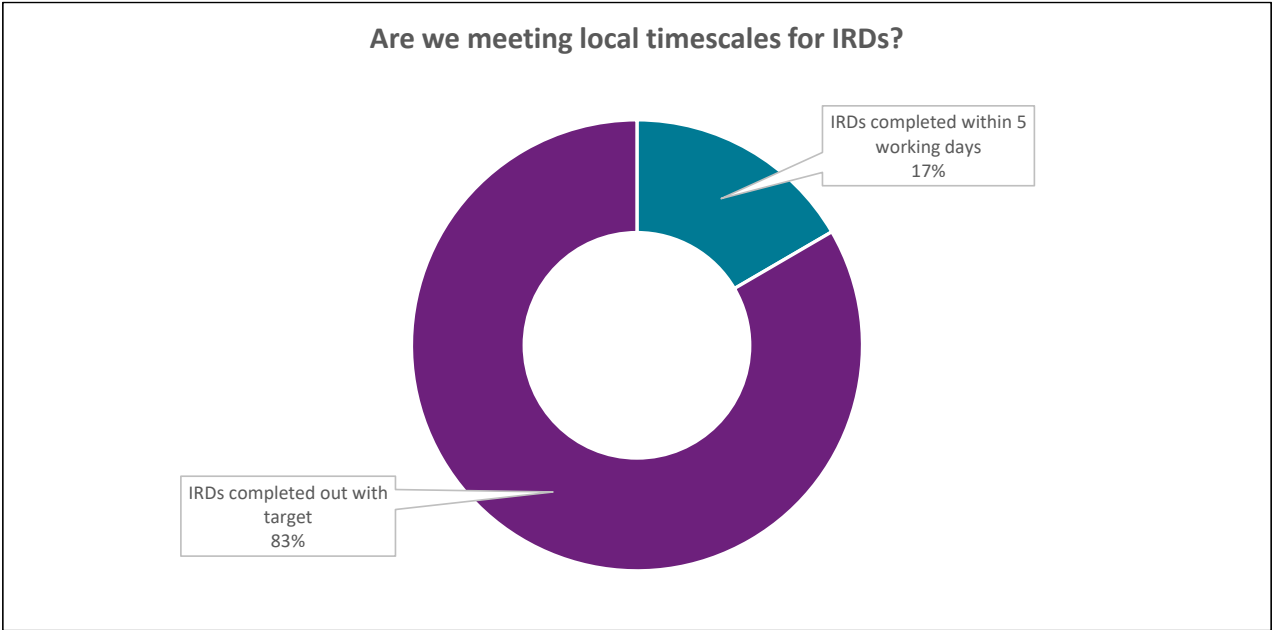
## Are we meeting local timescales for Investigations?



Investigations completed out with target 38%

Investigations completed within 10 working days 62%

**Analysis:**

- Of the 2,101 inquiries that commenced in 2023/24, 17% of IRDs completed were within their target whilst 62% of investigations were completed within their target.

# Future Plans

*"What's the purpose of an ASP Minimum Dataset?*

*Its purpose is to inform planning and support the improvement of services at local and national level. It can provide a baseline, map trends (or progress) to this end. Its value must also be considered alongside other local data and different types of data, including the views of supported people to show the difference that ASP services make and how they can be improved.*

*It should involve all relevant multi-agency stakeholders in learning from it.*

*It should inform biennial reports submitted by Convenors of ASPCs to Scottish Ministers every two years, which analyse, review, and comment upon ASPC functions and activities in the preceding two years.*

*Frequency of ASP Minimum Dataset returns?*

*Data will be returned quarterly within a Financial Year, April-March. The data will be submitted by ASPCs to the Scottish Government, via their designated data processor, which is currently Iriss.*

| Quarterly data return dates 2024/25 | Data collection period (inclusive) | Return Deadline | Anticipated Reporting to APCs for Management Purposes |
|---|---|---|---|
| Quarter 1 (Phase 2) | 01.04.24 - 30.06.24 | 12.08.24 | |
| Quarter 2 (Phase 2) | 01.07.24 - 30.09.24 | 11.11.24 | Jan-25 |
| Quarter 3 (Phase 2) | 01.10.24 – 31.12.24 | 11.02.25 | |
| Quarter 4 (Phase 2) | 01.01.25 – 31.03.25 | 12.05.25 | Aug-25 |

*Who will use the ASP Minimum Dataset?*

*It will be used by the Scottish Government to inform national improvement strategies and plans. The current Improvement Plan will run 2022-25. The minimum dataset will help identify national agenda items that the Scottish Government and ASPCs can usefully take forward together.*

*Data arising may also contribute to policy developments in policy areas that interact with or have an interest in ASP. Analysis and extracts of national data may be used to contribute to communications in the public domain relating to ASP.*

*It will be used locally by multiple agencies with duties and responsibilities to support vulnerable adults and those at risk. Data should be used to support shared learning, drive improvement and inform forward planning."*

*(Source: Iriss FAQs – ASP minimum dataset November 2023)*

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## Actions 2022/23

### Reports of Harm

31% decrease in report of harms being submitted by Police in 2022/23 compared to 2021/22.

**Recommendation 1:** SE&I Group to continue to monitor the source of ASP referrals on a quarterly basis via analysis extracted from LAS.  **ONGOING**

**Recommendation 2:** Police to consider this decrease as a single agency and report back within SE&I Group. Awareness raising of reporting harm to be carried out with Police colleagues.

**Recommendation 3:** In relation to the ASP Minimum Dataset and the changes to data submitted to the SG, regular meetings between ASP team, Social Work, Workforce Development and SWIFT replacement team to ensure that the LAS system can effectively record and report on counts, source and outcomes of ASP referrals particularly with Phase 2 go live for the full set of indicators in April 2024.  **ONGOING**

### Investigations (Inquiries with use of Investigatory Powers)

23 individuals had 2 ASP investigations undertaken within the reporting period.

**Recommendation 4:** SE&I interagency audit 2023/24 to consider including the 23 nominals who have been subject to multiple investigations during this time frame to evaluate if the partnership can strengthen its response to harm, particularly in relation to the support of adults under 65 years.  **ACTIONED**

**Recommendation 5:** Continuation of working group and regular meetings between ASP team, Social Work, Workforce Development and SWIFT replacement team to ensure that the LAS system can effectively record and report on counts, outcomes and nominal demographics from ASP investigations. This will allow us to continue to support the ASP Minimum Dataset and further indicators commencing April 2024.  **ONGOING**

### Harm Types

**Recommendation 6:** Financial harm remains the most common type of principal harm leading to an ASP investigation in Fife during the period 2022/23. L&D Group to consider awareness raising activities and fresh learning in relation to this given the continued increase in this type of harm.  **ACTIONED**

### Location of Harm

The most frequent location of harm continues to be the individual's own home, accounting for over half (70%) of the ASP investigations in Fife during 2022/23 (278 of 400). This is an increase on the proportion observed the previous year (55%) but has remained universal.

Care Homes follow at 6% and Public Places at 5%.

During 2021/22, an estimated 60% of harm reported in Scotland occurred in individuals' own homes.  This was followed by 18% in Care Homes.

**Recommendation 7:** SE&I led Focus Group including private care providers to continue into 2024 to allow further exploration of the data relating to a care home as location of harm given the difference in Fife in comparison to the national average (18% nationally, 6% in Fife). **ONGOING**

## Case Conferences

**Recommendation 8:** Whilst the data extracted for this report indicates an increase over the reporting period for case conferences, this relied upon data gathered from team managers via Microsoft Forms due to difficulties in recording and extracting figures from SWIFT AIS system which was used by Social Work for case recording prior to April 2023. Ways to enable the consistent and accurate recording and extraction of case conferences on the new LAS case recording system should be considered as a priority to enable robust and timely data is easily available to facilitate regular performance monitoring. **ONGOING**

**Recommendation 9:** QA Officer within ASP Team to compile concise guidance sheet for use by team managers about which information to record about case conferences for the SG return. This can be used to ensure consistency of approach across teams, ensure data is directly comparable year-on-year and assist with LAS discussions. This should be accompanied by a simple table / spreadsheet to capture data required for internal performance and statutory reporting. **ACTIONED**

## Protection Orders

There were no ASP protection orders granted in 2022/23 in Fife which is consistent with the previous year.

**Recommendation 10:** L&D Group to consider Protection Order related training as again none of these were granted in Fife during 2022/23 and the same the previous year. This will allow awareness raising of this aspect of the Adult Support and Protection (Scotland) Act 2007 and give practitioners more confidence in the use of these. **ACTIONED**

## Large Scale Investigations

**Recommendation 11:** Ways to enable the consistent and accurate recording and extraction of LSIs on LAS should be considered as a priority to allow robust and timely extraction to facilitate regular performance monitoring and statutory annual returns to the SG. To be followed up by ASP Team QA Officer and Swift Replacement Team. **ONGOING**

# Actions 2023/24

## Involvement in ASP Process

1. Deeper analysis on referrals - source of referrals, repeated referrals and outcome and conversion rates of referrals to be taken forward by the QA Officer within the ASP Team to enable understanding locally and nationally. Data collection to commence for 2024/25 with a comparison to 2023/24.

2. Bespoke LAS training, including recording of an inquiry type, has been rolled out across the Adult's and Older People SW service in 2024.

3. Inter-agency Annual Audit to take place in October 2024 and will consider the recording of referrals and inquiries.

## Multi-agency ASP Case Conferences

4. Ways to enable the consistent and accurate recording and extraction of case conferences on the new LAS case recording system should be considered as a priority to enable robust and timely data is easily available to facilitate regular performance monitoring. *(carried forward from 2022/23)*

## ASP Plans and Use of Powers

5. A priority area of improvement from the ASP Joint Inspection published in August 2021 noted that an adult at risk of harm should have an accompanying protection plan whether subject to case conference or not. Protection Plans are recorded within the main body of an Investigation in LAS. Indicator 8 of the minimum dataset will collect the count of live and newly commenced plans in 2024/25.

6. Iriss revisiting Indicator 10 and 11 of the minimum dataset for further analysis across all partnership submissions to ensure actions listed are suitable for all possible scenarios.

## Demographics and Descriptive Data

7. The minimum dataset reports on the primary type of harm. LAS forms are continuously evolving to allow for further extraction of data recorded within ASP inquiries. This includes the recording of all types of harm to allow analysis locally to identify any trends. Data collection to commence for 2024/25.

## Large Scale Investigations

8.  Ways to enable the consistent and accurate recording and extraction of LSIs on LAS should be considered as a priority to allow robust and timely extraction to facilitate regular performance monitoring and statutory quarterly returns to the SG. To be followed up by ASP Team QA Officer and Swift Replacement Team. *(carried forward from 2022/23)*

9.  LSI Biennial Audit to take place in August 2024 covering the previous 2 financial years and will consider invites, chronologies, agendas, minutes, and reports.

## Additional Local Indicators: Inquiry Timescales

10. This has been considered within the SW ASP Team Managers meeting, with agreement that further audit work should be carried out (NFA and Re-Classification) to evidence ASP safeguarding before any proposed changes can be made.

## Appendix 1: Minimum Data Subset for ASPC Phase 1 2023/24

Phase 1 indicators submitted quarterly to the Scottish Government covering the reporting period April 2023 to March 2024:

| CONTENTS |
|---|
| **INVOLVEMENT IN ASP PROCESSES** |
| Indicator 1      ASP REFERRALS SUBMITTED TO ADULT PROTECTION SERVICE (BY SOURCE) |
| Indicator 2      INQUIRIES WHERE INVESTIGATORY POWERS ARE NOT USED |
| Indicator 3      INQUIRIES USING INVESTIGATORY POWERS |
| **MULTI-AGENCY ADULT SUPPORT AND PROTECTION CONFERENCES (CASE CONFERENCES)** |
| Indicator 4a     INITIAL CASE CONFERENCES |
| Indicator 4b     REVIEW CASE CONFERENCES |
| **ADULT SUPPORT AND PROTECTION PLANS AND USE OF POWERS** |
| Indicator 8b     TOTAL NEWLY COMMENCED ASPPs ONLY |
| Indicator 10     ACTION TAKEN FOLLOWING INQUIRIES WITHOUT USE OF INVESTIGATORY POWERS |
| Indicator 11     ACTION TAKEN FOLLOWING INQUIRIES USING INVESTIGATORY POWERS |
| **DEMOGRAPHICS AND DESCRIPTIVE DATA** |
| Indicator 13b    AGE GROUP AND GENDER (FOR INQUIRIES WITH USE OF INVESTIGATORY POWERS) |
| Indicator 14b    ETHNICITY (FOR INQUIRIES WITH USE OF INVESTIGATORY POWERS) |
| Indicator 15b    TYPES OF HARM (FOR INQUIRIES WITH USE OF INVESTIGATORY POWERS) |
| Indicator 16b    LOCATION OF HARM (FOR INQUIRIES WITH USE OF INVESTIGATORY POWERS) |
| Indicator 17b    CLIENT GROUP (FOR INQUIRIES WITH USE OF INVESTIGATORY POWERS) |
| **LARGE SCALE INVESTIGATIONS** |
| Indicator 19a    LARGE SCALE INVESTIGATIONS (BY SERVICE TYPE) |

## Appendix 2: Minimum Data Subset for ASPC Phase 2 2024/25 (draft)

Phase 2 indicators to be submitted quarterly to the Scottish Government covering the reporting period April 2024 to March 2025:

| CONTENTS | |
|---|---|
| **INVOLVEMENT IN ASP PROCESSES** | |
| Indicator 1 | ASP REFERRALS SUBMITTED TO ADULT PROTECTION SERVICE (BY SOURCE) |
| Indicator 2 | INQUIRIES CONCLUDED WITHOUT THE USE OF INVESTIGATORY POWERS |
| Indicator 3 | INQUIRIES USING INVESTIGATORY POWERS |
| **MULTI-AGENCY ADULT SUPPORT AND PROTECTION CONFERENCES (CASE CONFERENCES)** | |
| Indicator 4a | INITIAL CASE CONFERENCES |
| Indicator 4b | REVIEW CASE CONFERENCES |
| Indicator 5a | ADULTS INVITED TO ATTEND A CASE CONFERENCE (TOTAL) |
| Indicator 5b | ADULTS INVITED TO ATTEND A CASE CONFERENCE (PERCENTAGE UPTAKE) |
| Indicator 6a | INDEPENDENT ADVOCATES INVITED TO ATTEND A CASE CONFERENCE (TOTAL) |
| Indicator 6b | INDEPENDENT ADVOCATES INVITED TO ATTEND A CASE CONFERENCE (PERCENTAGE UPTAKE) |
| **ADULT SUPPORT AND PROTECTION PLANS AND USE OF POWERS** | |
| Indicator 8a | NUMBER OF ADULTS ON ASPPs IN TOTAL AT END OF QUARTER |
| Indicator 8b | NUMBER OF ADULTS WITH NEWLY COMMENCED ASPPs WITHIN QUARTER ONLY |
| Indicator 9a | PROTECTION ORDERS (APPLIED FOR) |
| Indicator 9b | PROTECTION ORDERS (GRANTED) |
| Indicator 10 | ACTION TAKEN FOLLOWING INQUIRIES CONCLUDED WITHOUT THE USE OF INVESTIGATORY POWERS |
| Indicator 11 | ACTION TAKEN FOLLOWING INQUIRIES USING INVESTIGATORY POWERS |
| **DEMOGRAPHICS AND DESCRIPTIVE DATA** | |
| Indicator 13 | AGE GROUP AND GENDER (FOR ALL INQUIRIES) |
| Indicator 14 | ETHNICITY (FOR ALL INQUIRIES) |
| Indicator 15a | PRIMARY TYPE OF HARM (FOR INQUIRIES CONCLUDED WITHOUT THE USE OF INVESTIGATORY POWERS) |
| Indicator 15b | PRIMARY TYPE OF HARM (FOR INQUIRIES USING INVESTIGATORY POWERS) |
| Indicator 16a | LOCATION OF HARM (FOR INQUIRIES CONCLUDED WITHOUT THE USE OF INVESTIGATORY POWERS) |
| Indicator 16b | LOCATION OF HARM (FOR INQUIRIES USING INVESTIGATORY POWERS) |
| Indicator 17a | PRIMARY CLIENT GROUP (FOR INQUIRIES CONCLUDED WITHOUT THE USE OF INVESTIGATORY POWERS) |
| Indicator 17b | PRIMARY CLIENT GROUP (FOR INQUIRIES USING INVESTIGATORY POWERS) |
| Indicator 18a | NO. OF INQUIRIES USING INVESTIGATORY POWERS WHERE ADULT HAS CARING RESPONSIBILITIES |
| Indicator 18b | NO. OF INQUIRIES USING INVESTIGATORY POWERS WHERE CHILD WAS PRESENT AT INCIDENT |
| **LARGE SCALE INVESTIGATIONS** | |
| Indicator 19a | LARGE SCALE INVESTIGATIONS (BY SERVICE TYPE) |
| Indicator 19b | CARE INSPECTORATE ASSIGNED UNIQUE CS NUMBERS |
| Indicator 19c | NHS HOSPITAL LOCATION CODE (PER INDIVIDUAL LSI) |

**Appendix C (Training, learning and development)**

# Fife Adult Support & Protection
www.fife.gov.uk/adultprotection

Adult Support and Protection Training Schedule January 2023 through to December 2023

The Adult Support and Protection Committee are pleased to inform you that our training is now all available virtually with the exception of Council Officer Training (see details on that section).

| Available Courses | |
|---|---|

| | |
|---|---|
| **ASP Harm in the Home** | **72** |
| **ASP Harm in the Care Setting** | **72** |
| **ASP Council Officer Training** | **73** |
| **Council Officer Refresher Training** | **74** |
| **ASP Training for Trainers** | **75** |
| **ASP Working Together** | **76** |
| **ASP Senior Managers Training** | **77** |
| **Council Officer Advanced Practitioner Training** | **77** |

**Application form for non-Fife Council Employees is on Page 79**

| ASP Harm in the Home |
|---|

**(Primarily for frontline practitioners within all partner agencies, support workers, voluntary organisations who are involved with providing support to adults within the community)**

**Learning Outcomes:**

On completion of this course participants will:

- Have developed an understanding of resources available to implement, monitor and maintain high standards of care in a care at home service
- Have explored the complexities and dilemmas protection issues present
- Considered the legislation, guidance and procedures which support good practice
- Have awareness of new legislation
- Ill Treatment and Wilful Neglect will be considered along with the Duty of Candour

**Available dates**
- 24th January 2023
- 16th March 2023
- 15th May 2023
- 7th September 2023
- 8th November 2023

**All full day courses, 9.30am – 4.00pm**

| ASP Harm in the Care Setting |
|---|

**(Primarily for frontline practitioners within all partner agencies, support workers, voluntary organisations who are involved with providing support to adults within a care home setting**

**Learning Outcomes:**

On completion of this course participants will:

- Have developed an understanding of resources available to implement, monitor and maintain high standards of care in care home settings
- Have explored the complexities and dilemmas protection issues present
- Have considered the legislation, guidance and procedures which support good practice
- Be aware of new legislation
- Ill Treatment and Wilful Neglect will be considered along with the Duty of Candour

The course uses materials derived from research undertaken at the University of Hull known as the Marsland indicators which are one method of identifying possible harm and putting in place prevention strategies.

**Available dates**

- 31st January 2023
- 23rd March 2023
- 22nd May 2023
- 14th September 2023
- 15th November 2023

**All full day courses, 9.30am – 4.00 pm**

## ASP Council Officer Training

(Primarily for Social Work Staff with an extended invitation to colleagues from other areas who are heavily involved in ASP activity, e.g. PPU, Health, Housing, SFRS)

Social work staff can attend this training before they have been qualified for 1 year however cannot complete the Council Officer role until they have been qualified for 1 year and completed the full ASP Council Officer Training.

The aim of this course is to provide attendees with an in-depth learning experience in relation to:

- The Foundations of Adult Support and Protection
- The Gateways to Adult Support and Protection
- Engagement, Advocacy and Support, Case Conferences
- Risk Identification and Managers
- Investigative Interviews

Social Workers attending this course will be qualified Council Officer's upon conclusion and will be able to take forward the duties and responsibilities of this role under Adult Support and Protection legislation.  Other agencies/services in attendance at this course will gain an advanced knowledge and awareness of Adult Support and Protection duties and responsibilities and will be able to undertake the role of the second officer.

**Outcome:**

At the end of this 5-day course, you will be a fully qualified Council Officer and be able to take the lead in all Adult Support and Protection duties from IRD though to Case Conference.

**Available courses in 2023, these courses can be booked on Oracle only:**

**Course 1 dates (all days are mandatory) – all virtually**

7th February, 14th February, 21st February, 28th February and 7th March (All Tuesdays)

**Course 2 dates (all days are mandatory) – delivered face to face and via teams**

11th May (face to face training), 18th May (face to face training), 25th May (virtually via teams), 1st June (virtually via teams), 8th June (face to face training) (All Thursdays)

**Course 3 dates (all days are mandatory) – delivery tbc**

23rd October, 30th October, 6th November, 13th November, 20th November
(all Mondays)

**You should retake this course every 5 years.**

**You should take the advance CO course 1 year following CO completion.**

**You should take the CO refresher 3 years following the CO completion.**

**These courses can be booked on Oracle only.**

## Council Officer Refresher Training

(Primarily for Social Work Staff with an extended invitation to colleagues from other areas who are heavily involved in ASP activity e.g. PPU, Health, Housing, SFRS)

This course should be taken 3 years post attendance at the Council Officer Training.

The aim of this course is to provide attendees with a refresh and updates of the Council Officer learning experience in relation to:

• To Understand the Duty to Inquire and Support Options across Protective Legislation for Adults

• To Appreciate the Difference between Executive Capacity and Decisional Capacity and its Application to ASP

• To Consider the Impact of Trauma and Undue Pressure on the Ability of the Adult to Make Safe Decisions

• To Recognise and Respond to Disguised Compliance

• To be Familiar with Fife Inter-Agency Procedures and Protocols, including LSI; Dispute Resolution; Engagement Escalation; Multiple Report of Harm; and the new Adult at Risk Case Conference and their Effective Use

Social Workers attending this course will be updated and refreshed in their Council Officer qualification will be able to continue to take forward the duties and responsibilities of this role under Adult Support and Protection legislation. Other agencies/services in attendance at this course will gain an advanced knowledge and awareness of Adult Support and Protection duties and responsibilities and will be able to undertake the role of the second officer.

**Outcome:**

At the end of this 1-day course, you will be a remain a fully qualified Council Officer and be able to take the lead in all Adult Support and Protection duties from IRD though to Case Conference. You will receive an update on any new learning and changes to the Council Officer Course that has taken place since your previous attendance.

**Available dates:**
- 13th March 2023
- 21st September 2023

**These courses can be booked on Oracle only.**

## ASP Training for Trainers

This interactive course will deepen your skills as a trainer, improving your approach to developing and delivering basic ASP training within your workplace. The aim of this course is to provide attendees with the knowledge, skills and confidence to facilitate basic ASP awareness training within their individual organisations.

**Outcome:**

This 2-day course aims to provide participants with the ability to:

Define who is an 'adult at risk of harm' & 'what is harm' as described in Adult Support and Protection Act (ASP)

Understand the duties to report any concerns & cooperate where there is actual or suspected harm

Appreciate types of harm and their Implications

Be aware of roles & responsibilities to support & protect adults

Appreciate the implications of ASP for day to day working

Gather knowledge, skills and confidence to become a basic ASP Trainer within your own organisation.

**Available course:**

- 3rd and 4th May (both days are mandatory)

**All full day courses, 9.30am – 4.00pm**

## ASP Working Together

**(This course is aimed at multi agency practitioners as well as support workers and voluntary organisations)**

**Learning Outcomes:**

On completion of this course participants will:

- Be aware of the legislation surrounding Adult Support and Protection, including the Adult Support and Protection (Scotland) Act 2007, Mental Health (Care and Treatment) (Scotland) Act 2003 and Adults with Incapacity (Scotland) Act 2000
- Be familiar with Fife Inter-Agency Adult Support and Protection Guidance, know what harm is and be able to identify the indicators of harm
- Understand the requirement to share information to protect adults at risk of harm
- Understand individual and multi-agency responsibilities in Adult Support and Protection and the   legal duty to co-operate under the Adult Support and Protection (Scotland) Act 2007
- Understand good practice in recording and defensible decision-making

**Available dates:**

- 8th March 2023
- 7th June 2023
- 4th October 2023
- 6th December 2023

**All full day courses, 9.30am – 4.00pm**

## ASP Senior Managers Training

**(Social Work (Senior Practitioner, Team Manager, Service Managers, Senior Managers), Health, Police, Housing, Scottish Fire and Rescue Service)**

This training will focus on:

- ASP Context – Single Agency and the ASPC
- Overview of ASP Inter-agency and single agency procedures and roles & responsibilities
- ASP Complexity and Challenges: including significant harm, consent
- MRH and Escalation & Engagement
- The link between ASP Learning Reviews and other parallel processes.
- LSI (regulated and non-regulated)
- ASP Quality Assurance

**Outcome:**

The aim of this course is to provide attendees with an advanced and in-depth learning opportunity relating to complex ASP procedures.  To ensure mutual understanding of the procedures, consistency in application and consideration of challenges and barriers that may arise.

**Available date:**

- 23rd January 2023
- 20th September 2023

## Council Officer Advanced Practitioner Training

(for Social Work Staff only)

This course should be undertaken 1 year post Council Officer Training.

The aim of this course is to provide attendees with

- Advanced interviewing skills
- Interviewing skills when the perpetrator is a family member
- Use and referencing of Human Rights Act in our reports
- Complex ASP cases
- LSI
- MRH/Escalation and Engagement
- Crossing the acts
- ASP Thresholds

**Outcome:**

At the end of this 2-day course, you gain advanced skills and learning in your role as Council Officer and continue to take the lead in all Adult Support and Protection duties from IRD though to Case Conference.

**Available courses:**

- 28th and 29th March 2023
- 24th and 25th October 2023

**These courses can be booked on Oracle only.**

**Spaces are limited so please be sure to book as soon as possible.**

**All Fife Council Employees must book through Oracle.**
**Click on the learning tab and search for**
**ASP Working Together, ASP Harm in the Home, ASP Harm in the Care Setting**

## Application Form

If you would like to book a place on the webinar and **are not a Fife Council Employee,** please fill in the application below and return it to – **LearningAdminBusinessSupport@fife.gov.uk**

Please be advised that non-attendance without notice is likely to result in a fee being incurred. Our courses are offered free of charge; however, it is vital that notice is given when people are unable to attend to ensure maximum places are offered to colleagues across all services. There will of course be occasions where it is not possible to make contact prior to the start of the course. Please ensure contact is made as soon as possible following to advise of reason for non-attendance.

| | |
|---|---|
| Date of the session you wish to attend | |
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| Email Address – Essential for MS Teams link | |
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## E-Learning

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**Professional Curiosity**

**ASP and problematic alcohol & drug use**

**Undue Pressure**

# NHS Fife

| | |
|---|---|
| **Meeting:** | **Public Health and Wellbeing Committee** |
| **Meeting date:** | **12 May 2025** |
| **Title:** | **Screening Inequalities Action Plan** |
| **Responsible Executive:** | **Dr. Joy Tomlinson, Director of Public Health** |
| **Report Author:** | **Dr. Olukemi Oyedeji, Consultant Lead for Adult Screening** |

Executive Summary:

There are notable inequalities in the uptake of adult screening programmes in Scotland and across Fife.

The Scottish Equity in Screening Strategy, published in 2023 requires all Boards to put in place a local screening inequalities plan.

The plan is intended to be a living document that matures over time as the causes of inequalities in screening in Fife are understood better and opportunities are developed to address them.

The NHS Fife Screening Inequalities Action Plan was developed in 2023 to address these inequalities. Active implementation of this Action Plan commenced in December 2024 and a wide range of interventions have commenced and planning for additional interventions are in progress.

It may be difficult to assess the immediate impact of our screening inequalities work on uptake of screening using nationally published data. This is due to the time lag. However, we will establish other proxy evaluation processes to monitor impacts of the screening inequalities work.

## 1    Purpose

**This report is presented for:**

- Assurance

**This report relates to:**

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

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

- Safe
- Effective
- Person Centred

## 2 Report summary

### 2.1 Situation

There are notable inequalities in the uptake of adult screening programmes in Fife.  The NHS Fife Screening Inequalities Action Plan was developed in 2023 to address these inequalities.

This report provides a summary of the NHS Fife Screening Inequalities Action Plan.  It sets out our approach to implement the Action Plan and to monitor potential anticipated impact of these activities.

### 2.2 Background

Screening reduces the risk of serious disease and death from specific conditions in a population.  There are currently five adult screening programmes in Scotland.  They are Abdominal Aortic Aneurysm Screening (AAA), Bowel Screening, Breast Screening, Cervical Screening and Diabetic Eye Screening (DES).

There are substantive inequalities in participation in the national screening programmes in Fife and across Scotland. In all programmes, those living in the most deprived areas are less likely to participate in screening compared to those living in the least deprived areas. There is insufficient data to compare uptake of screening programmes based on other characteristics such as ethnicity, language, disability or homelessness.  However, there is ongoing work by the Screening Oversight and Assurance Scotland (SOAS) to address this gap.  Wider evidence on inequalities in screening is detailed in the NHS Fife Screening Inequalities Action Plan (Appendix A) and the Scottish Equity in Screening Strategy (2023-2026).  Further details about inequalities in uptake for each programme are provided below.

Previous work to address inequalities in screening uptake showed that working directly with people groups who are less likely to attend for their screening can increase uptake.  For example, a pilot project was carried out by the NHS Fife Sexual Health Team to understand why women from underserved populations do not attend for their cervical screening.  These women were aged 25-34 years, and each participant was provided with personalised support to help them to access essential services including their cervical screening.  This brief intervention resulted in cervical screening uptake for 68% of the participants who had been overdue for their smears.  Opportunities will be sought for similar interventions within the scope of the screening inequalities work.

### 2.3 Assessment

The Scottish Equity in Screening Strategy (2023-2026) requires all Boards to put in place a screening inequalities plan.  NHS Fife Action Plan was developed by the Screening Team in collaboration with staff from the individual screening programmes and other relevant stakeholders. A workshop was held in July 2023 to share information about inequalities and discuss options for addressing them. Further conversations were then held with key stakeholders. The plan was signed off by the newly created Fife Screening Inequalities Coordination and Oversight Group on 6th December 2023.  The plan has also been submitted to SOAS and forms part of the materials available for the Scottish Equity in Screening Network.

The implementation of the Screening Inequalities Action Plan in Fife is overseen by a Screening Inequalities Outreach Officer, who works within the Public Health Directorate.

This post is being funded by the screening inequalities funds from the Scottish Government which were received in November 2024. Some key activities areas within the Action Plan include:-

- Governance: The Action Plan is intended to be a living document that matures over time, as the causes of inequalities in screening in Fife are understood better, and opportunities are developed to address them. The Fife Screening Inequalities Governance and Oversight Group have the responsibility for development and oversight of the strategic action plan for Fife.

- Engagement: Staff working with underserved groups and communities within Fife will be trained to understand adult screening and encouraged to promote screening among their clients. This includes staff working within organisations such as Fife Council, General Practice, Mental Health Service, Addiction Services, Pharmacy, voluntary sector and businesses.

- Clinical Services: Collaboration with the Sexual Health Service within NHS Fife to understand barriers to cervical screening and address these barriers for women from underserved groups, such as high deprivation, learning or physical disability, substance dependency, homelessness, offending behaviours and gender based violence.

- Development and dissemination of promotional materials to increase screening awareness among population groups in Fife, with emphasis on areas of lower screening uptake.

Progress so far:

The Screening Inequalities Outreach Officer was employed in December 2024. This has led to the establishment of several network of activities in line with the Action Plan. For the first year of the inequalities works, our main focus will be engagement with staff and community groups, scoping of effective ways of targeting areas of lowest uptake and reporting to the Screening Inequalities Coordination and Oversight Group.

**Education and Training**
- The Screening Team is providing education, training and resources to the teams who engage with populations who are less likely to respond to their screening invitations. This will enable them to support their patients / clients to engage with screening when appropriate. It is hoped that this education and awareness of the screening programmes will encourage attendance and reduce health inequalities in Fife.
- Staff at "Well Services" across Fife have been trained on the importance of adult screening programmes and how to signpost their clients to screening services where required. Appropriate promotional materials have also been provided to support them in doing this.

**First timer intervention**
- There is evidence that when people have a good first-time experience of a screening programme, they are more likely to respond to future screening invitations. Based on this, telephone and/or text interventions have been set up to engage with breast screening and cervical screening participants who

are receiving their first invitations for screening.  This will be rolled out to other screening programmes when there is capacity to do so.

**Awareness Raising across organisations**
- Engagement with other organisations with Fife such as Fife Council, voluntary organisations and Citizens Advice and Rights Fife.
- Ongoing consultation with the "Well at Work" team to embed screening into Health Promotion for workplaces in Fife
- Engagement with East Fife Football Club to promote AAA and Bowel screening
- Work with Community Pharmacies to promote screening to residents in Fife. Screening is being featured in the regular newsletters for pharmacies across Fife.

**Engagement with people who have not attended screening**
- Active telephone engagement with patients who have failed to attend for their diabetic eye screening for several years.
- Bridging the Gap project – this project is to address the physical health needs of people living with enduring mental health conditions.  Screening uptake is a crucial part of this project and there is ongoing work with the Mental Health Services in this regard.

**How we will measure impact:-**
It is essential that we assess whether implementation of the Action Plan results in our desired goal – increased uptake of screening across Fife and a reduction in inequalities of screening uptake.  The overall change will happen over time and it maybe difficult to assess immediate impact of our interventions on uptake based on national published data.  However, some steps are being taken to provide initial insight into the screening inequalities work and how it is being received.  Some of these steps include:-

- Feedback from staff groups who are being trained.
- Feedback from "first-timers" based on the telephone conversations being conducted.
- Review of screening uptake among participants who receive the telephone interventions.
- Monitoring of requests for screening promotional materials from organisations across Fife.  This would be a proxy measure of how their clients are requesting for information about screening with the hope that this can lead to an improved attitude and response to screening invitations.

Monitoring and evaluation of the impact of our screening inequalities activities will be an ongoing aspect of the work.  This will be overseen by the Public Health Screening Team and regularly report for scrutiny to the Screening Inequalities Coordination and Oversight Group.

This report provides the following Level of Assurance:

|  | Significant | Moderate | Limited | None |
|---|---|---|---|---|
| Level |  | X |  |  |
| Descriptor | There is robust assurance that the system of control | There is sufficient assurance that controls upon which | There is some assurance from the systems of control in | No assurance can be taken from the information that has |

| | | | |
|---|---|---|---|
| | 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. | the organisation relies to manage the risk(s) are suitably designed and effectively applied. There remains a moderate amount of residual risk. | place to manage the risk(s), but there remains a significant amount of residual risk, which requires further action to be taken. | been provided. There remains a significant amount of residual risk |

### 2.3.1 Quality, Patient and Value-Based Health & Care

Individuals are encouraged to participate in screening based on the principal of informed consent. The role of Public Health is to ensure that all eligible individuals for screening are given accurate and sufficient information about screening to enable them to take an informed decision on whether or not to participate in screening. Additionally, it is also essential that individuals are supported to access screening if they choose to do so. This will ensure that no one is prevented from being screened as a result of lack of understanding of the importance of screening or inability to access screening.

Screening is a key aspect of prevention and early diagnosis within the healthcare system in the UK. For all the screening programmes, health conditions can be detected at an early stage which allows for a more effective, less invasive and cheaper treatment. Screening programmes such as cervical and bowel, could also lead to the prevention of cervical and bowel cancer respectively.

### 2.3.2 Workforce

Implementation of the Screening Inequalities Action Plan requires additional staffing resource. This is because the additional activities set out within the Action Plan cannot be delivered within core screening service capacity. These activities include proactive engagement with staff within the healthcare system and the wider community settings to raise awareness of screening as well as working closely with population groups who find it harder to access healthcare services.

### 2.3.3 Financial

Implementing the Action Plan requires adequate funding to support the recruitment of screening inequalities outreach workers and to provide promotional materials for organisations and groups for ongoing dissemination within their network. Currently, this work is being funded through the Scottish Governments' Screening Inequalities Fund allocation for NHS Fife.

A key limitation is that the Scottish Governments' Inequalities Fund is provided annually with no guarantee of a year-on-year allocation. The screening inequalities outreach worker/s are being recruited on fixed-term contracts. This provides some level of uncertainty around our ability to sustain the screening inequalities programme in the long run.

Alternative sources of funding to sustain this work are being explored. This includes potential support from the Fife Health Charity to widen the scope of interventions and increase the impact of this work.

### 2.3.4 Risk Assessment / Management

The main risk associated with the implementation of the Screening Inequalities Action Plan relates to sustainable funding to support the work. There is a risk that the implementation of the Action Plan will not be sustained.

Inability to address inequalities in screening uptake would result in fewer opportunities to identify people at an early stage of developing disease. The result of these missed opportunities is poorer health outcomes for people living in our more deprived communities in Fife and this will further increase health inequalities.

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

The Screening Inequalities Action Plan aims to reduce inequalities in uptake between people living in the most deprived communities in Fife and those living in the least deprived communities. This is essential because screening can prevent ill health and save lives.

The plan was developed with input from a wide range of stakeholders to ensure that actions outlined would address inequalities in screening uptake among population groups who are less likely to do so without additional support. Examples of these stakeholders include learning disability nurses and the Mental Health Services.

### 2.3.6 Climate Emergency & Sustainability Impact

There is no obvious negative impact of the implementation of this Action Plan on NHS Fife's ability to meet the climate change target.

### 2.3.7 Communication, involvement, engagement and consultation

The Screening Inequalities Action Plan was developed following robust engagement with a wide range of stakeholders. This cumulated in a workshop held in July 2023. The implementation of the Action Plan also involves ongoing communication and engagement with various stakeholders through physical meetings, virtual engagements, emails and Microsoft Teams meetings.

### 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.

- NHS Fife Screening Inequalities Coordination and Oversight Group – 6th December 2023 (sign off for the Screening Inequalities Action Plan)
- NHS Fife Annual Integrated Screening Report – 23 October 2024 (Screening Inequalities Plan was summarised in this report)
- Director of Public Health – 16 April 2025
- Executive Leadership Team – 24 April 2025

## 2.4 Recommendation

This paper is provided to members for:
- **Assurance** – This report provides a **"moderate" level of assurance.** Inequalities in screening uptake is being address through the implementation of this Action Plan with

oversight and scrutiny from the Screening Inequalities Coordination and Oversight Group.  Preliminary output from this work will be reported through the Annual Integrated Screening Report 2025.

## 3    List of appendices

The following appendices are included with this report:

- Appendix No.1, NHS Fife Screening Inequalities Action Plan 2023-2028

**Report Contact**
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# NHS Fife Screening Inequalities

# Action Plan

# 2023-2028

# Contents

# Background

## Adult Screening Programmes in Scotland

Public Health screening programmes aim to improve health outcomes by detecting the early signs of a condition in people who appear to be healthy, so that disease can be prevented, or treatment can be started earlier. Screening therefore reduces the risk of serious disease and death from specific conditions in a population.

In Scotland, there are currently 5 adult screening programmes (excluding the pregnancy and newborn screening programme), which have been implemented at a national level following advice from the National Screening Committee (NSC). These are;

- Abdominal Aortic Aneurysm (AAA) Screening
- Bowel Screening
- Breast Screening
- Cervical Screening
- Diabetic Eye Screening

It is very likely that more adult screening programmes will be introduced in the future, for example the NSC has recommended that the UK should move towards implementing targeted lung cancer screening for people at high risk.

## Inequalities in uptake of Adult Screening Programmes in Fife

There are substantive inequalities in participation in the national screening programmes in Fife. In all programmes, those living in the most deprived areas are less likely to participate in screening compared to those living in the least deprived areas. Further information on inequalities in each programme are provided below.

| Summary of Inequalities in Adult Screening Programmes in Fife | |
|---|---|
| **Abdominal Aortic Aneurysm (AAA) Screening** | In 2021-22, overall uptake in Fife was 86.8%. Uptake among men living in the most deprived areas of Fife was 79.5%, compared to uptake of 89.7% in the least deprived areas.<br><br>This inequality in uptake is exacerbated by differences in AAA risk. In 2021-22 in Scotland, men living in the most deprived areas of Scotland had a test positivity rate of 1.8%, compared to a test positivity rate of 0.9% in the least deprived areas. |
| **Bowel Screening** | In 2020-2022, overall uptake in Fife was 66.8%. Participation was higher in women (68.8%) than men (64.7%). Uptake among people living in the most deprived areas of Fife was substantially lower (56.2%) than uptake among those living in the least deprived areas (75.1%). |
| **Breast Screening** | In 2019-2022, 72.5% of eligible women in Fife participated in breast screening. Uptake was substantially lower in the most deprived areas of Fife (63.1%) compared to the least deprived areas (81.4%). |

| Cervical Screening | In 2021-22, 70.2% of eligible women in Fife were up to date with their cervical screening. Uptake was lower in the most deprived areas of Fife (63.2%) compared to the least deprived areas (75.9%). |
| --- | --- |
| | When analysed by age, uptake is lowest in women aged 25-29 (58.1%) and highest in women aged 50-54 years (77.3%). |
| Diabetic Eye Screening | In 2020-21, 86% of diabetic eye screening appointments were attended. Uptake was lower among people living in the most deprived areas (82.2%) compared to people living in the least deprived areas (92.3%). |

Limited information is collected on the characteristics of people who do and do not participate in screening, and there are significant gaps in local evidence for inequalities in screening. For example, we do not routinely and consistently collect data about ethnicity, disability or other protected characteristics in our screening programmes. This means that our understanding of likely inequalities in screening are informed by the data that is collected on age, gender and postcode (and therefore SIMD) of participants, and from evidence from research studies in the UK that may be generalisable to Fife. Further information about inequalities in adult screening programmes in Fife is available at Appendix A.

## Development of the Screening Inequalities Action Plan

The Scottish Equity in Screening Strategy requires all Boards to put in place a "screening inequalities plan."[1] This action plan was developed by the Screening Team in collaboration with staff from the individual screening programmes and other relevant stakeholders. A workshop was held in July 2023 to share information about inequalities and discuss options for addressing them. Further conversations were then held with key stakeholders, and the plan circulated for comments. The plan was signed off by the newly created Fife Screening Inequalities Coordination and Oversight Group on 6th December 2023.

The action plan is intended to be a living document that matures over time, as the causes of inequalities in screening in Fife are understood better, and opportunities are developed to address them.

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[1] Action 5.3 Health screening: equity in screening strategy 2023 to 2026 - gov.scot (www.gov.scot)

# NHS Fife Screening Inequalities Action Plan

| Theme | Activity | Initial Actions | Responsibility of: |
|---|---|---|---|
| **Cross cutting activities** | | | |
| Governance | 1. Establishment of a Fife Screening Inequalities Coordination and Oversight Group. The Fife Screening Inequalities and Oversight Group will have responsibility for development and oversight of the strategic action plan for Fife | 1.1. Draft TOR | Screening Team |
| | | 1.2. Identify and approach potential participants. | Screening Team |
| | | 1.3. Identify date for first meeting. | Screening Team |
| | 2. Establish a Fife Screening Inequalities post. | 2.1. Write job description and fill post. | Screening Team |
| | 3. Keep relevant stakeholders in Fife up to date on local data and trends about inequalities in screening. | 3.1. Provide the presentation on screening inequalities across all programmes to each Fife adult screening programme committee. | Screening Team (Inequalities Officer) |
| | | 3.2. Provide an update on inequalities in screening in Fife annually to each Fife adult screening programme committee. | Screening Team (Inequalities Officer) |
| | 4. Keep relevant stakeholders in Fife up to date on national work on screening inequalities by end of November 2023 and then ongoing. | 4.1. Share summary of national activities (set out in the Screening Equity Strategy) that may impact on Fife activities to address inequality to all Fife screening programme committees. | Screening Team (Inequalities Officer) |
| | | 4.2. Provide updates on national inequalities activities to all Fife screening programme committees under the inequalities agenda item at each meeting. | Screening Team (Inequalities Officer) |
| | | 4.3. Twice yearly Update to all stakeholders by Sway newsletter. | Screening Team (Inequalities Officer) |

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| | | | |
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| | 5. Encourage the use of quality improvement methodology and evaluation in work to address inequalities. | 5.1. The Screening Inequalities Officer to undertake e-learning on quality improvement. | Screening Team staff training |
| | | 5.2. Ensure that feasibility of evaluation is considered for all new initiatives intended to address inequalities in screening in Fife. | Screening Team (Inequalities Officer) |
| | | 5.3. Share evaluations of initiatives at the Fife Screening Inequalities Coordination and Oversight Group | Screening Team (Inequalities Officer) |
| | | 5.4. Share evaluations of initiatives at the Public Health Assurance Committee, PHAC meetings, at least annually. | Screening Team (Consultant in Public Health Lead for Adult Screening or representative) |
| | | 5.5. Explore how to encourage and support learning from quality improvement across all screening programmes, e.g. through the creation of a Fife Screening QI teams channel, newsletter, meetings or other activities | Screening Team (Inequalities Officer) |
| Staff Engagement | 6. Create a 'calendar of screening campaign key dates' so that planning for activities to promote key messages for screening can be linked to wider activities within Fife. | 6.1. Create calendar and share it with stakeholders to sense check and for further input. | Screening Team/ Health Promotion Service, Information Resource Centre |
| | 7. Develop an 'Introduction to Adult National Screening Programmes in Fife' seminar which can be delivered online or in person to staff in Fife. | 7.1. Develop existing presentation into a seminar and pilot it with staff, including use of nationally available e-learning to support it. | Screening Team (Inequalities Officer) |

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| | | 7.2. Liaise with Fife health Promotion Team to have it included in the annual courses brochure they produce. | Screening Team/ Health Promotion Training Team, Health Promotion Service |
| | | 7.3. Identify key staff groups and promote it to them. | Screening Team (Inequalities Officer) |
| | 8. Develop a programme of staff engagement activities linked to the calendar of screening key dates. | 8.1. Liaise with NHS Fife Comms to identify routes for promoting screening messages to staff. | Screening Team (Inequalities Officer) |
| | | 8.2. Liaise with Fife Council comms to identify routes for promoting screening messages to staff, particularly those working in social care. | Screening Team (Inequalities Officer) |
| | | 8.3. Develop promotional materials such as blogs for highlighting different aspects of screening at different times of year to coincide with wider awareness activities. | Screening Team (Inequalities Officer) |
| | 9. Update material on Blink. | 9.1. Liaise, and review annually with Public Health office manager to update the material on Blink about adult screening programmes, including information about screening inequalities. | Screening Team (Inequalities Officer) |
| Specific Groups | 10. Promote adult screening programmes using the Health and Social Care Partnership the Well project | 10.1. Provide information for the Well staff about adult screening programmes in an accessible format. | Screening Team (Inequalities Officer) |
| | | 10.2. Provide leaflets that can be handed out for each Well folder. | Screening Team (Inequalities Officer) |
| | | 10.3. Undertake a light touch evaluation to explore whether screening is promoted through the Well. | Screening Team (Inequalities Officer) |

| | 11. Work with General Practice to improve awareness of inequalities in screening programmes, improve easy to use information about screening in Fife, and share good practice in promoting screening in this context. | 11.1. Develop a clear summary document of screening in Fife and who to contact if someone thinks they have missed a screening opportunity. | Screening Team (Inequalities Officer) |
|---|---|---|---|
| | | 11.2. Provide a flowchart depicting the new cervical screening guidelines as a quick reference tool for general practice. | Screening Team (Inequalities Officer) |
| | | 11.3. Provide annual data about screening rates for each general practice (or area if practice-specific information not available). | Screening Team (Inequalities Officer) |
| | | 11.4. Attend Fife practice managers meeting to provide information on inequalities in screening and hear directly from practices what is already happening. | Screening Team (Inequalities Officer) |
| | | 11.5. Collate and share examples of what general practice are already doing to promote screening. | Screening Team (Inequalities Officer) |
| | | 11.6. Provide promotional resources that can be used by general practice to promote screening to coincide with the screening calendar, for example printed posters and materials for practice Facebook pages and digital screens. | Screening Team (Inequalities Officer) |
| | 12. Work with community pharmacy to promote screening to people already attending a community pharmacy. | 12.1. Develop a pilot community pharmacy project to provide written information to patients about screening programmes as part of pharmacy interactions. | Screening Team (Inequalities Officer) |

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| | | | |
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| | 13. Identify organisations working with people with physical disabilities in Fife and develop proposals for improving our understanding of barriers to accessing screening in Fife by people living with disabilities. | 13.1.   Work with Fife Voluntary Action to identify appropriate organisations and run a workshop to explore barriers and possible work to improve uptake. | Screening Team (Inequalities Officer) |
| | | 13.2.   Develop a proposal for work to seek the involvement of people with physical disabilities in understanding and addressing barriers to screening uptake | Screening Team (Inequalities Officer) |
| | 14. Identify organisations working with people from ethnic minorities in Fife, and develop proposals for improving our understanding of barriers to accessing screening in Fife by this group | 14.1.   Work with Fife Voluntary Action to identify appropriate organisations and run a workshop to explore barriers and possible work to improve uptake. | Screening Team (Inequalities Officer) |
| | | 14.2.   Develop a proposal for work to seek the involvement of people from ethnic minorities in understanding and addressing barriers to screening uptake | Screening Team (Inequalities Officer) |
| | 15. Develop a programme of employer engagement activities linked to the calendar of screening key dates to enable employers in Fife to promote screening to their staff, particularly in low uptake areas. | 15.1.   Develop a clear "offer" for employers to promote screening. | Screening Team/ Workplace Team, Health Promotion Service |
| | | 15.2.   Run a seminar for employers to provide an overview of screening and seek feedback on planned "offer" to employers. | Screening Team/ Workplace Team, Health Promotion Service |
| | | 15.3.   Deliver promotional activity for screening programmes tied to the calendar of screening key dates | Screening Team/ Workplace Team, Health Promotion Service |
| | 16. Explore the feasibility of promotion of screening programmes through community organisations in low uptake areas, e.g., bowling clubs. | 16.1.   Identify possible community organisations in low uptake areas, where feasible. | Screening Team (Inequalities Officer) |
| | | 16.2.   Develop a 'menu' of options which could be offered (e.g., posters for toilets, info for newsletters, community champions), where feasible. | Screening Team (Inequalities Officer) |

| | | | |
|---|---|---|---|
| | 17. Provide clear summary information on screening for staff working with people with learning disabilities and explore the feasibility of creating or sourcing more leaflets written for people with learning disabilities to explain screening. | 17.1. Develop a clear summary document of screening in Fife and who to contact if someone thinks they have missed a screening opportunity. | Screening Team (Inequalities Officer) |
| | | 17.2. Work with NSO and other Boards (e.g. NHS Lothian) to identify what resources already available to explain screening to people with learning disabilities and consider the need for commissioning additional resources. | Screening Team (Inequalities Officer) |
| | 18. Work with mental health services as part of the Bridging the Gap project to improve our understanding of participation in screening by people with severe mental illness (SMI), and improve access. | 18.1. Undertake an audit to assess what proportion of mental health inpatients are not up to date on screening. | Bridging the Gap Project Lead/ Inequalities Officer |
| | | 18.2. Participate in the SLWG reviewing Passport for Health the value of this resource to promote screening is maximised. | Screening Team (Inequalities Officer) |
| | | 18.3. Ensure that Bridging the Gap work to strengthen systems to identify and address physical health issues includes work to improve screening. | Bridging the Gap Project Lead/ Inequalities Officer |
| | 19. Work with ADP staff to explore options for promoting screening to people affected by alcohol and drug misuse. | 19.1. Work with ADP colleagues to consider how screening could be incorporated into wider work to promote healthy behaviours in people affected by alcohol and drug misuse. | Screening Team (Inequalities Officer) |
| | 20. Work with all screening programme boards to support them to identify and take forward specific activities to address inequalities in their programme by Summer 2024. | 20.1. Discussions at all programmes committee meetings about priorities for action to address inequalities in their programme. | Screening Team/ Screening Programme Committees |
| | | 20.2. Plan with specific activities for each programme agreed. | Screening Team/ Screening Programme Committees |

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| Programme Specific Activities | | | |
|---|---|---|---|
| AAA | *Discuss at programme committee* | | |
| Breast | *Discuss at programme committee* | | |
| Bowel | *Discuss at programme committee* | | |
| Cervical | *Discuss at programme committee* | | |
| Diabetic Eye Screening | *Discuss at programme committee* | | |

# Appendices

## Appendix A – Inequalities in Adult Screening in Fife (as at Summer 2023)

There are inequalities in the screening programmes in Fife, as there is substantial variation in uptake of screening across different areas and people with different characteristics. Analysis of these is set out by screening programme in the following pages. Limited information is collected on the characteristics of people who do and do not participate in screening, and there are significant gaps in local evidence for inequalities in screening. For example, we do not routinely and consistently collect data about ethnicity, disability or other protected characteristics in our screening programmes. This means that our understanding of likely inequalities in screening are informed by the data that is collected on age, gender and postcode (and therefore SIMD) of participants, and from evidence from research studies in the UK that may be generalisable to Fife.

Uptake of screening refers to the proportion of those eligible for screening who have participated in at least part of the screening pathway. Data on the proportion of people who have made an informed choice not to participate in a screening programme is not collected, and so it should be noted that the proportion of those not participating includes both those who have made an informed choice not to participate, and those not participating for other reasons.

## Abdominal Aortic Aneurysm (AAA):

The most recent data available for AAA screening is 2021-22. Overall uptake in Fife is 86.8%, which is higher than uptake in 2020-21 (86.2%) and higher than the Scottish average uptake of 72.6%, although it should be noted that the Scottish average for 2021-22 is significantly lowered as a result of low uptake levels in Lanarkshire and Highland.[2]

Uptake for those living in the most deprived areas of Fife is lower (79.5%) than in the least deprived areas (89.7%), which reflects the pattern seen more widely in Scotland, as depicted in Figure 1.
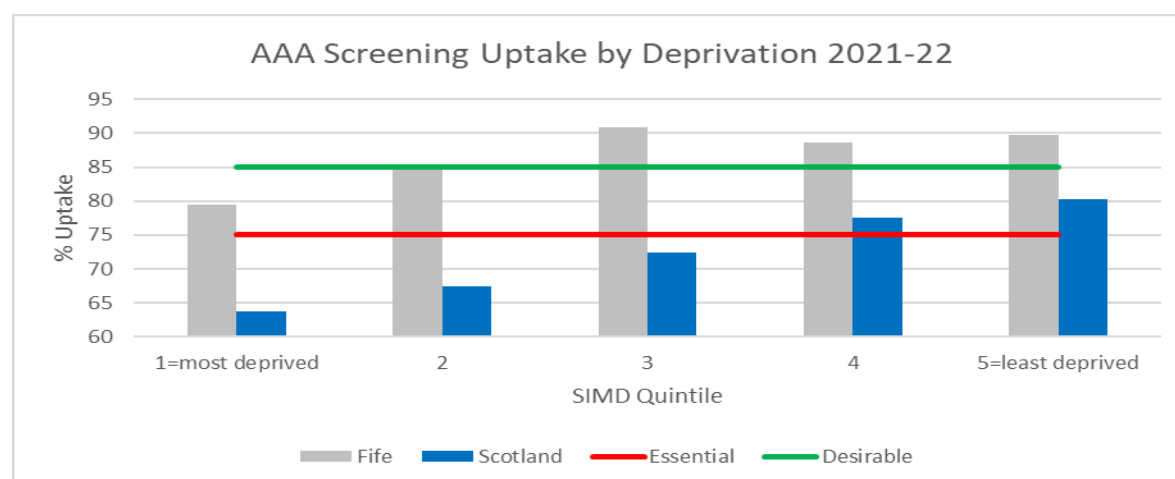


Figure 1: AAA Screening Uptake in Fife and Scotland, 2021-22

Over recent years, uptake of AAA screening in Fife has improved slightly, from 85.3% in 2017-18 to 86.8% in 2021-22, and the gap between uptake in the most deprived area compared to the best performing area has reduced from 13.9% to 11.4%, as depicted in Figure 2.
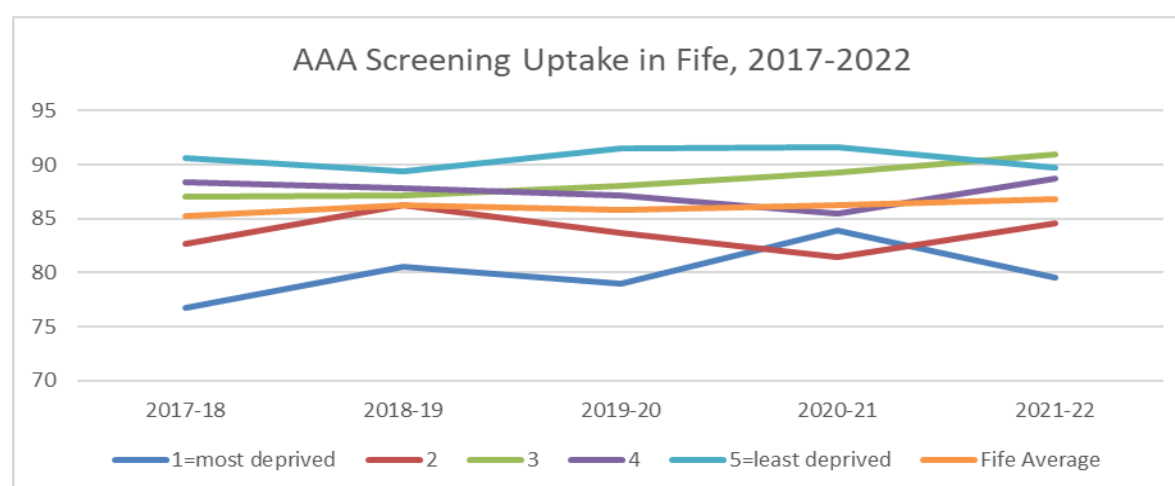


Figure 2: AAA uptake in Fife, 2017-2022.

The latest GP practice level data, for 2020-21, shows that just 3 GP practices had levels of uptake falling below essential threshold. A further 18 practices had uptake that met the essential threshold (75%) but fell below the desirable threshold (85%).

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[2] https://www.publichealthscotland.scot/publications/scottish-abdominal-aortic-aneurysm-aaa-screening-programme-statistics/scottish-abdominal-aortic-aneurysm-aaa-screening-programme-statistics-year-ending-31-march-2022/ [Accessed 4 Sepetmber 2023]

## Bowel Screening:

The latest published data available for bowel screening uptake covers the period 1 May 2020 to 30 April 2022, and is affected by the pause in screening invitations between March and October 2020.[3] Overall, 66.8% of those invited to participated had a complete screening test in Fife, slightly higher than the average in Scotland of 66.7%. Uptake is higher in women (68.8%) than men (64.7%), also reflecting the picture in Scotland. Participation in Screening has increased compared to the previous reporting period, where 65.2% of people participated.

Uptake in the most deprived areas of Fife was significantly lower (56.2%) than uptake in the least deprived areas (75.1%), reflecting the picture seen in Scotland. The gap between the most and least deprived quintiles has increased from 18% to 18.9% over the last year due to uptake in the least deprived quintile of men increasing more rapidly than uptake in the most deprived quintile of men. A comparison with Scottish uptake by deprivation is provided in Figure 3.
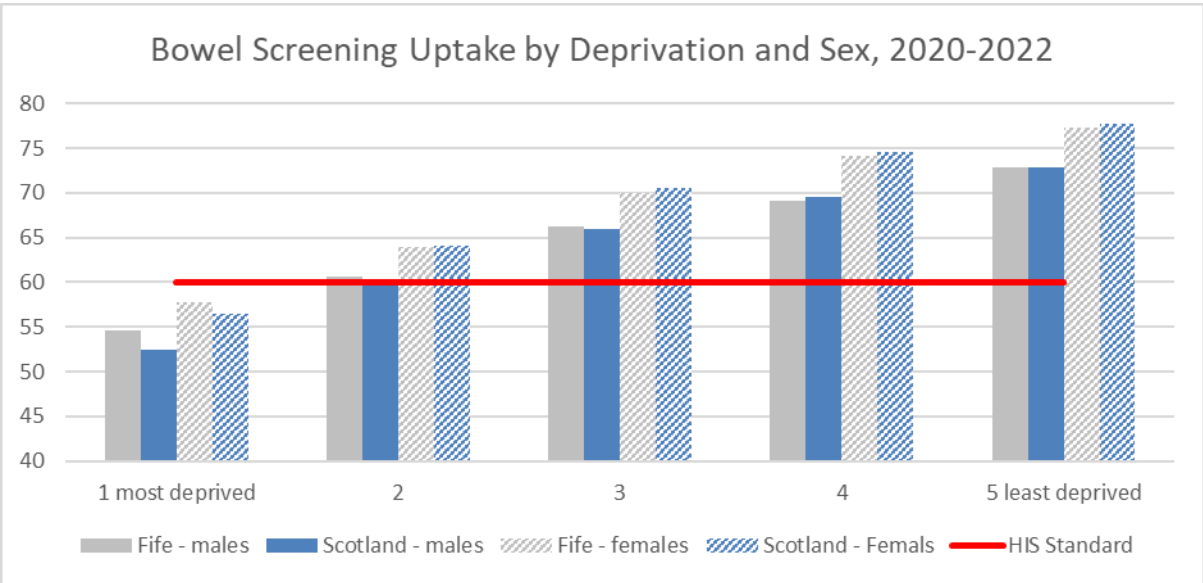


Figure 3: Bowel screening by SIMD quintile and sex,  Fife and Scotland, 1 May 2020 – 30 April 2022.

Trends over time show that uptake has increased in recent years for all SIMD quintiles, but that increases have been roughly equal across SIMD groups, and so inequalities in uptake have remained relatively static. This is depicted in Figure 4.

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[3] https://publichealthscotland.scot/publications/scottish-bowel-screening-programme-statistics/scottish-bowel-screening-programme-statistics-for-the-period-of-invitations-from-may-2020-to-april-2022/ [Accessed 4 September 2023]
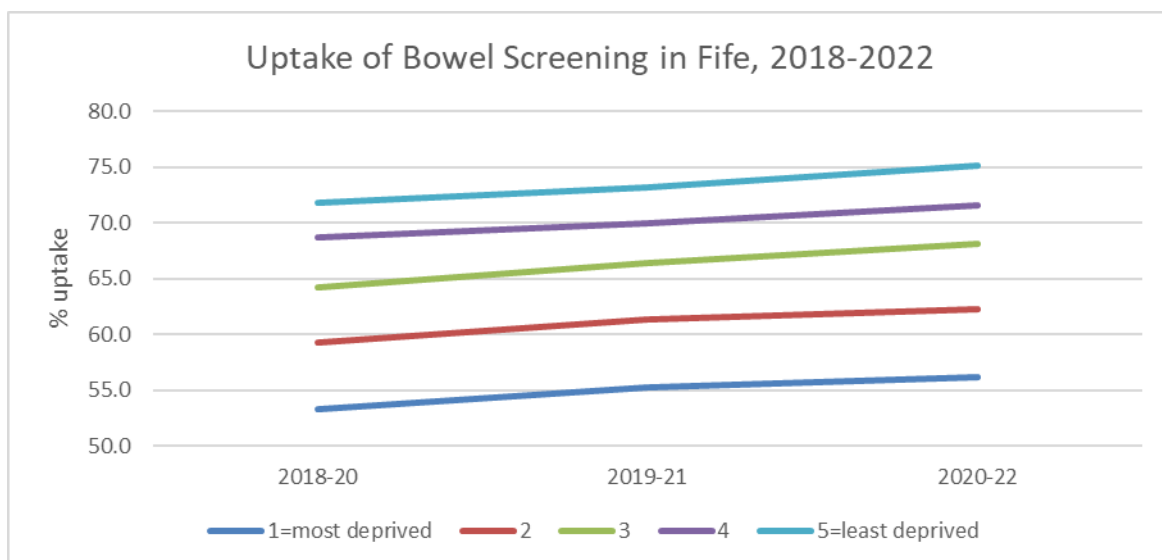
Figure 4:  Uptake of bowel screening in Fife, 2018-2022 by SIMD

Analysis at interzone level shows that 23 of 104 intermediate zones in Fife have uptake below the HIS standard of 60%. As illustrated by the map of this data, the intermediate zones with low uptake are generally clustered in specific areas of Fife. Analysis of uptake by GP practice in 2021 indicates that there were 13 GP practices where uptake in males, or males and females, was below the HIS standard of 60%.
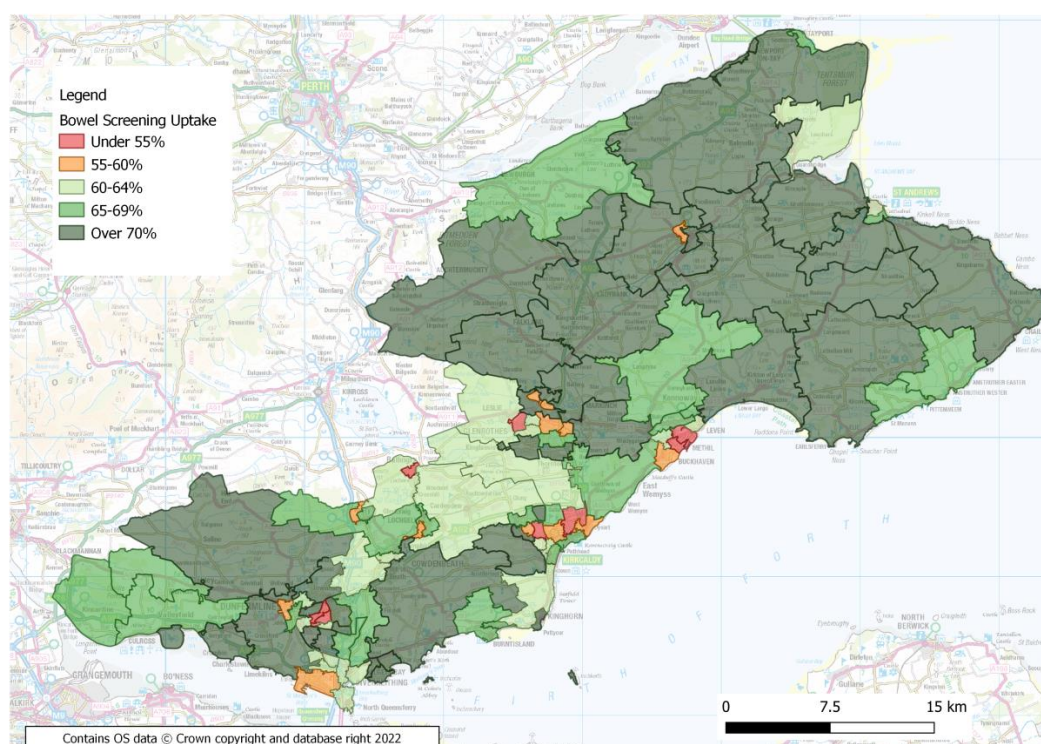


Figure 5: Map of uptake of Bowel screening by intermediate zone, 2020-2022.

## Breast Screening:

As eligible women are invited to screening every three years, data on breast cancer uptake is analysed in 3-year rolling periods. The most recent periods have been affected by a pause in screening during the pandemic from March to August 2020.  In 2019-2022, 72.5% of eligible women participated, a figure which met the acceptable performance standard of >= 70%, but was lower than the Scottish average of 74.5%.[4] Variation in recent years is depicted in Figure 6.
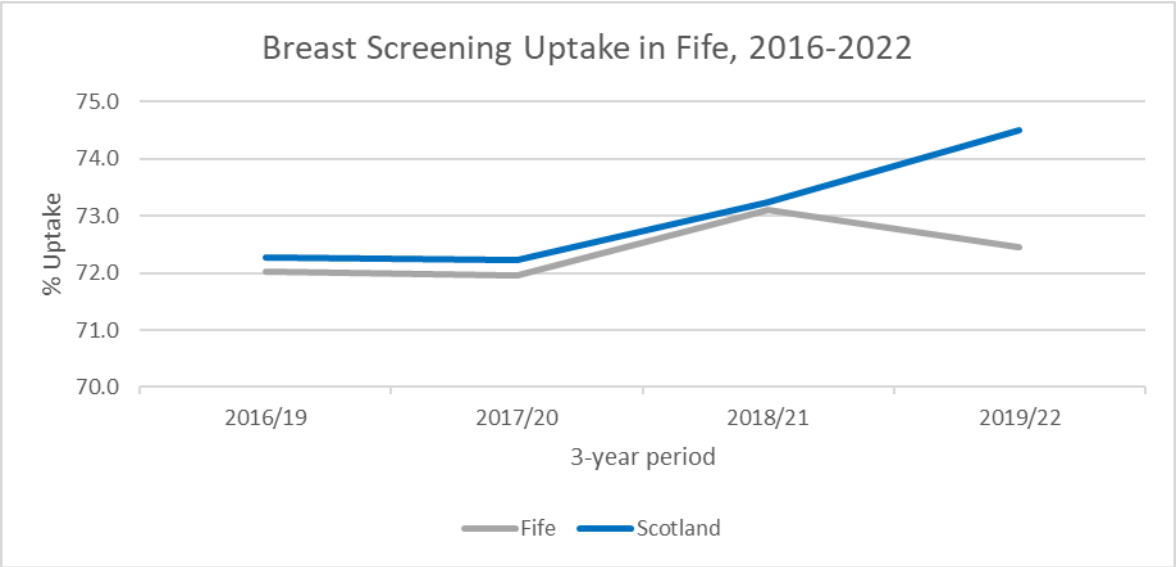


Figure 6: Breast screening uptake by 3 year period, Fife and Scotland

Breast screening uptake was significantly lower in the most deprived areas of Fife (63.1%) compared to the least deprived areas (81.4%). This variation is similar to the pattern seen in Scotland as a whole, as depicted in Figure 7.
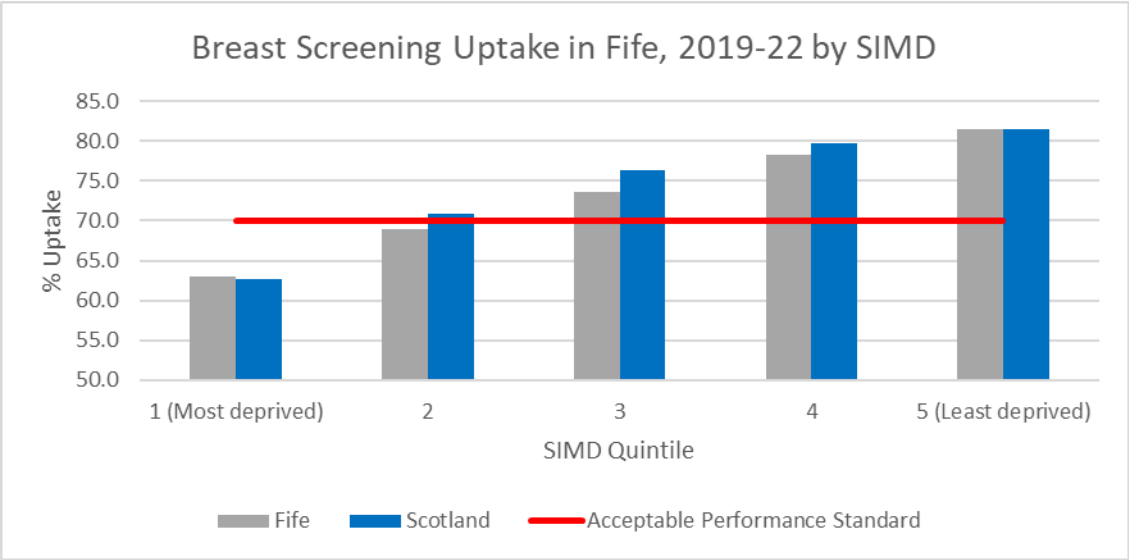


Figure 7: Breast screening uptake by SIMD in 2019-22, for Fife and Scotland.

Data on breast screening uptake by GP practice or intermediate zone is not available.

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[4] https://publichealthscotland.scot/publications/scottish-breast-screening-programme-statistics/scottish-breast-screening-programme-statistics-annual-update-to-31-march-2022/ [Accessed 4 September 2023]

Data is not published providing a breakdown of screening uptake by age, or at a Board level differentiating between women previously screened and women new to screening. However, in 2021/22 for Scotland uptake of screening varied significantly by previous engagement with the screening programme, as set out in Table 1.

| Table 1: Uptake of Screening by type of invitation in 2021-22, for Scotland | |
|---|---|
| **Type of invitation** | **Uptake in 2021-22** |
| Routine invitation (first invitation to screening) | 74.9 |
| Routine invitation (previous non-attenders) | 31.0 |
| Routine invitation (within 5yrs of last attendance) | 90.4 |
| Routine invitation (outwith 5yrs of last attendance) | 58.4 |

## Cervical Screening:

Cervical screening is offered every 5 years, or more frequently if a previous screening test has detected HPV.. The latest data is affected by a temporary pause in cervical screening between March and September 2020. In 2021-22, 70.2% of eligible women in Fife were up to date with their cervical screening.[5] This was slightly higher than the Scottish average uptake of 68.7%, but reflects a trend of reducing uptake over recent years, see Figure 8.
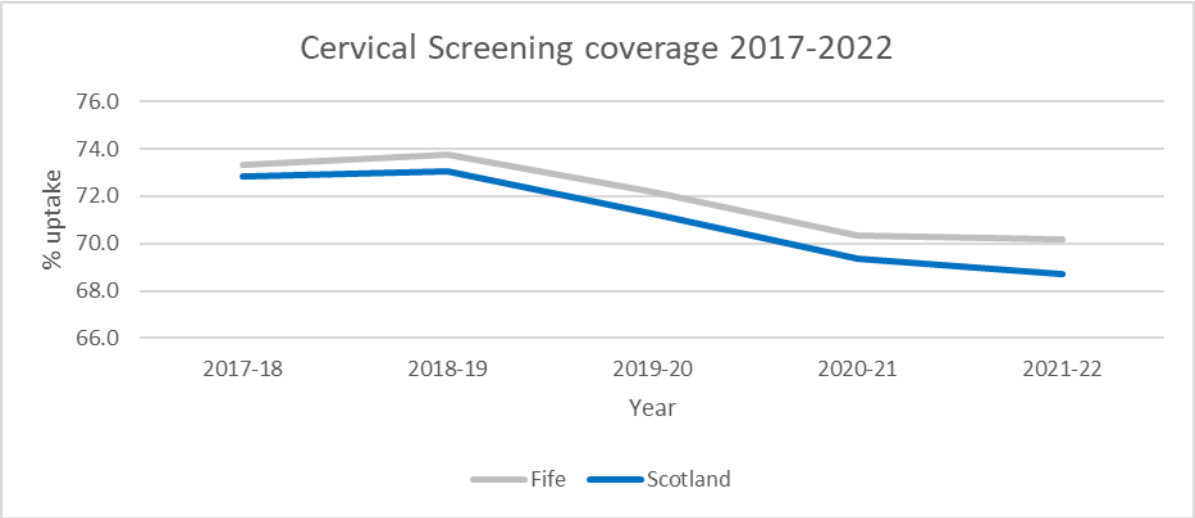


Figure 8: Cervical screening coverage, 2017-2022

Overall, coverage was lowest in the most deprived quintile (63.2%) and highest in the least deprived quintile (75.9%), this is similar to Scotland. When uptake is broken down by 5-year age groups for Fife, it is lowest in women aged 25-29 (58.1%) and highest in women aged 50-54 years (77.3%), which reflects the pattern in Scotland, although Fife has higher uptake in younger age groups than the Scottish average, as shown in Figure 9.
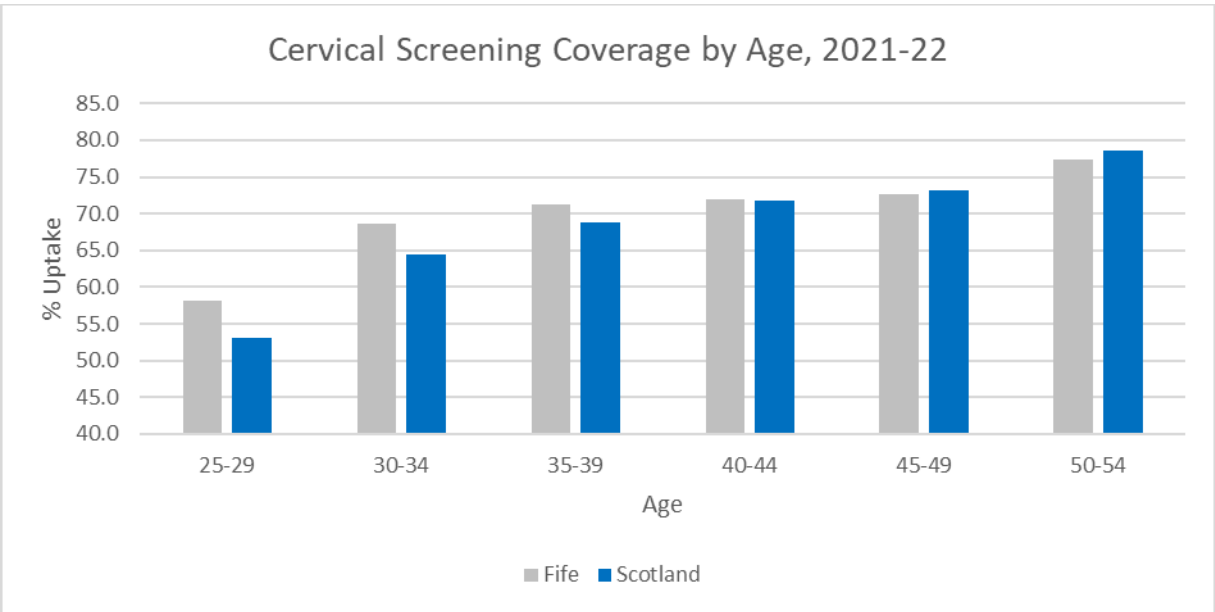


Figure 9: Cervical screening coverage by age, 2021-22

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[5] https://publichealthscotland.scot/publications/scottish-cervical-screening-programme-statistics/scottish-cervical-screening-programme-statistics-annual-update-to-31-march-2022/ [Accessed 4 Sepetmber 2023]

Screening coverage was 12.7% lower in the most deprived areas compared to the least deprived areas, as depicted in Figure 10.
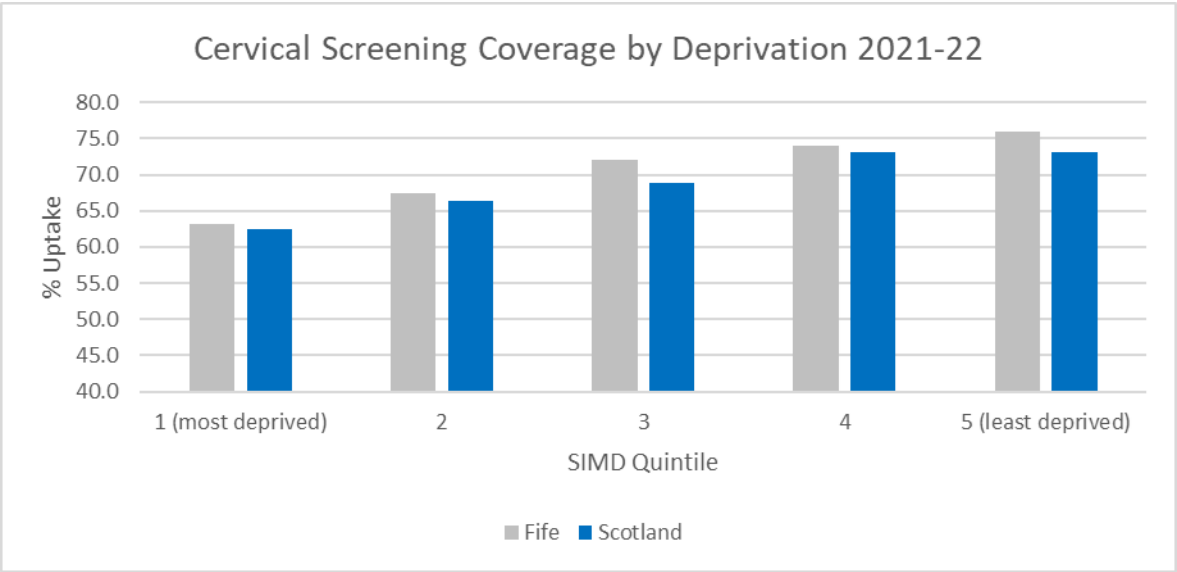


Figure 10. Cervical screening coverage by SIMD, 2021-22.

## Diabetic Eye Screening (Diabetic Retinopathy):

In May 2020, the national software platform for the screening programme was replaced with a new system, and Key Performance Indicator reports have not been published since this change. Therefore the latest data available is from 2019/20, and this data is affected by a pause in screening in March 2020.[6]

In 2019/20, 21,185 people in Fife were eligible for diabetic retinopathy screening. Of these, 75.9% attended at least once for screening, higher than the Scottish average of 72.4%, but below the target uptake of 80%. Screening was lower than in previous years in 2019/20, but it is thought that this is due to the pause in screening introduced in March 2020.

Analysis undertaken in 2021 of participation in diabetic eye screening in Fife, using data from SCI diabetes between 1 November 2020 and 31 October 2021 found that 10595 appointments were allocated in this time, with an 86% attendance rate. Attendance was lower in more deprived areas, as depicted in Figure 11. Attendance was also lower among younger people, and those who had been diagnosed a number of years previously.
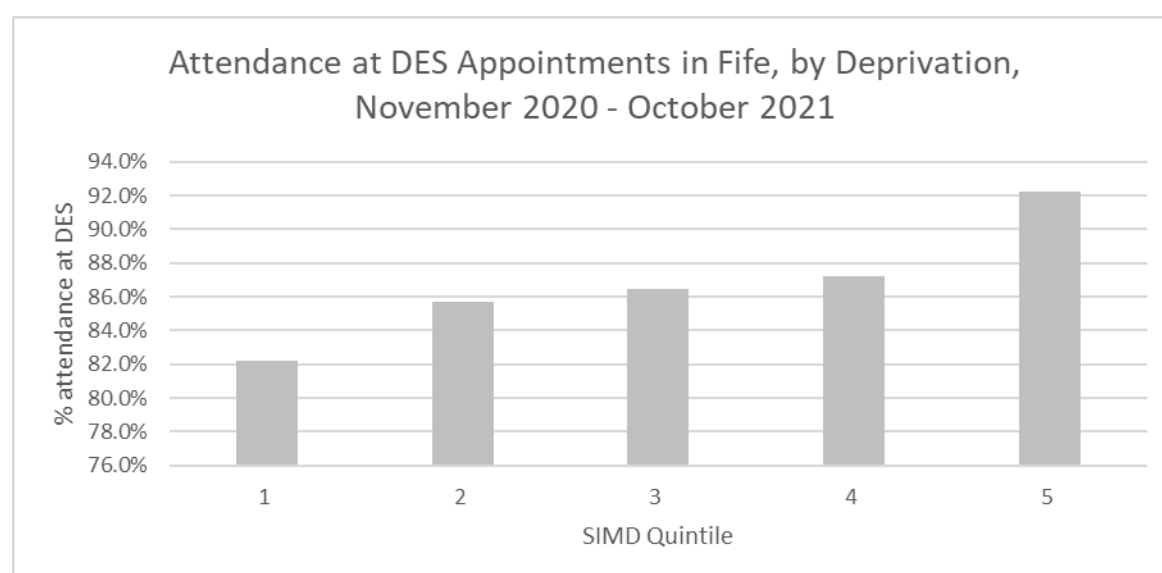


Figure 11. % Attendance at scheduled DES appointment by SIMD, 2020-21.

Previous work undertaken in NHS Fife sought to contact patients who had not attended in 2014-16, and encouraged them to undergo screening. This project found that 16.1% of patients in this audit who had not attended recently required a referral to an eye clinic, compared to an average of 2.2% for patients in undergoing screening in Fife. This suggests that people who have repeatedly not attended diabetic eye screening are at much higher risk of diabetic retinopathy than the general diabetic population.

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[6] NHS Fife Integrated Screening Report 2022

## Appendix B - Wider evidence on inequalities in screening:

Research in the UK and overseas has demonstrated that there are specific groups of people who are less likely to participate in screening than the general population. Possible barriers to screening include where and how screening is delivered, the knowledge and skills of the screening workforce, language and cultural barriers, anxiety surrounding the process and result, perceptions about eligibility, previous experience of the health system and costs such as transport costs.[7]

There are significant data gaps in relation to wider inequalities in screening in Scotland, with analysis generally only possible for age, sex and deprivation, which mean it is not possible to fully quantity the extent of screening inequalities in Scotland. Addressing these data gaps is one of the priorities ongoing national-level work to address inequalities in screening.

Key findings from this research evidence is summarised below.

Certain ethnic groups: A retrospective cohort study in Scotland found that white British (non-Scottish) and Chinese men had higher uptake of bowel screening compared to white Scottish men. However, men in all South Asian groups had lower uptake, with the lowest uptake seen in Pakistani men. Similar patterns were seen in women, with lowest uptake seen among Pakistani women. Compared to the reference population (Church of Scotland), Muslim, Sikh and Hindu men had lower rates of uptake. There was a similar pattern in women.[8]

Women from ethnic minority groups are less likely to attend cervical screening compared to White British women, and the disparity is particularly great for certain ethnic minority groups, such as Indian and Bangladeshi women.[9]

Individuals with learning disabilities: There is evidence that people with learning disabilities, autism or both are less likely to access screening.[10] For example, uptake of breast screening and cervical screening is lower in women with a learning disability than the general population, and participation in bowel cancer screening can be difficult for people with a learning disability.

People with severe mental illness: The severe mental illness (SMI): inequalities in cancer screening uptake report, published in September 2021, looked at participation in cancer screening in this population in England.[11] It found that people with SMI were 18% more likely not to have participated in breast screening, 20% more likely not to have participated in cervical screening and 31% more likely not to have participated in bowel screening compared to people without SMI.

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[7] Robb, Kathryn A. 'The integrated screening action model (I-SAM): A theory-based approach to inform intervention development', *Preventative Medicine Report*, 23.101427 (2021) <https://doi.org/10.1016/j.pmedr.2021.101427>.
[8] Campbell, Christine., Douglas, Anne., Williams, Linda, et al. *'Are there ethnic and religious variations in uptake of bowel cancer screening? A retrospective cohort study among 1.7 million people in Scotland'. BMJ,* 10 (2020) <http://dx.doi.org/10.1136/bmjopen-2020-037011>
[9] https://www.gov.uk/government/publications/nhs-population-screening-inequalities-strategy/phe-screening-inequalities-strategy
[10] https://www.gov.uk/government/publications/population-screening-supporting-people-with-learning-disabilities/population-screening-reducing-inequalities-for-people-with-a-learning-disability-autism-or-both#improving-access-to-screening
[11] https://www.gov.uk/government/publications/severe-mental-illness-inequalities-in-cancer-screening-uptake/severe-mental-illness-smi-inequalities-in-cancer-screening-uptake-report

People with physical disabilities: A study in England found that women with disabilities are less likely to participate in breast screening and bowel screening than those without disabilities.[12] This is particularly the case for those with disabilities relating to vision or ability to self-care, or for those with 3 or more disabilities. Although similar evidence is not available for men, it is likely that they experience similar barriers to participation.

People in long term care: There is limited evidence in relation to screening uptake for people in long term care, but women in prison have been found to have higher rates of cervical cancer and be less likely to have had cervical screening, and a rapid review of the impact on health outcomes of NHS commissioned health services for people in prisons found that screening was an area needing improvement.[13]

Equalities profile of Fife: Fife Council report that in 2018/19, it was estimated that one in three residents had a long-term physical or mental health condition, and in 2020; 10,190 residents were entitled to disability living allowance. 23.8% were of working age, and 43% were over state pension age.[14]

The 2011 census data indicates the population of Fife is mainly White (91.2%), with 80.1% being White Scottish and 11.1% White Other British.  Minority ethnic groups constitute 8.6% of the population. Estimates for minority ethnic groups in Fife include 2% White Polish (7,500 people) 0.6% Asian (2,240), and 1.1% (4,100) from all other ethnic groups. Equivalent data from the 2022 census is not yet available.

## Appendix C - Summary of inequalities in Fife:

Inequalities in participation in national screening programmes contribute to inequalities in health and life expectancy in Scotland. Overall, the experience in Fife is similar to that of Scotland more generally, with significant inequalities evident in the data. Evidence from the rest of the UK suggests that there are also significant inequalities in participation in screening associated with specific people groups, about whom we do not have good data in Fife.

Across all of the programmes there is a difference between uptake in the most deprived areas and uptake in the least deprived areas. This is greatest in the Bowel and Breast screening programmes. As might be expected as a result, where data is available at GP practice level, certain practices have consistently lower uptake in screening programmes than average.

Very little data is currently available to assess inequalities in screening programmes in Fife at stages other than the initial screening test.

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[12] Floud, S., Barnes, I., Verfürden, M. *et al.* Disability and participation in breast and bowel cancer screening in England: a large prospective study. *Br J Cancer* **117**, 1711–1714 (2017). https://doi.org/10.1038/bjc.2017.33
[13] https://www.gov.uk/government/publications/population-screening-reducing-inequalities-in-secure-settings/nhs-population-screening-improving-access-for-people-in-prisons
[14] https://www.fife.gov.uk/__data/assets/word_doc/0024/241827/Equality,_Diversity_and_Human_Rights_-Equality_Outcomes_2021-2025.docx

# NHS Fife

| | |
|---|---|
| **Meeting:** | **Public Health & Wellbeing Committee** |
| **Meeting date:** | **12 May 2025** |
| **Title:** | **United Nations Convention on the Rights of the Child (Incorporation) (Scotland) Act 2024 Update Report** |
| **Responsible Executive:** | **Lisa Cooper, Head of Service Primary & Preventative Care Services** |
| **Report Author:** | **Dr Matthew Neilson, Consultant in Public Health, Child Health Commissioner, NHS Fife** |

Executive Summary:

- The United Nations Convention on the Rights of the Child (Incorporation) (Scotland) Act 2024 places requirements on public bodies to act compatibly with the UNCRC.

- This paper is presented for assurance in relation to structures and activities within Fife HSCP and NHS Fife to meet these requirements, and is an update to the paper presented at the IJB on 31/5/24.

- Significant progress has been made in relation to UNCRC responsibilities, for example on communications, complaints, staff training, and updating of EQIA and SBAR templates.

- Continued compliance and longer term work is proposed to be coordinated via a UNCRC Implementation Group, for which draft terms of reference are included as an appendix.

- Potential risks in relation to meeting the UNCRC requirements have been discussed and options for risk management are presented in this paper.

- The paper provides a *moderate* level of assurance and members are asked to note the establishment of a Fife UNCRC Implementation Group

# 1    Purpose

**This report is presented for:**

- Assurance

**This report relates to:**

- Government policy / directive
- Legal requirement
- Local policy
- National Health & Wellbeing Outcomes / Care & Wellbeing Portfolio

- NHS Board Strategic Priorities:
  1. To Improve Health & Wellbeing
  2. 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 is an update to the paper presented at the IJB on 31/5/24 on the UNCRC (Incorporation) (Scotland) Act 2024, as requested by the Chair of the IJB and is presented for *assurance* to the Public Health and Wellbeing Committee.

### 2.2    Background

Incorporation means that public bodies must act compatibly with the UNCRC, and gives children, defined as those under the age of 18, or those acting on their behalf the right to seek legal redress, and the Children's Commissioner additional powers to intervene or bring proceedings where rights may have been breached. This means that organisations will need to consider the way they work and change processes, services and decision making to ensure that activity is compatible with the UNCRC.

### 2.3    Assessment

The updated NHS Fife and HSCP UNCRC Implementation group Terms of Reference is included in Appendix 1.There has been significant progress with the following:

- A communications activity plan for staff and externally has been put in place for NHS Fife and Fife HSCP with Communications staff in each organisation supporting this.

- Training and resources have been made available on stafflink for NHS staff, generating queries from staff to a dedicated email address

- Organisation EQIA and SBAR templates in NHS Fife and Fife HSCP have been updated to include UNCRC and discussions are ongoing on strengthening the use of Children's Rights and Wellbeing Impact Assessments (CRWIAs)

- A workshop on child friendly complaints has been held involving Patient Relations and clinical staff

- The governance in NHS Fife and Fife HSCP has been strengthened with a formal governance link via Equality and Human Rights in NHS Fife being established

- A process for ensuring new and updated clinical policies are UNCRC compatible is under discussion.

Other areas will require ongoing work over a longer timescale:

- Child friendly information in all services where relevant
- Developing processes for Engagement and Participation of children and young people, and ensuring they are not omitted from existing processes
- Advocacy and human resource implications
- Financial and procurement implications

These are intended to be addressed in the proposed NHS Fife UNCRC Implementation Group which will begin meeting in spring/summer 2025.

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 Act should increase accountability and quality of services for children and young people, both directly and indirectly.

### 2.3.2 Workforce
Training and support for the workforce is covered in the action plan.

### 2.3.3 Financial
Discussion has taken place with NHS Finance colleagues, and procurement colleagues are aware. The Act may influence financial decision making, and there is a substantial section on children's rights budgeting in 4.2.2 of the non-statutory guidance. Note that it is

not yet known how the term "to the maximum extent of their available resources' will be interpreted in the context of domestic legislation, progressive realisation of rights, and the difficult financial situation.

**2.3.4  Risk Assessment / Management**

Draft risks have been discussed and there are several options to deal with this. New legislation such as the Health and Care (Staffing) (Scotland) Act 2019 can be dealt with as a corporate risk. In other cases such as the Equality Act 2010, where the legislation has become more embedded and the aim is that intention is that compliance becomes part of the culture and usual processes, this is not dealt with as a risk. For the Health and Social Care Partnership, an issue leading to legal dispute would normally be dealt with by the parent bodies i.e. NHS Fife or Fife Council, depending on where the issue arose. It is not within the scope of this paper to consider risk in relation to Fife Council processes.

Options for dealing with UNCRC legislation in NHS Fife could be:

1.  Do not use risk framework, however accept there could be legal implications for NHS Fife.

2.  Manage as a project risk for NHS Fife on DATIX. The risk is held by the UNCRC Implementation group, and then reviewed after a period of time for inclusion as an operational or other risk.

3.  Manage as an operational risk for NHS Fife. A decision would be needed about where this is held eg acute, corporate, and all NHS services, including in HSCP, would contribute to actions.

4.  Manage as a corporate risk for NHS Fife. It would need to reach the threshold for a corporate risk. An issue within the HSCP relating to Fife Council services would be dealt with through Fife Council processes.

5.  Manage as a corporate risk for NHS Fife and the HSCP. In addition to option 4, the HSCP would need to consider this across Fife Council services within the HSCP, which is an additional level of complexity.

Members are asked to consider the most appropriate approach.

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

The promotion of the UNCRC should have a positive impact on equality. The EQIA template for NHS Fife has been updated to include children's rights, and the HSCP EQIA already includes this.

**2.3.6  Climate Emergency & Sustainability Impact**

Children and young people will be impacted to a greater extent by climate change and this will impact on various rights in future, including Article 24 the right to health.

**2.3.7  Communication, involvement, engagement and consultation**

NHS Fife staff participate in the Children's Rights Oversight group with partner agencies. Communications for staff have been made using a number of different channels in the lead up to Incorporation: senior leader messages, senior leader emails, stafflink pages and

updates, screen backdrops. This includes flagging to Primary Care Cluster leads, and the Acute Senior Leadership 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.

- SLT 12th August 2024
- PPC Quality Matters Assurance 25th September 2024
- HSCP Quality Matters Assurance 24th January 2025
- EDG 20th March 2025
- Quality Communities Committee 25th April 2025

## 2.4  Recommendation

This paper is provided to members for:

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

Members are asked to note the establishment of a Fife UNCRC Implementation Group.

## 3  List of appendices

The following appendices are included with this report:

- Appendix No. 1, Fife UNCRC Implementation Group Terms of Reference

**Report Contact**
Dr Matthew Neilson
Consultant in Public Health, Child Health Commissioner, NHS Fife
Email matthew.neilson4@nhs.scot

# Appendix 1   TERMS OF REFERENCE   *DRAFT V4*

**NHS Fife UN Convention on the Rights of the Child (UNCRC) Implementation Group**

| OVERARCHING PRINCIPLES |
|---|

| 1. | PURPOSE |
|---|---|

The UNCRC Implementation Group will support planning, development and delivery for NHS Fife and Fife H&SCP in relation to incorporation of the UNCRC into Scots Law as per UNCRC (Incorporation) (Scotland) Act 2024.

| 2. | ROLE |
|---|---|

The UNCRC Implementation Group will:

- Progress NHS Fife wide approaches to priorities relating to the implementation of UNCRC in an action plan to prepare for implementation on 16 July 2024 and embed UNCRC aligned processes thereafter.

- Link with Fife Partnership Board via the Children in Fife Group, as well as national groups including the UNCRC Strategic Implementation Board, NES leadership group, Child Health Commissioners, Together Professional Panel.

- Agree education and training for NHS Fife staff in line with national guidelines and interagency and health specific requirements.

- Agree and capture good practice and share the learning across Acute and Community and Corporate services.

- Identify and ensure effective management of risk and escalate risks to strategic groups as required.

- Identify areas where UNCRC is potentially in conflict with existing laws and ensure oversight and co-ordination of escalation as required

| 3. | REMIT |
|---|---|

To facilitate and support implementation of the UNCRC across NHS Fife and Fife Health and Social Care Partnership, both child specific and adult or corporate services as they apply to under 18s. Note in due course the group may become an Oversight, rather than Implementation group.

| 4. | ACCOUNTABILITY |
|---|---|

The Executive Lead is Lynne Garvey, Director of Fife HSCP.  For NHS Fife aspects, Executive Lead is Janette Keenan Nurse Director.

Membership of this working group does not alter the existing arrangements for professional and operational accountability.

## 5. MEMBERSHIP

Members of the Implementation group will represent both NHS Fife and Fife Health and Social Care Partnership staff. There may be operational subgroups.

Core Membership of the Group will be as follows, and where members are unable to attend a deputy should be in attendance. Members are responsible for ensuring that information is shared or action is undertaken within the services they represent.

| Current | Suggested new |
|---|---|
| Child Health Commissioner/Consultant in Public Health (Chair) | Child Health Commissioner/Consultant in Public Health (Co-chair) Senior Manager Community Children's Services (Co-chair) |
| Lead Nurse Community Children's services | Lead Nurse Community Children's services and FNP/School Lead Nurse |
| FNP/School Lead Nurse | CAMHS |
| Young People's Development Worker | Patient Experience Team Lead |
| Equality and human rights lead | Acute Women & Children |
| Children and young people OT | NHS Fife Communications |
| ADHD specialist nurse | Finance |
| Nurse team lead CYPCNS (Community nursing) | Practice development |
| Team leader school nursing | HSCP- adult services |
| Team leader Health Visiting | Human resources |
| Acute- midwifery/paediatrics | Acute- adult services |
|  | Primary Care – ? Clinical Director and/or GP Cluster lead |

Note: third sector, independent sector and care experienced already included in Fife Partnership UNRC Oversight group, and Corporate Parent Board.

## 6. REPORTING ARRANGEMENTS

The group reports to both the NHS Fife Equality and Human Rights Steering Group, and to the Child Health Management Team in the Health and Social Care Partnership.

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│ Director of Health &     │          │  Director of Nursing     │
│ Social Care Partnership  │          │                          │
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            │                                     │
┌───────────┴─────────────┐          ┌───────────┴─────────────┐
│ Quality & Communities    │          │ NHS Fife Population      │
│ Committee                │          │ Health & Wellbeing       │
│                          │          │ Committee                │
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│ Senior Leadership Team,  │          │ Executive Directors      │
│ Health and Social Care   │          │ Group                    │
│ Partnership              │          │                          │
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│ Quality Matters          │          │ NHS Fife Equality &      │
│ Assurance Group          │          │ Human Rights Group       │
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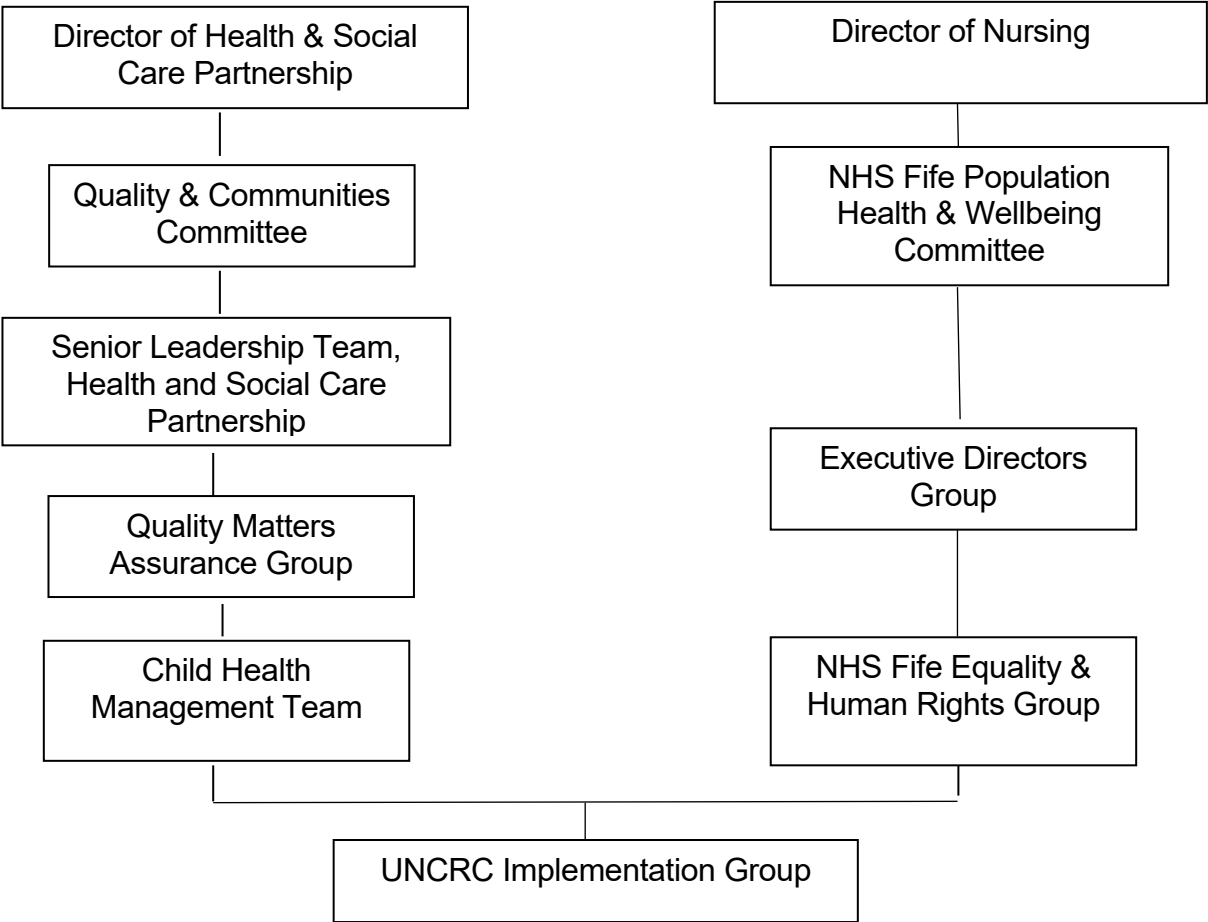
## 7. MEETINGS

The group will meet no fewer than four times per year however extraordinary and / or additional meetings can be held at the discretion of the Chair to meet identified needs. Minutes of the meeting will be provided for the Executive Leads and for information to the Senior Manager for Children's Services.